



GRA

**GHANA REVENUE AUTHORITY
TAX AMNESTY APPLICATION FORM**

DO YOU HAVE A TIN? YES NO

(If yes) provide: TIN { _____ } and Tax Office.....

[Note: If you don't have TIN then please pick TIN Registration Form, complete and attach to (a) Tax Amnesty Application Form and (b) Disclosure Form]

Section A

1. Name of Taxpayer:
2. Postal Address..... DPS/Location:
3. Nature of Business: Manuf. Services Telecom Mining
Financial service Commerce Petroleum others (specify)
4. Organization's Telephone Number(s):..... Email Address.....
5. Name of Contact Person: Tel:

Section B

[Please tick (v) as appropriate and attach the completed (a) Return (s) (b) Disclosure Form (s)]

6. Taxtype Return for which you are applying for tax amnesty;

6.1 DIRECT TAX RETURNS FILED FOR THE TAX AMNESTY

PAYE Returns <input type="checkbox"/>	Corporate Tax Ret. <input type="checkbox"/>	Rent Tax Return <input type="checkbox"/>	Royalties <input type="checkbox"/>	Capital Gains <input type="checkbox"/>	Gift Tax returns <input type="checkbox"/>	Withholding Tax Returns <input type="checkbox"/>	Others <input type="checkbox"/> Specify.....
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6.2 INDIRECT TAX RETURNS FILED FOR THE TAX AMNESTY

VAT/NHIL Returns <input type="checkbox"/>	Excise Tax Returns <input type="checkbox"/>	CST <input type="checkbox"/>
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6.3 CUSTOMS IMPORT DECLARATIONS FILED FOR THE TAX AMNESTY

Import Duty <input type="checkbox"/>	Import VAT <input type="checkbox"/>	Import NHIL <input type="checkbox"/>	Import Special Tax Levy <input type="checkbox"/>
Special Import Levy <input type="checkbox"/>	Import Excise Duty <input type="checkbox"/>	1% Withholding Tax <input type="checkbox"/>	

7. Type of Tax Payments for which you are applying for amnesty (Please tick v as applicable):

7.1 DIRECT TAXES FOR THE TAX AMNESTY

PAYE Returns <input type="checkbox"/>	Corporate Tax <input type="checkbox"/>	Rent Tax Return <input type="checkbox"/>	Royalties <input type="checkbox"/>	Capital Gains <input type="checkbox"/>	Gift Tax returns <input type="checkbox"/>	Withholding Tax Returns <input type="checkbox"/>	Others <input type="checkbox"/> Specify.....
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7.2 INDIRECT TAX RETURNS FILED FOR THE AMNESTY

VAT/NHIL Returns <input type="checkbox"/>	Excise Tax Returns <input type="checkbox"/>	CST <input type="checkbox"/>
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7.3 CUSTOMS IMPORT DECLARATIONS FILED FOR THE TAX AMNESTY

Import Duty <input type="checkbox"/>	Import VAT <input type="checkbox"/>	Import NHIL <input type="checkbox"/>	Import Special Tax Levy <input type="checkbox"/>
Special Import Levy <input type="checkbox"/>	Import Excise Duty <input type="checkbox"/>	1% Withholding Tax <input type="checkbox"/>	

8. Are you under any audit, investigation, or any enforcement action instituted by or on behalf of the Commissioner-General? **(Please tick v)** Yes No

If (Yes), please provide brief details:

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Section C

Name of Applicant

Designation

Signature

Mobile No.....

Date

Section D

Official Use Only (To be completed by office Manager)

Please Tick (v) appropriately

(1) Taxpayer is recommended for the tax amnesty under;

(a) Section 1 of Tax Amnesty Act, 2017

(b) Section 2 of Tax Amnesty Act, 2017

(2) Taxpayer is not recommended for the Tax Amnesty

Reason for not recommending taxpayer for tax amnesty above.....

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Name of Officer Manager

Signature.....

Date.....