



	RETURNS FORM	Form HCT 2
Registration Number:		
Name:		
Address:		
Period from:	to	
TYPE OF TRANSACTION	TOTAL SALES (N)	TOTAL TAX DUE (5%) (N)
FOOD		
DRINKS		
RENTAL/ACCOMMODATION		
OTHERS		
TOTAL		
		<u> </u>

**RETURNS FORM** 

## **DECLARATION**

I nereby declare that the information contained in this returns is true and correct.
FULL NAME:
TITLE/POSITION:
SIGNATURE/DATE:

\*please note: Section 112 states that if a collecting agent fails to file a report and remit taxes (the goods and services tax) collected within the time allowed by Section 117(2) of this law, that agent shall in addition to interest payable under Section 109 of this law, pay a penalty of (10%) of the amount of tax due."

## **FOR FURTHER ENQUIRIES, PLEASE CONTACT**

www.odirs.ng

**0818-839-7000 :: 0902-847-7000 :: 0810-486-4804** (whatsapp)

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