Republic of the Union of Myanmar Consolidated Capital Gains Tax Return (see separate instructions to properly complete the tax return)

for all capital gains trans	sactions occurring during the 20	<u>19 income</u> :	year – due 31	Decembe	er 2019)	
	A. Type of taxpayer: Tick applicable box			ociation	□ Company	
		□ Prima	ry cooperative			
	□ Non-primary cooperative					
	B. Residency: Tick applicable box ▶ □ Citizen of Myanmar □ Non-resident citizen					
	□ Non-resident foreigner					
	□ Resident foreigner - if an individual, enter number of days you					
TAXPAYER DETAILS	YER DETAILS were a resident during the year ▶ C. Name of tax treaty country (if any) ▶				, ,	
			-	11		
		nge 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 addres	SS			
Customs IE Code		Industry code	•			
PART A						
TOTAL CONSIDERATION	N RECEIVED					
(a)				(b)		
Description of Assets Sold, Exchanged, or Transferred					ration received	
1a. Shares and securities (ent	er description)					
b. Land (enter description)						
S. Edita (office adsoription)				-		
c. Property, plant, and equipr	ment (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 GAIN & TAX DUE	
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 gain. 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 gain).	
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 If you want this	
amount <i>REFUNDED</i> to you, tick this box ▶□ If you do not tick the box, the amount overpaid will be applied to next year's tax.	

PART D							
ADDITIONAL INFOR	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.				□ Yes □ No			
attach a statement w	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 I	Preparer (Skip this sect	tion if there	is no paid preparer.)				
return is correct and com	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 and that the taxpayer had no other taxable capital gains whatsoever for the year ended 30 September 2019. (Note: Submission of false documents is a violation of Section 177, Myanmar Penal Code.)						
Signature of paid preparer			Date (day, month, year)				
Name of paid preparer			TIN				
Firm's name			Firm's address				
Firm's TIN							
Contact telephone number			E-mail address				
Declaration of Taxpa	ayer or Representative						
taxpayer) had no other of	of my knowledge and belief apital gains whatsoever for	the year ende	ed 30 September 2019.	•	and tha	at I (or the	
(Note: Submission of fals	se documents is a violation	of Section 17	7, Myanmar Penal Code.)			
Signature		Date (day, month, year)					
If you are signing this for association of persons, a organization, or a legally print your full name	a Government			Your title			