KENYA REVENUE AUTHORITY

MONTHLY RETURN FOR VAT REFUND AUDIT CERTIFICATES

(Must be completed by Auditors who issue certificates in support of VAT refund claims)

RETURN FOR THE MONTH OF ……

NAME OF ISSUING FIRM …… **PHYSICAL ADDRESS ……**

PIN NUMBER …… **PRACTISING CERTIFICATE NUMBER ……..**

ADDRESS …… **TELEPHONE ……**

EMAIL ……

	Certificate Number	Date Issued	Taxpayer/Name	Taxpayer PIN	Claim Period	Amount claimed (sh)	Amount certified (sh)	Assignment Partner
					sh			

(Use additional sheet if necessary)

I, (full name of signatory in BLOCK LETTERS) ……... Declare that this return is a full and true statement of all particulars required

Designation……..

Signature ……..

Date: ……..