  **AUTORIDADE TRIBUTÁRIA**

**DIRECÇÃO NACIONAL DE RESEITAS PETROLIFERAS E MINERAIS**

Torre Ministério das Financas, RDTL, Piso 8, Avenida Aitarak Laran, Dili, Timor Leste

Dnrpm , Contact- +(670) 74002083

***“Seja um bom cidadão, seja um novo héroi para a nossa Naçao”***



Bayu-Undan MONTHLY VAT COLLECTION FORM

**For the Month of : …………………………...2024**

**Taxpayer Name : ………………………………..**

**TIN : ………………………………..**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Taxable goods and services performed within former JPDA (Annex F)** | Name of Service Provider (Provide detail list of all VATABLE goods and services providers) | **Gross Income They Ear**  **Or**  **VATABLE Value**  **(US$)** | | Amount of VAT Payable **(Maintain with 9% in accordance with Art. 3.4 of Amended TOBUCA )** |
|  |  |  | |  |
|  |  |  | |  |
| **Total VAT payable for the month** | | | |  |
| **Date of payment to the TL Petroleum Fund Bank Account** | | | ------/------/------------ (day/month/year) | |

* Please identify the type of service provided (taxable service is defined in SE-27/PJ52/1998)
* Banking Beneficiary :
  + Name and address of the Bank : the Federal Reserve Bank of New York 33 Liberty Street, NY 10045, U.S.A
  + Swift Code : FRNYUS33
  + Beneficiary name East Timor : Banking and Payments Authority of Petroleum Fund Account
  + Account Number/ABA : 021080973

Contact Person:

Full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Clear)

Next contact person;

Full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Clear)

Taxpayers Declaration:

I, (full name and designation) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, declare on behalf of the Company, that the particulars set out in this statement are true and correct.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notes: 1. Law on Value Added Tax (Law number 11 of 1994) applies in former JPDA;

2. This monthly VAT collection form is to be submitted by the ‘First Tier’ of PSCs contractors only;

3. Bank beneficiary

3. Payment and lodgment of form is due on or before 15th of the following month or within next business day if 15th is a

Public holiday in Timor-Leste;

1. Please attach copy of EFT bank transfer instruction form in support of electronic transfer of above VAT paid to the TL Petroleum Fund bank account.

Annex List of the providers / Vendors

Name of Company : ……………………………….

TIN : ……………………………..

Tax Jurisdiction on : Former JPDA Annex F (Bayu-Undan)

List of the Providers/Venders

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| No | Entity of Vendors | TIN  (If any) | Passport number | Gross Income they earned from your company | Net Tax will be paid to Timor-Leste |
| A | B = A x 9% |
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| Total | | US$: ………………………………… | | | US$: ………… |

Note “1. Please provide list of the service Providers/Vendors and including their respective tax calculations depending on the areas of operations;

2. Please add other page if necessary”.

Monthly Payroll …………………………………………………. / 2024

I (full name) …………………………………. Position ………………………………….. Declare that this list is correct and total gross income and tax withheld are true, accurate, and complete.