

**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	2
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Name of the tourism accomodation facility:		Serena Posta				
Registration number of facility		1				
Sn	Description	Number of rooms	Price per night	Days in a month	Potential Turnover	Actual Turnover
	Single	10	10,000.00	31	3,100,000	2,000,000.00
	Double	5	20,000.00	31	3,100,000	1,000,000.00
	Presidential	5	300,000.00	31	46,500,000	12,000,000.00
1	Total (Sum of row 1 to 3)	20			52,700,000	15,000,000
	Less:					
2	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					-

Name of the tourism accomodation facility:		Kilimanjaro Hotel				
Registration number of facility		2				
Sn	Description	Number of rooms	Price per night	Days in a month	Potential Turnover	Actual Turnover
	Single	20	10,000.00	31	6,200,000	10,000,000.00
	Double	3	120,000.00	31	11,160,000	1,000,000.00
	Presidential	2	500,000.00	31	31,000,000	15,000,000.00
1	Total (Sum of row 1 to 3)	25			48,360,000	26,000,000
	Less:					
2	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					-

Name of the tourism accomodation facility:		Jr Hotel				
Registration number of facility		3				
Sn	Description	Number of rooms	Price per night	Days in a month	Potential Turnover	Actual Turnover
	Single Room	20	20,000.00	31	6,200,000	10,000,000.00
	Self Room	3	130,000.00	31	11,160,000	1,000,000.00
	Presidential Room	2	700,000.00	31	31,000,000	15,000,000.00
1	Total (Sum of row 1 to 3)	25			48,360,000	26,000,000
	Less:					
2	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					-

Name of the tourism accomodation facility:		JKLM Hotel				
Registration number of facility		4				
Sn	Description	Number of rooms	Price per night	Days in a month	Potential Turnover	Actual Turnover
	Single	20	20,000.00	31	6,200,000	10,000,000.00
	Double	3	120,000.00	31	11,160,000	1,000,000.00
	Presidential	2	500,000.00	31	31,000,000	15,000,000.00
1	Total (Sum of row 1 to 3)	25			48,360,000	26,000,000
	Less:					
2	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					-

Name of the tourism accomodation facility:		Omega Hotel				
Registration number of facility		5				
Sn	Description	Number of rooms	Price per night	Days in a month	Potential Turnover	Actual Turnover
	Single	20	10,000.00	31	6,200,000	10,000,000.00
	Double	3	120,000.00	31	11,160,000	1,000,000.00
	Presidential	2	500,000.00	31	31,000,000	15,000,000.00
1	Total (Sum of row 1 to 3)	25			48,360,000	26,000,000
	Less:					
2	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)	41000000
	Total Adjustments (Row 11 plus 24)	-
	Total amount subject to Levy	410000
9	Total Levy payable	410,000

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.