

## Consolidated Capital Gains Tax Return according to Tax Administration Law section 22 and Income Tax Law section 17, subsection (a)

(for consolidated capital gains tax return for all capital gains transactions occurred in the income year 1 April 2022 to 31 March 2023)

TAXPAYER DETAILS	C. Name of tax treaty country (if any) ▶ _  D. Tick applicable box(es): □ Ameno	☐ Primary Co ☐ Another As ☐ Myanmar Citiz ☐ Non-resident forei ☐ Resident forei ☐ were a resider ☐ ded return for 20 e of address	ooperative □ Non- ssociation  en □ Non-resi foreigner gner - if an individual, at during the year ▶  222-2023 income year	primary Cooperative  dent citizen  enter number of days you	
Name			TIN		
Full name of spouse (if married)			TIN		
Postal address (including postal code)					
Physical address					
Contact telephone number		E-mail addres	S		
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)					
or zana (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	(c) Allowed additions to	(d) Accumulated	(e) Totals
<b>,</b>	market value if applicable)	original cost (or market value if applicable)	depreciation for the current and prior years	
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				
<ol> <li>Add the amounts in each of columns (b),</li> <li>(c), and (d)</li> </ol>				
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).	
<b>4. Net tax due.</b> 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 The amount overpaid will be refunded in accordance with the Section 43 of the Tax Administration Law. If there is a remaining amount of overpayment after complying with the Section 43 of the Tax Administration Law and you want to carry forward it to the next year, tick the box. ▶□	

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.						)
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.						)
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).				ement □ Yes □ No	)	
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Declaration of Paid Pre	eparer (Skip this section if	r 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.)						S
		,				
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 Taxpaye	er or Representative					
Based on all information	of which I have any knowled	ge, I declare t	hat to the best of my kno	wledge and belief, the inf	ormation given on this	S
return is correct and complete.,						
(Note: Submission of false documents is a violation of Section 177, Myanmar Penal Code.)						
Signature	ature			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