

EMPLOYER: LVCT Health
TAX DEDUCTION CARD YEAR:

Employee First Name EMPLOYER PIN P051147281E **EMPLOYEE SHIF:**

Employee Other Names EMPLOYEE PIN

Personal File No. 1266 Secondary No. EMPLOYEE NHIF

MONTH	Cash Pay	Benefits Non-Cash	Value Of Quarters	Gross Pay		ed Contribu ement Sch		SHIF	Housing Levy	Owner Occupier interest	Retirement Contribution & Owner Occupier	Taxable Pay	Tax Charged	Tax I	Relief	PAYE
	Α	В	С	D		E		F	G	н	I	J	К		L	М
					E1 30%	E2 Actual	E3 FIXED			Amount of Interest	Lowest of E added to F	D - G		Personal Relief	Insurance Relief	PAYE
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(See back of this card for further information required by the department).

DOMESTIC TAXES DEPARTMENT

EMPLOYER: LVCT Health TAX DEDUCTION CARD YEAR:

TOTAL CHARGEA	BLE PAY (COL h)	KES.	TOTAL TAX CHAR	GED(COL.L)	KES.
IMPORTANT			(b) Attach	(i) Photostat copy of interest certificate and statement	of account from the Financial Institution
1. Use P9A	(a) For all liable employees and where director/employee			(ii) THE DECLARATION duly signed by the employee.	
	(b) Where an employee is eligible to deduction on owner occupier in	nterest.		NAMES OF MORTGAGE FINANCIAL INSTITUTION	
2. (a) Allowable interes	est in respect of any month mustnot exceed Kshs.12,500/= per year.			L.R. No. OF OWNER OCCUPIED HOUSE	

DATE OF OCCUPATION.....

			CALC	ULATION OF BEN	EFITS			
MONTH	PESION BENEFIT - IN EXCESS OF LIMIT		мото	R VEHICLE BENEF	IT	TELEP	HONE-AIRTIME	-AT COST
	Pension Benefit Excess	CC Rating	Rate %	Cost	Taxable Benefit	Amount	Rate%	Taxable Benefit



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EMPLOYER: LVCT Health TAX DEDUCTION CARD YEAR:

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NAME	: LVCT Health	LVCT Health												
ADDRESS	: P.O BOX	: P.O BOX												
SIGNATURE	:	:												
DATE & STAME	· :													

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.