

# TAX AND CUSTOMS BOARD

Vorm VD

## TAXABLE PERSON

|                                       |   |
|---------------------------------------|---|
| Name                                  | Pages together<br>/                                   |
| Address, telephone and e-mail address | Registry code or personal identification code<br><br> |

## REPORT ON INTRA-COMMUNITY SUPPLY

Shall be submitted together with the value added tax return by the twentieth day of the month following the taxable period

|                             |
|-----------------------------|
| Declaration period<br><br>/ |
| month year                  |

| Country code | Value added tax identification number of the purchaser | Taxable value of the goods<br><i>in full euros</i> | Triangular transaction value<br><i>in full euros</i> | Taxable value of services<br><i>in full euros</i> |
|--------------|--|--|--|---|
| 1            | 2  | 3  | 4  | 5   |
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|              |  |  |  |   |

I shall confirm the accuracy of the information

|   |                |           |      |
|---|----------------|-----------|------|
| First name and surname in block letters | Official title | Signature | Date |
|---|----------------|-----------|------|