



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: