PAYE ANNUAL RETURN FORM H1

NAME OF ORGANISATION :

ADDRESS:

TAX IDENTIFICATION NUMBER:

PHONE NUMBER :

EMAIL ADDRESS:

S/N	SURNAME	FRIST NAME	MIDDLE NAME	DESIGNATION	EMAIL	TAX IDENTIFICATION NUMBER	MOBILE NUMBER	MONTHS WORKED	MONTHLY GROSS	ANNUAL GROSS	PENSION	NHF	NHIS	NSITF	LIFE ASSURANCE PREMIUM	OTHERS	CONSOLIDATED RELIEF ALL.	TOTAL RELIEFS	CHARGEABLE INCOME	MINIMUM TAX	ANNUAL TAX	MONTHLY TAX	TAX PAID