



**DOMESTIC TAXES DEPARTMENT**

**EMPLOYER: LVCT Health**

**TAX DEDUCTION CARD YEAR :**[illegible]

**DOMESTIC TAXES DEPARTMENT**

**EMPLOYER: LVCT Health**

**TAX DEDUCTION CARD YEAR :**[illegible]

**DOMESTIC TAXES DEPARTMENT**

**EMPLOYER: LVCT Health**

**TAX DEDUCTION CARD YEAR :**[illegible]



**EMPLOYER: LVCT Health**

[illegible]

**DOMESTIC TAXES DEPARTMENT**

**EMPLOYER: LVCT Health**

**TAX DEDUCTION CARD YEAR :**[illegible]

**DOMESTIC TAXES DEPARTMENT**

**EMPLOYER: LVCT Health**

**TAX DEDUCTION CARD YEAR :**[illegible]

**DOMESTIC TAXES DEPARTMENT**

**EMPLOYER: LVCT Health**

**TAX DEDUCTION CARD YEAR :**[illegible]





**EMPLOYER: LVCT Health**

[illegible]



**EMPLOYER: LVCT Health**

[illegible]

**DOMESTIC TAXES DEPARTMENT**

**EMPLOYER: LVCT Health**

**TAX DEDUCTION CARD YEAR :**[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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**EMPLOYER: LVCT Health**

**TAX DEDUCTION CARD YEAR :**[illegible]



**EMPLOYER: LVCT Health**

[illegible]



**DOMESTIC TAXES DEPARTMENT**

**EMPLOYER: LVCT Health**

**TAX DEDUCTION CARD YEAR :**[illegible]

**DOMESTIC TAXES DEPARTMENT**

**EMPLOYER: LVCT Health**

**TAX DEDUCTION CARD YEAR :**[illegible]

**DOMESTIC TAXES DEPARTMENT**

**EMPLOYER: LVCT Health**

**TAX DEDUCTION CARD YEAR :**[illegible]

**DOMESTIC TAXES DEPARTMENT**

**EMPLOYER: LVCT Health**

**TAX DEDUCTION CARD YEAR :**[illegible]

**DOMESTIC TAXES DEPARTMENT**

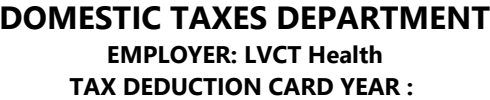
**EMPLOYER: LVCT Health**

**TAX DEDUCTION CARD YEAR :**[illegible]

**DOMESTIC TAXES DEPARTMENT**

**EMPLOYER: LVCT Health**

**TAX DEDUCTION CARD YEAR :**[illegible]

[illegible]**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.....**

[illegible]



**EMPLOYER: LVCT Health**

[illegible]



**DOMESTIC TAXES DEPARTMENT**

**EMPLOYER: LVCT Health**

**TAX DEDUCTION CARD YEAR :**[illegible]



**EMPLOYER: LVCT Health**

[illegible]

**DOMESTIC TAXES DEPARTMENT**

**EMPLOYER: LVCT Health**

**TAX DEDUCTION CARD YEAR :**[illegible]



**EMPLOYER: LVCT Health**

[illegible]



**EMPLOYER: LVCT Health**

[illegible]



**EMPLOYER: LVCT Health**

[illegible]



**EMPLOYER: LVCT Health**

[illegible]

**DOMESTIC TAXES DEPARTMENT**

**EMPLOYER: LVCT Health**

**TAX DEDUCTION CARD YEAR :**[illegible]





**EMPLOYER: LVCT Health**

[illegible]

**DOMESTIC TAXES DEPARTMENT**

**EMPLOYER: LVCT Health**

**TAX DEDUCTION CARD YEAR :**[illegible]



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**TAX DEDUCTION CARD YEAR :**[illegible]



**EMPLOYER: LVCT Health**

[illegible]



**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.