



SOCIAL SECURITY CONTRIBUTION LEVY

TAXABLE QUARTER ENDED:

D	D	M	M	Y	Y
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PERIOD CODE:

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Taxpayer Identification Number (TIN)

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Activity Code (Please, specify, if the nature of business has been changed)

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	Address
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Date of Issue: Due Date:

Part 01: Monthly breakup of Turnover

Please indicate the values only in LKR

Sector	Turnover						Total	
	Month 1		Month 2		Month 3			
Liabe Turnover for SSCL	Rs.	Ct.	Rs.	Ct.	Rs.	Ct.	Rs.	Ct.
Manufacturing								
Services								
Wholesale/Retail								
Distributor								
Financial services								
Any other Liabe								
Exempted / Non-Liabe Turnover								
Exempt Articles								
Exempt Services								
Any other Non-Liabe								

Part 02: Calculation of Tax

Sector		Turnover		%*		Liabe Turnover		%	Tax Liabe	
		Rs.	Ct.			Rs.	Ct.		Rs.	Ct.
Manufacturing	A			85	A1			2.5	A2	
Services	B			100	B1			2.5	B2	
Wholesale/Retail	C			50	C1			2.5	C2	
Distributor	D			25	D1			2.5	D2	
Financial Service**	E			100	E1			2.5	E2	
Any other Liabe	F				F1				F2	
Total	G				G1				G2	

* Liabe % for SSCL

** Value addition attributable to financial services, calculated by applying the attributable method specified in the Gazette Notification issued under section 25C of the Value Added Tax Act, No. 14 of 2002.

Part 03: Total Tax Credits (LKR)

		Amount paid	
		Rs.	Ct.
1 st Installment	N1		
2 nd Installment	N2		
3 rd Installment	N3		
B/F excess payments	N4		
Total Tax Credits	N		

Balance Tax payable {IF (G2>N) THEN (G2-N), ELSE 0}	O	
Excess Credits Carry Forward to next quarter {IF N> G2, (N- G2)}	Q	

Part 04: DECLARATION

Name of Secretary/ Principal Officer of the Company	
Name of Managing Director of the Company	

I declare to the best of my knowledge and belief that all particulars furnished in this Return are true, correct and complete.

Full Name of the Declarant								
Designation	(Managing Director/Director/Secretary/Principal Officer/Duly Authorized Agent)							
Telephone Number		Mobile						
E-Mail								
Signature			OFFICIAL FRANK					
NIC Number / Passport Number								
Date	D	D		M	M	Y	Y	Y

- Form specified by the Commissioner General of Inland Revenue under section 8 of the Social Security Contribution Levy Act, No. 25 of 2022.
- Please note that penalties are imposed on any person making an incorrect return, not submitting a return and accrue for non-payment of taxes on due date
- Duly complete return of Social Security Contribution Levy should be submitted to the Inland Revenue Department on or before 20th day of the month after the end of each relevant quarter

