

2024-2025

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 for the Income Year 1 April 2024 to 31 March 2025)

TAXPAYER DETAILS	A. Type of taxpayer: Tick applicable box ► <input type="checkbox"/> Individual <input type="checkbox"/> Company <input type="checkbox"/> State-owned Economic Enterprise <input type="checkbox"/> Primary Cooperative <input type="checkbox"/> Non-primary Cooperative <input type="checkbox"/> Association (Other)		
	B. Residency: Tick applicable box ► <input type="checkbox"/> Myanmar Citizen <input type="checkbox"/> Non-resident citizen <input type="checkbox"/> Non-resident foreigner <input type="checkbox"/> Resident foreigner - if an individual, enter number of days you were a resident during the year ► _____		
	C. Name of tax treaty country (if any) ► _____		
	D. Tick applicable box(es): <input type="checkbox"/> Amended return for 2024-2025 income year <input type="checkbox"/> Change of address <input type="checkbox"/> 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	
Customs IE Code		Industry code	

PART A	
TOTAL CONSIDERATION RECEIVED	
(If more than one transaction capital gains return in either column, enter the totals here and attach a schedule showing the details for each capital gains.)	
(a) Description of Assets Sold, Exchanged, or Transferred	(b) Consideration received
1a. Shares, bonds and similar instruments (enter description)	
b. Land (enter description)	

c. Building, 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 prior years	(e) Totals
1a. Shares, bonds and similar instruments from Part A				
b. Land from Part A				
c. Building, plant, and equipment from Part A				
d. Other assets from Part A				
2. 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-. 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. ► <input type="checkbox"/>	

PART D**ADDITIONAL INFORMATION** (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.	<input type="checkbox"/> Yes <input type="checkbox"/> 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.	<input type="checkbox"/> Yes <input type="checkbox"/> 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).	<input type="checkbox"/> Yes <input type="checkbox"/> No

Declaration of Paid Preparer (Skip this section if 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 name		Your title	