



ET01
Domestic Tax Department
Rev. January 2018

EXCISE TAX RETURN

Please keep a copy for your records



Instructions:
 Use this form to file monthly excise taxes and submit it to LRA by the 21st day of the month after the month in which the liability of excise tax arose.

TAXPAYER

Taxpayer Identification Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Tax Period		Currency
		Month	Year	
Taxpayer Name:	Address:	Email Id:	Business Telephone:	
Contact Person:	Address:	Email Id:	Business Telephone:	

Domestic Production of Excisable Goods & Provision of Excisable Services

Harmonized Code (HS) (1)	Product (2)	Tax Exempt/Exports		Taxable		Tax Rates (7)	Tax Amount (8) [(5*7) or (6*7)]
		Quantity (3)	Value (4)	Quantity (5)	Value (6)		

CERTIFICATION

I certify that the information given above is true, accurate and complete to the best of my knowledge. I also understand that any false declaration may lead to penal action as enshrined in the Liberia Revenue Code.

Name of Person filing out return	Signature:	Date:	Telephone:
Name of person filing out return, if different from official representative (owner/employee)	Signature:	Date :	Telephone:
Tax practitioner license #:			

FOR OFFICIAL USE ONLY

Received by	Date	Signature	Document No.	Validated by	Date	Signature