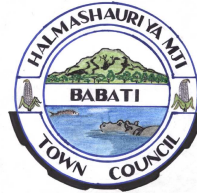


BABATI TOWN COUNCIL

(All correspondences to be addressed to the Town Director)

Tel. No: (027)(253 0565)

Fax No: (027)(253 0565)



TOWN HALL,
P. O. Box 383,
BABATI.

UNITED REPUBLIC OF TANZANIA

MINISTRY OF LOCAL GOVERNMENT AND REGIONAL ADMINISTRATION

(THE SERVICE LEVY ACT UNDER LOCAL GOVERNMENT FINANCE ACT 1982 NO.8)

TOWN DIRECTOR
BABATI COUNCIL
P. O. BOX 383

FROM (MONTH) YEAR
(NAME OF BUSINESS/ORGANIZATION)

ADDRESS
.....

1.

TYPE OF LSERVICE PROVIDED	SALES TURN OVER FOR THE PERIOD	REMARKS
TOTAL		

2. Total sales turn over for the period named above Tshs rate applicable
..... Penalty Tshs Total amount of service levy due

3. Together with this return of service levy please find a cash in the sum of *cash/cheque No.
For Tshs.

4. I certify that the particulars contained here in are true and that the amount of levy due has
Been calculated in balance with the provisions of service levy ACT.

Date Signed

*Delete which ever is not applicable

FOR OFFICIAL USE ONLY TRADE DEPARTMENT

Date Return checkedk by

Remarks Signature

FINANCE DEPARTMENT

Receipt number of

Signature and Official Stamp

(This form should be filled in doublecate)