□ Company

## 2020/2021

## The Government of the Republic of the Union of Myanmar Consolidated Capital Gains Tax Return

□ Primary cooperative□ Non-primary cooperative

☐ State-owned economic enterprise

 $\ \square$  Association

 $\ \square$  Individual

(see separate instructions to properly complete the tax return)

(for consolidated capital gains tax return for all capital gains transactions occurred in the Income Year 1 October 2020 and 30 September 2021)

A. Type of taxpayer: Tick applicable box ▶

TAXPAYER DETAILS	C. Name of tax treaty country (if any) ►  D. Tick applicable box(es): □ Am  □ Cha	were a residen	foreigner gner – if an indivic at during the year i  2020/2021 income			
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)						

d. Other assets (enter description)	
2. Total consideration received (Add lines 1a+1b+1c+1d in column (b))	

PART B						
TOTAL ADJUSTED COST						
(a)	(b)	(c)	(d)	(e)		
Assets Sold, Exchanged, or Transferred	Original cost (or market value if applicable)	Allowed additions to original cost (or market value if applicable)	Accumulated depreciation for the current and prior years	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 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 tax year, tick this box. ▶□	

Form CGT-1C (30 Sep 2021) EN

PART D							
ADDITIONAL INFORMAT	ADDITIONAL INFORMATION (tick the applicable box for each question)						
<ol> <li>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.</li> </ol>						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).					ment	Yes □ No	
Declaration of Paid Pre	eparer (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 and that the taxpayer had no other taxable capital gains whatsoever for the year ended 30 September 2021.  (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 Taxpaye	er or Representative						
I declare that to the best of my knowledge and belief, the information given on this return is correct and complete, and that I (or the taxpayer)							
had no other capital gains whatsoever for the year ended 30 September 2021.							
(Note: Submission of false	e documents is a violation of	Section 177,	Myanmar Penal Code.)				
Signature			Date (DD/MM/YYYY)				
If you are signing this form	n on behalf of an						
association of persons, a Government organization,			Your title				
or a legally incapacitated	person, print your full						

Form CGT-1C (30 Sep 2021) EN Page 3

name