



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**

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TAX DEDUCTION CARD YEAR :[illegible]

**DOMESTIC TAXES DEPARTMENT**

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TAX DEDUCTION CARD YEAR :[illegible]

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TAX DEDUCTION CARD YEAR :[illegible]



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[illegible]

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TAX DEDUCTION CARD YEAR :[illegible]



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[illegible]

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TAX DEDUCTION CARD YEAR :[illegible]

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TAX DEDUCTION CARD YEAR :[illegible]

**DOMESTIC TAXES DEPARTMENT**

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TAX DEDUCTION CARD YEAR :[illegible]

**DOMESTIC TAXES DEPARTMENT**

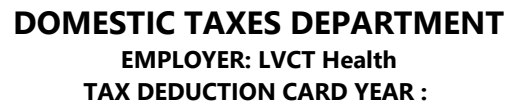
EMPLOYER: LVCT Health

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EMPLOYER: LVCT Health

TAX DEDUCTION CARD YEAR :[illegible]



KES.

(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

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

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

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

DATE OF OCCUPATION.....

[illegible]



EMPLOYER: LVCT Health

[illegible]

**DOMESTIC TAXES DEPARTMENT**

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TAX DEDUCTION CARD YEAR :[illegible]

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TAX DEDUCTION CARD YEAR :[illegible]

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TAX DEDUCTION CARD YEAR :[illegible]



DOMESTIC TAXES DEPARTMENT

EMPLOYER: LVCT Health

TAX DEDUCTION CARD YEAR :

Total								
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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.