

**Department of Customs and Inland Revenue**

Taxpayer Services

Private Mail Bag 9012, Port Vila, Vanuatu

Telephone: (678) 33090 / 33091 or VoIP 2317

Email: [irtps@vanuatu.gov.vu](mailto:irtps@vanuatu.gov.vu)

Website: <https://customsinlandrevenue.gov.vu>



V A N U A T U

**CUSTOMS & INLAND REVENUE**

**SERVICE DE LA DOUANE ET DES CONTRIBUTIONS INDIRECTES**

**BUSINESS LICENCE QUARTERLY TURNOVER RETURNS FORMS FOR CAT  
F2, F3, F4**

Period: From  To  Due Date  /  /

Name and Address of Institution:.....

Business Licence No:....., TIN No:.....

Telephone No:....., Fax No:....., Email.....

**Please Show**

- A) Quarterly gross turnover on foreign exchange VT\_\_\_\_\_
- B) Quarterly Optional gross income etc. (VAT Charged at Zero %) VT\_\_\_\_\_
- C) Quarterly Optional gross income on VAT (Exempt Supplies) VT\_\_\_\_\_
- D) Total Quarterly turnover for this period ( A + B + C ) VT\_\_\_\_\_
- E) 5 % of the Total Quarterly gross turnover ( D ) VT\_\_\_\_\_
- F) Total amount payable for this Quarter ( E ) VT\_\_\_\_\_

**Declaration**

I hereby declare that to the best of my knowledge and belief the information provided above is true and correct.

Name:....., Position/Title:.....

Signature:....., Date:...../...../.....

**OFFICIAL USE ONLY:**

Date Received:....., Amount Due: VT\_\_\_\_\_

Penalty:....., Total Payable: VT\_\_\_\_\_

Receipt No:....., Receipt Date: VT\_\_\_\_\_