



No. of Continuation Sheets

Guyana Revenue Authority

Excise Tax Return

Period

Y Y Y Y M M

Please read all instructions carefully and consult the guidelines provided at the end of this return.

It is a serious offence to make a false Excise Tax Return.

Registered Person Details

 Amendment

*1 Taxpayer Identification Number	*2 Name	Changed? <input type="checkbox"/>	*3 Address	Changed? <input type="checkbox"/>
			Line 1	
			Line 2	
			P.O. Box	
			Country	

Return Details

Tariff Heading/ Description of Goods	Primary	Secondary	Total Quantity (Litres or Count)	Rate	Chargeable Value	Excise Tax Payable
Tariff Heading	No. of Units	No. of Units				
Description of Goods	Unit of Measure	Unit Quantity				
		Unit of Measure				
Tariff Heading	No. of Units	No. of Units				
Description of Goods	Unit of Measure	Unit Quantity				
		Unit of Measure				

Declaration

I, , certify that the information given, on
 First Name Last Name
 this return and any attachment, is true & correct.

Signature

Title

(indicate whether proprietor, director, manager, secretary,
office holder in club or association duly authorised)

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