



REPUBLIC OF THE GAMBIA  
FRINGE BENEFITS MONTHLY RETURN

RETURN FOR THE MONTH OF: .....

TIN	<b>TYPE OF BUSINESS</b> <input type="checkbox"/> COMPANY <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> PROFESSIONAL <input type="checkbox"/> OTHER
NAME	
PHYSICAL ADDRESS	
POSTAL ADDRESS	
TELEPHONE NUMBER	
E-MAIL ADDRESS	

FRINGE BENEFITS		AMOUNT
1	Housing	
2	Motor Vehicle	
3	Household Personnel	
4	Loan	
5	Debt Waiver	
6	Property	
7	Medical	
8	Life Insurance	
9	Entertainment	
10	Residual (others)	
<b>TOTAL TAXABLE BENEFITS</b>		

<b>TAX ON BENEFITS @ CORP. TAX RATE</b>	
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**DECLARATION**

I certify that this is a true and complete return of all taxable fringe benefits for the month of

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Name..... Signature.....

Designation..... Date: ... / ... / ...

**FOR OFFICE USE**

RECEIVING OFFICER..... Date: ... .. / ... .. / ... ..

**PLEASE CONTACT THE NEAREST GAMBIA REVENUE AUTHORITY OFFICE IF YOU NEED ANY ASSISTANCE IN COMPLETING THIS FORM**