

**Republic of Iraq  
Ministry of Finance  
General Commission for Taxes**

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(for official use only)

**Monthly Sales Tax Declaration**

[1] Tax Period

|                                    |  |  |  |  |  |  |  |  |  |
|------------------------------------|--|--|--|--|--|--|--|--|--|
| [2] Taxpayer Identification Number |  |  |  |  |  |  |  |  |  |
|------------------------------------|--|--|--|--|--|--|--|--|--|

|  |  |
|--|--|
| [3] Name of Facility<br>(Hotel/Restaurant) |  |
|--|--|

|                             |  |
|-----------------------------|--|
| [4] Address of the Facility |  |
|                             |  |

[5] Mark a cross in one of the boxes when applicable:

[5a]  <sup>a</sup> Original Declaration

[5b]  <sup>b</sup> Amended Declaration

|  |  |
|--|--|
| [6] Gross supplies for the month (tax exclusive)         |  |
| [7] Exempt Supplies for the month                        |  |
| [8] Taxable supplies for the month<br><b>([6] – [7])</b> |  |
| [9] Tax due for the month<br><b>(10% of [8])</b>         |  |

[10] The above data represent supplies according to invoices starting from invoice no. \_\_\_\_\_ issued on \_\_\_/\_\_\_/\_\_\_ to invoice no. \_\_\_\_\_ issued on \_\_\_/\_\_\_/\_\_\_.

**I, the undersigned, declare that to the best of my knowledge facts reported in this tax declaration are true and accurate.**

Designated Person's Name and Signature  
(\_\_\_\_\_)

200\_\_/\_\_\_/\_\_\_

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Official Stamp

Date of Reception

200\_\_/\_\_\_/\_\_\_

Form 0101

