2023-2024

Transaction Capital Gains Tax Return according to Tax Administration Law section 22 and Income Tax Rule 5, sub-rule(a)

(see separate instructions to properly complete the tax return)

(for a single capital gains transaction occurring in 1 April 2023 to 31 March 2024 financial year - due 30 days from the date of sale)

TRANSACTION DATE	(DD/MM/20YY)					
	A. Type of taxpayer: Tick applicable box ▶ ☐ Individual ☐ Company ☐ State-owned Economic Enterprise					
		☐ Primary Co	ooperative 🗆 Non-	primary Cooperative		
TAXPAYER DETAILS	☐ Association (Other)					
	B. Residency: Tick applicable box ▶	☐ Myanmar citizen ☐ Non-resident citizen				
		□ Non-resident f	□ Non-resident foreigner			
	 □ Resident foreigner - if an individual, enter number of days were a resident during the year ▶ 					
	C. Name of tax treaty country (if any) ▶					
	D. Tick applicable box(es):	☐ Amended return for 2023-2024 financial year transaction date shown above				
	☐ Change of address					
	☐ Company is a participant in the oil and gas exploration and					
	production sector					
Name			TIN			
Full name of spouse (if married)			TIN			
Postal address (including						
postal code)						
Physical address						
Contact telephone number		E-mail address	5			
Customs IE Code		Industry code				

PART A	
TOTAL CONSIDERATION RECEIVED	
(a) Description of Assets Sold, Exchanged, or Transferred	(b) Consideration received
1a. Shares and securities (enter description)	

b. Land (enter description)	
c. Property, plant, and equipment (enter description)	
d. Other assets (enter description)	
2. Total consideration received (Add lines 1a+1b+1c+1d in column (b))	

PART B				
TOTAL ADJUSTED COST				
(a) Assets Sold, Exchanged, or Transferred	(b) Original cost (or market value if applicable)	(c) Allowed additions to original cost (or market value if applicable)	(d) Accumulated depreciation for the current and prior years	(e) Totals
1a. Shares and securities from Part A				
b. Land from Part A				
c. Property, plant, and equipment from Part A				
d. Other assets from Part A				
Add the amounts in each of columns (b), (c), and (d)				
3. Add columns (b) and (c) on line 2				
4. Enter the amount from line 2, column (d)				
5. Total adjusted cost. Line 3 minus line 4				

PART C			
NET CAPITAL GAINS & TAX DUE			
1. Total consideration received. Enter the amount from Part A, line 2			
2. Total adjusted cost. Enter the amount from Part B, line 5			
3. Capital gains. Line 1 minus line 2. (If zero or less, enter -0-; do not complete the rest of this form. You do not owe tax on net capital gains).			
4. Net tax due. Multiply line 3 by 10%. Oil and natural gas sector companies, see instructions for the tax rates that apply (attach bank receipt)			
5. Total advance tax payments			
6. Amount of tax overpaid last year carried forward to this year.			
7. Balance due. Line 4 minus the sum of line 5 + line 6. If zero or less, enter -0			
8. Amount overpaid. The sum of line 5 + line 6 minus line 4. If zero or less, enter -0			

PART D						
ADDITIONAL INFORMAT	FION (tick the applicable	box for each	question)			
1. Was any disposal of an asset between related parties or otherwise not at arm's length? If "Yes," attach a statement with the name, address, and relationship to you of the related party or an explanation of the reason the disposal was not at arm's length.					□ Yes □ No	
2. Were any of the original acquisitions of assets between related parties or otherwise not at arm's length? If "Yes," attach a statement with the name, address, and relationship to you of the related party or an explanation giving the reason the acquisitions were not at arm's length.					□ Yes □ No	
3. Was the market value substituted for the cost of acquisition of any assets disposed of? If "Yes," attach a statement explaining why market value was substituted (for example, the transfer was a gift or inheritance).					□ Yes □ No	
Declaration of Paid Pre	parer (Skip this section if	f there is no	paid preparer.)			
Based on all information of which I have any knowledge, I declare that to the best of my knowledge and belief, the information given on this return is correct and complete. (Note: Submission of false documents is a violation of Section 177, Myanmar Penal Code.)						
Signature of paid preparer			Date (DD/MM/YYYY)			
Name of paid preparer			TIN			
Firm's name			- Firm's address			
Firm's TIN						
Contact telephone number			E-mail address			
Declaration of Taxpayer or Representative						
Based on all information of which I have any knowledge, I declare that to the best of my knowledge and belief, the information given on this						
return is correct and complete.,						
(Note: Submission of false documents is a violation of Section 177, Myanmar Penal Code.)						
Signature			Date (DD/MM/YYYY)			
If you are signing this form on behalf of an						
association of persons, a Government organization, or a legally incapacitated person, print your full			Your title			

name