KENYA REVENUE AUTHORITY

DOMESTIC TAXES DEPARTMENT

EMPLOYER: LVCT Health

TAX DEDUCTION CARD YEAR :

Employee First Name

Employee Other Names

Personal File No. 1266 **Secondary No.**

EMPLOYER PIN P051147281E

EMPLOYEE PIN

EMPLOYEE NHIF

EMPLOYEE SHIF:

MONTH	Cash Pay	Benefits Non-Cash	Value Of Quarters	Gross Pay	Defined Contribution Retirement Scheme			SHIF	Housing Levy	Owner Occupier interest	Retirement Contribution & Owner Occupier	Taxable Pay	Tax Charged	Tax Relief		PAYE
	A	B	C	D	E			F	G	H	I	J	K	L		M
					E1 30%	E2 Actual	E3 FIXED			Amount of Interest	Lowest of E added to F	D - G		Personal Relief	Insurance Relief	PAYE

KENYA REVENUE AUTHORITY

DOMESTIC TAXES DEPARTMENT

EMPLOYER: LVCT Health

TAX DEDUCTION CARD YEAR :

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TAX DEDUCTION CARD YEAR :

KENYA REVENUE AUTHORITY

DOMESTIC TAXES DEPARTMENT

EMPLOYER: LVCT Health

TAX DEDUCTION CARD YEAR :

Kenya Revenue Authority

DOMESTIC TAXES DEPARTMENT

EMPLOYER: LVCT Health

TAX DEDUCTION CARD YEAR :

Total																

KENYA REVENUE AUTHORITY

DOMESTIC TAXES DEPARTMENT

EMPLOYER: LVCT Health

TAX DEDUCTION CARD YEAR :

TOTAL CHARGEABLE PAY (COL h) **KES.**

TOTAL TAX CHARGED(COL.L) **KES.**

IMPORTANT

1. Use P9A (a) For all liable employees and where director/employee

(b) Where an employee is eligible to deduction on owner occupier interest.

2. (a) Allowable interest in respect of any month mustnot exceed Kshs.12,500/= per year.

(See back of this card for further information required by the department).

(b) Attach (i) Photostat copy of interest certificate and statement of account from the Financial Institution.

(ii) THE DECLARATION duly signed by the employee.

NAMES OF MORTGAGE FINANCIAL INSTITUTION .....

L.R. No. OF OWNER OCCUPIED HOUSE.....

DATE OF OCCUPATION.....

CALCULATION OF BENEFITS								
MONTH	PESION BENEFIT - IN EXCESS OF LIMIT	MOTOR VEHICLE BENEFIT				TELEPHONE-AIRTIME -AT COST		
	Pension Benefit Excess	CC Rating	Rate %	Cost	Taxable Benefit	Amount	Rate%	Taxable Benefit

KENYA REVENUE AUTHORITY

DOMESTIC TAXES DEPARTMENT

EMPLOYER: LVCT Health

TAX DEDUCTION CARD YEAR :

KENYA REVENUE AUTHORITY

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EMPLOYER: LVCT Health

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DOMESTIC TAXES DEPARTMENT

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KENYA REVENUE AUTHORITY

DOMESTIC TAXES DEPARTMENT

EMPLOYER: LVCT Health

TAX DEDUCTION CARD YEAR :

Total								

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.