



**Government of Sindh  
Sindh Revenue Board**

Monthly Sales Tax Return for Withholding Agent  
(Sindh Sales Tax Special Procedure (Withholding) Rules, 2011)

**SSTW-03**

**A: Withholding Agent's Details**

Name : \_\_\_\_\_ Period: \_\_\_\_\_  
Address: \_\_\_\_\_ SNTN \_\_\_\_\_  
Category : \_\_\_\_\_

**B: Details of sales tax deducted during month**

Sr No.	Name of Service Provider	CNIC	SNTN	Invoice No.	Invoice Date	Value of Service	SST Invoiced	SST Withheld

Verification	<p>I, _____, holder of CNIC No. _____ in my capacity as _____, certify that the information given above is correct, complete and in accordance with the provisions of the Sindh Sales Tax on Services Act, 2011, and the rules and notifications issued thereunder.</p> <p>Date : _____ Signature : _____</p>
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**Head of Account ( B-02384)**

**Sindh Sales Tax on Services**

Sr	Description	Amount
	Sales Tax on services	
	Additional Tax/Surcharge/Others	
	Arrears	
	Penalty/Fine	
	Total Amount of Payment	

Amount (in words) : \_\_\_\_\_

(In figures) : \_\_\_\_\_

CPR No : \_\_\_\_\_ S1XXXXXXXXXXXXXXXXXXXXX

