

[illegible]

**DOMESTIC TAXES DEPARTMENT**

EMPLOYER: LVCT Health

TAX DEDUCTION CARD YEAR :[illegible]

**DOMESTIC TAXES DEPARTMENT**

EMPLOYER: LVCT Health

TAX DEDUCTION CARD YEAR :[illegible]

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TAX DEDUCTION CARD YEAR :[illegible]

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[illegible]



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[illegible]

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EMPLOYER: LVCT Health

TAX DEDUCTION CARD YEAR :[illegible]



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[illegible]



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[illegible]

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TAX DEDUCTION CARD YEAR :[illegible]

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DOMESTIC TAXES DEPARTMENT

EMPLOYER: LVCT Health

TAX DEDUCTION CARD YEAR :[illegible]

NAME : LVCT Health.....

ADDRESS : P.O BOX

SIGNATURE :

DATE & STAMP :

NOTE : Employee's certificate to be signed by the person who prepares and submits to the PAYE End of Year Returns and copy of the P9A be issued to the employee in January.