



ශ්‍රී ලංකා දේශීය ආදායම්
இலங்கை உள்நாட்டு இறைவரி
Sri Lanka Inland Revenue

For Office Use

DLN	
Date	

QUARTERLY STATEMENT OF ADVANCE INCOME TAX Year of Assessment 2023/2024

QUARTER ENDED: DD / MM / YYYY

PERIOD CODE:

Taxpayer Identification Number (TIN)	
	Address :

PART I – Summary of Advance Income Tax (AIT) Deductions

In SL Rs.

No.	Payment type	Total payment value (Amount before deducting AIT(a) (a) = (b) + (c)	Amount not liable for AIT (if any) (b)	Amount liable for AIT (c)	Amount of AIT deducted (d)
1	Interest or Discount				

PART II – Monthly Payment Summary

In SL Rs.

Month	Total Tax Liability	Total Amount paid / remitted to IRD	Date of Payment to IRD	
			Date of Payment	Cheque No./Reference No.
Grand Total				

PART III – DECLARATION

I declare to the best of my knowledge and belief that all particulars furnished in this Statement and Schedule is true, correct and complete. I am aware that making an incorrect or false statement or giving false information is an offence.

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

Quarterly Statement of Advance Income Tax Form specified by the Commissioner General of Inland Revenue under Section 86 of the Inland Revenue Act No. 24 of 2017.

Please note that penalties are imposed on any person who has not submitted a statement or submitted an incorrect Statement and penalties and interest shall be imposed for non-payment of taxes on due dates

