



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.