

INLAND REVENUE DIVISION

RETURN OF REMUNERATION PAID AND INCOME TAX DEDUCTED FOR THE YEAR ENDED DECEMBER 31 ______FORM T.D.5

LIST ALPHABETICALLY THE FULL NAME OF ALL PERSONS REQUIRED TO BE REPORTED.

EMPLOYEES WHO HAVE LEFT AND HAVE BEEN REPORTED ON FORM T.D.4 SHOULD NOT BE INCLUDED.

ALL UNUSED SLIPS MUST BE RETURNED.

FIRST COPY – TO BE DELIVERED TO THE INLAND REVENUE DIVISION BEFORE JANUARY 31 ______ALL ALLOWANCES AND BENEFITS PAID TO OR ENJOYED BY AN EMPLOYEE MUST BE REPORTED.

Social Sec Full Addre	urity Number	:						
Inland Revenue	commence	mployment ed if later than wary 1 st	deductions	ation before any (excluding and Benefits)	*Total All and Be		Taxpayer Numbeer	Income Tax (PAYE) Deducted
Сору								
*GIVE	Tavelling	Entertainment	Housing	Motor Vehicle	Utilities	Leave	Contractual Gratuity	Other

EMPLOYEE:- Last Name

EMPLOYEE:- Last Name

First Name:

First Name:

Social Security Number:

Full Address:

Employer's Name, Address and Tax Account Number must appear on each slip. (Rubber stamp may be used)

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Inland Revenue	commence	mployment ed if later than uary 1 st	deductions	Total Remuneration before any deductions (excluding Allowances and Benefits)		*Total Allowances and Benefits		Income Tax (PAYE) Deducted
*GIVE	Tavelling	Entertainment	Housing	Motor Vehicle	Utilities	Leave	Contractual	Other
DETAILS					etc	Passage	Gratuity	

EMPLOYEE:- Last Name

First Name:

Social Security Number:

Full Address:

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Inland Revenue	Date Employment commenced if later than January 1 st		Total Remuneration before any deductions (excluding Allowances and Benefits)		*Total Allowances and Benefits		Taxpayer Numbeer	Income Tax (PAYE) Deducted
Сору								
*GIVE DETAILS	Tavelling	Entertainment	Housing	Motor Vehicle	Utilities etc	Leave Passage	Contractual Gratuity	Other

EMPLOYEE:- Last Name

First Name:

Social Security Number:

1

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Full Address:

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EMPLOY	EMPLOYEE:- Last Name					*	s and Tax Acco	
First Name	First Name:				st appear on	each slip.	(Rubber stamp	may be used)
Social Sec	urity Number	:						
Full Addre	ess:							
Attach to your	commenced if later than deducti			ation before any (excluding and Benefits)	*Total Allowances and Benefits		Taxpayer Numbeer	Income Tax (PAYE) Deducted
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First Name:

Social Security Number:

Full Address:

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First Name:

Social Security Number:

Full Address:

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EMPLOYEE:- Last Name

First Name:

Social Security Number:

Full Address:

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THIRD COPY - TO BE GIVEN TO THE EMPLOYEE BEFORE JANUARY 31 _

ALL ALLOWANCES AND BENEFITS PAID TO OR ENJOYED BY AN EMPLOYEE MUST BE REPORTED.

First Name	e:			mu	ist appear or	each slip.	(Rubber stam)	may be used)
Social Sec	urity Number	::						
Full Addre	ess:							
	commence	mployment ed if later than nuary 1 st	Total Remuneration before any deductions (excluding Allowances and Benefits)		*Total Allowances and Benefits		Taxpayer Numbeer	Income Tax (PAYE) Deducted
*GIVE DETAILS	Tavelling	Entertainment	Housing	Motor Vehicle	Utilities etc	Leave Passage	Contractual Gratuity	Other
First Name	urity Number				- •	*	ss and Tax Acc (Rubber stam)	count Number o may be used)
	commence	mployment ed if later than nuary 1 st	deduction	ration before any as (excluding and Benefits)	*Total Al and Be		Taxpayer Numbeer	Income Tax (PAYE) Deducted
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First Name	TEE:- Last Na e:				- •	*	ss and Tax Acc (Rubber stam)	ount Number o may be used)

	Date Employment commenced if later than January 1 st		Total Remuneration before any deductions (excluding Allowances and Benefits)		*Total Allowances and Benefits		Taxpayer Numbeer	Income Tax (PAYE) Deducted
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EMPLOYEE:- Last Name

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First Name:

Full Address:

Social Security Number:

Full Address:

Employer's Name, Address and Tax Account Number must appear on each slip. (Rubber stamp may be used)

Employer's Name, Address and Tax Account Number

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FOURTH COPY - TO BE RETAINED FOR YOUR RECORDS

ALL ALLOWANCES AND BENEFITS PAID TO OR ENJOYED BY AN EMPLOYEE MUST BE REPORTED.

EMPLOYEE:- Last Name	Employer's Name, Address and Tax Account Number
First Name:	must appear on each slip. (Rubber stamp may be use
Social Security Number:	

Full Address:

Retain for your	Date Employment commenced if later than January 1 st		Total Remuneration before any deductions (excluding Allowances and Benefits)		*Total Allowances and Benefits		Taxpayer Numbeer	Income Tax (PAYE) Deducted
Records	Tanallina	Entantainment	Hansina	Matau Valiala	T T4:11:4:	Lance	Contractual	Other
*GIVE DETAILS	Tavelling	Entertainment	Housing	Motor Vehicle	Utilities etc	Leave Passage	Contractual Gratuity	Other

EMPLOYEE:- Last Name

First Name:

Social Security Number:

Full Address:

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First Name:

Full Address:

Social Security Number:

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