

Q1-2026

DAR ES SALAAM CITY COUNCIL

ALL COMMUNICATIONS TO BE ADDRESSED TO THE MUNICIPAL DIRECTOR



BOX NO. 20950
TEL. NO. 2128800
2128805
FAX NO. 2121486

SERVICE LEVY ASSESSMENT FORM

PAYER ID. TIN NO. **100-188-430**
NAME OF PAYER **VIN MART LIMITED**
POSTAL ADDRESS **77007** MOBILE NO. **+225 787 905 811**
STREET **GHANA AVENUE** WARD.
INSTALLMENT: (.....)

PERIOD	TURNOVER
ACTUAL TURNOVER.....
ESTIMATED TURNOVER.....
ARREARS:
DUE: 1. JAN - 2026	420,998,775.00
2. FEB - 2026	506,413,815.00
3. MAR - 2026	587,912,937.29
TOTAL TURNOVER	1,515,325,527.29
SERVICE LEVY (0.3%)	3,788,313.82

DECLARATION:

I hereby certify that the information given in this form is true and complete.

SIGNATURE.....

FOR OFFICIAL USE ONLY

This form should be attached with
VAT Returns/Z-Reports
You should come with the previous
Receipt and VAT Return/Z-Report
Payment to be made every three months.
from the beginning of the accounting date,
to the Director Dar es salaam City Council.

ASSESSING OFFICER

NAME: **COLIN James**

DESIGNATION: **Asst**

SIGNATURE: **[Signature]**

DATE: **31/03/2026**

NOTE:

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FOR CITY DIRECTOR
DAR ES SALAAM CITY COUNCIL