



## EMPLOYER MONTHLY SCHEDULE

Taxation Division

TIN:  1

NAME:  2

BRANCH:  3

PERIOD ENDING:  4

5	6	7	EMPLOYMENT			11		12		13		14		15		16		17
EMPLOYEE TIN	EMPLOYEE NAME	TAX CODE (P OR S)	8 START	9 FINISH	10 INCOME (\$)	PAYE (\$)		SOCIAL RESPONSIBILITY TAX		ECAL		LUMP SUM		REDUNDANCY		OTHER PAYE		TOTAL PAYE

### DECLARATION

I,  declare that the information given in this return is true and correct.

Signature:

Date:

**IT IS A SERIOUS OFFENCE TO MAKE A FALSE STATEMENT TO THE COMMISSIONER**

### FOR OFFICIAL PURPOSES

Receiver:

Date Received: