KENYA REVENUE AUTHORITY

PUBLIC

ISO 9001:2015 CERTIFIED

Appendix 2: FORM EF2 FOR METHANOL USERS

MICRO & SMALL TAXPAYERS DEPARTMENT
DECLARATION FOR METHANOL USERS FOR THE QUARTER ENDING................................

Name and Address..................... P.I.N No.................DFDS Registration No...................

PRODUCTION AND STOCKS
Quantity (In Litres)

a) Bal. B/F ....
b) Purchases ....
c) Usage ....
d) Balance C/F ....

1.0 Provide a schedule of Products produced from Usage (c) above.

PRODUCT	QUANTITY PRODUCED	QUANTITY OF SPIRIT USED

2.0 Provide a schedule of customers and Quantities Supplied;

DOCUMENT REF. AND DATE	CONSINGEE	PRODUCT	QUANTITY

3.0 Details of Tax Compliance:

	MONTH 1	MONTH 11	MONTH 111	TOTAL
VAT				
EXCISE DUTY				
CORPORATION TAX				
PAYE				

4.0 DECLARATION:

I/We ....hereby declare that the above particulars are true.

....
Declarant/Agent

....
Date

Notes:
a) This Return must be completed and forwarded to the Commissioner, Micro and Small Taxpayers Department every quarter of the year on 31st March, 30th June, 30th September and 31st December