



THE INCOME TAX ACT

**CERTIFICATE FOR INCOME TAX WITHHELD
FROM SPECIFIED SERVICES**

ITC01
Certificate Number

Section A: DETAILS OF TAX WITHHOLDING AGENT

| | |
|----------------------------------|---------------------------------------|
| 1. Name of Tax Withholding Agent | 2. Taxpayer Registration Number (TRN) |
| 3. Address | |

Section B: DETAILS OF SERVICE PROVIDER

| | |
|-----------------------------|---------------------------------------|
| 4. Name of Service Provider | 5. Taxpayer Registration Number (TRN) |
| 6. Address | 7. Nature of Service (s) Provided |

Section C: DETAILS OF CHARGES & INCOME TAX WITHHELD

| Date of Invoice (dd-mmm-yyyy) | Invoice Number | Value of Service (\$) | Payment Amount (\$) | Income Tax Withheld (\$) |
|----------------------------------|----------------|--------------------------|------------------------|-----------------------------|
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| Total | | | | |

Section D: CERTIFICATION

I hereby certify that the particulars given above are true.

Name of Authorized Officer

Title

Signature

Date