



## Bed Night Levy

### Monthly Return

**Note:** This return is filed under the provisions of Regulation 5 (1) of the Tourism (Tourism Development Levy) Regulations 2013.

You are hereby required to submit the Return within 7 days after the end of each calendar month period.

#### Part 1 - General Information

#### Document Reference Number:

202310013529858117803

1) Name of Taxpayer:		Tax Office	System Generated
XYZ LIMITED		2) Taxpayer Identification Number:	3) Year of Income
		100135298	2023
4) Trading Name, If different:		5) Period Covered by the return	
		MONTH: System Generated	YEAR: System Generated
6) Nature of Business	System Generated	7) Residential Status	System Generated
8) Postal Address	System Generated	b) Postal Town	System Generated
9) Business Physical Address	a) Street/Location (Street/Ward/District)	b) Plot No.	
		c) Block No.	
	System Generated	d) House No.	
10) Contact Numbers	a) Land Line Number	b) Mobile Number	c) Fax Number
		07XX XXX XXX	
11) Email Address			
12) Due Date for Submission of the Return		07 July 20	

#### Part 2 - Details of Bed Night Levy (Amount in TZS)

Number of Facility	(Select from the Drop down of number of Facilities )
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Name of the tourism accomodation facility:		Drop down of the list of hotels (Facility A)				
Registration number of facility						
Sn	Description	Number of rooms	Price per night	Days in a month	Potential Turnover	Actual Turnover
1	< Room Type 1>	-	-	-	-	-
2	< Room Type 2>	-	-	-	-	-
3	< Room Type 3>	-	-	-	-	-
4	Total (Sum of row 1 to 3)	-			-	-
	Less:					
5	Adjustment (Provide descriptions)				-	-
6	Total charges subject to Bed Night Levy (Row 4 minus Row 5)					-
7	Rate of Bed Night Levy					1%
8	Total Bed Night Levy Payable for the Month					-

Summary		
	Total Amount (Row 9 plus 22)	-
	Total Adjustments (Row 11 plus 24)	-
	Total amount subject to Levy	-
9	Total Levy payable	410,000.00

### Part 3 - Declaration

I hereby declare that the information given on this return and any accompanying documents is complete and accurate to the best of my knowledge and belief. I understand that giving false information in the return or concealing any part of the income or tax payable can lead to prosecution.

**TIN OF DECLARANT:** 102591240

**NAME OF DECLARANT:** ABC

**DATE SUBMITTED:** 2023-05-08T14:11:07.804834Z

**SIGNATURE:**

A handwritten signature in black ink, appearing to be 'A. S. P.', written in a cursive style.