



**ZWS ISO 9001:2008 QUALITY MANAGEMENT SYSTEM**

**REV 5**

**Zimbabwe Revenue Authority  
Return for the Remittance of Withholding Taxes**

(Please fill in this form in duplicate, submit original to ZIMRA and retain duplicate copy)

**PART A**

1.Name of client								
2.Business Partner Number								
3 .Physical Address								
4. Postal Address								
5.Tax Period								
6.Due date								
7. E-mail address								
8. Cell number								

**PART B**

		Country of remittance	Date Paid/Effectuated/ Distributed	Amount Paid/Effectuated/ Distributed		Withholding Tax	
				\$	C	\$	C
1	Resident Shareholder Tax						
2	Non Resident Shareholders Tax						
3	Resident Tax on Interest						
4	Non Resident tax on Fees						
5	Non Resident Tax on Remittances						
6	Non Resident Tax on Royalties						
7	Tax on Non-Executive Directors Fees						
8	Intermediary Money Transfer Tax						
9	Automated Financial Transaction Tax						
10	Intermediated Money Transfer Tax						
11	Tax on Excise of Share option granted before 1 <sup>st</sup> February 2009.						
12	Capital Gains Withholding Tax (Immovable property)						
13	Capital Gains Withholding Tax (Marketable Securities)						
14	Withholding Tax on Tenders						
15	Value Added Withholding Tax						
16	Royalties on minerals						
17	Tobacco Levy						
18	Property or Insurance Commission Tax						
19	Demutualisation Levy						
20	Other (Specify)						

**I declare that the information I have given on this form is correct and complete.**

**Name:** .....

**Designation:** .....

**Signature:** .....**Date:**.....



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**Note:**

- i Where transactions were paid/effected/or distributed on, different dates attach a schedule of the transactions (Annexure 1)
- ii Where Value Added withholding tax has been withheld attach schedule (annexure 2)

### Annexure 1

Name of Client	Tax Type	Country of remittance	Date Paid/Effectuated/ Distributed	Amount Paid/Effectuated/ Distributed	Withholding Tax

### Annexure 2

SCHEDULE FOR VALUE ADDED WITHHOLDING TAX						
Name of Supplier	BP Number	Invoice Number	Date Paid	Certificate Number	Amount Paid	Amount Withheld