

WITHHOLDING TAX FORM



**Section A: GENERAL INFORMATION**

1. Name of Tax Withholding Agent	2. Taxpayer Registration Number (TRN)																				
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>																				
	3. Return Period																				
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">Year</td> <td style="width:10%; text-align: center;">Month</td> <td style="width:10%; text-align: center;">Day</td> <td style="width:10%;"></td> <td style="width:10%; text-align: center;">Year</td> <td style="width:10%; text-align: center;">Month</td> <td style="width:10%; text-align: center;">Day</td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;">to</td> <td></td> <td></td> <td></td> </tr> </table>	Year	Month	Day		Year	Month	Day				to									
Year	Month	Day		Year	Month	Day															
			to																		
4. Address	5. Tick if appropriate. <input type="checkbox"/> Revised Return																				

**Section B: DETAILS OF THE CERTIFICATES ISSUED** *(Table continues overleaf)*

(a) TRN of Service Provider	(b) Name of Service Provider	(c) Address of Service Provider	(d) Services Provided	(e) Date Service was Provided	(f) Value of Service (\$)	(g) Payment Amount (\$)	(h) Tax Withheld (\$)

**Section C: SUMMARY OF CERTIFICATES ISSUED**

Total number of Income Tax Withholding Certificates issued for period . . . . .	6	
Total value of services received for period <i>(Total column (f), Section B)</i> . . . . .	7	

**Section D: INCOME TAX WITHHELD/PAYABLE**

Total Tax Withheld/Payable <i>(Total column (h), Section B)</i> . . . . .	8	
Tax being paid this period . . . . .	9	

**OFFICIAL USE**

**Section E: DECLARATION**

I declare that to the best of my knowledge and belief this is a true and correct statement of the information and particulars given on this form.

\_\_\_\_\_

Name of Responsible Officer

\_\_\_\_\_

Title

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

