



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

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

Section D: CERTIFICATION

I hereby certify that the particulars given above are true.

Name of Authorized Officer

Title

Signature

Date