MONTHLY PAYE REMITTANCE SCHEDULE

NAME OF ORGANISATION **MONTH/YEAR:**

ADDRESS: **NO. OF EXPATRIATES:**

TAX IDENTIFICATION NUMBER:

PHONE NUMBER:

EMAIL ADDRESS:

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