KENYA REVENUE AUTHORITY

VAT 3A

ISO 9001:2008 CERTIFIED

DOMESTIC TAXES DEPARTMENT

MONTHLY VAT INPUT ANALYSIS

1. PIN | | | | | | | | | | | 2. VAT NO. | | | | | | | |

3. NAME OF REGISTERED PERSON ……

4. P.O. BOX ……. CODE ……

5 TOWN ……

6. TELEPHONE …….

7. **SUMMARY FOR THE MONTH OF** …….

(A) Invoice Date	(B) Tax Invoice Number	(C) Customs Entry Number	(D) Name of Supplier	(E) PIN/VAT Reg. No.	(F) Brief Description of supply	(G) Taxable Value	(H) VAT Claimed

(A) Invoice Date	(B) Tax Invoice Number	(C) Customs Entry Number	(D) Name of Supplier	(E) PIN/VAT Reg. No.	(F) Brief Description of supply	(G) Taxable Value	(H) VAT Claimed
TOTALS							

Additional sheets can be used if original sheet is not enough.

NB:

- **Total VAT claimed on this form should tally with Amount declared on VAT 3 return.**
- **All applicable columns must be completed.**