



GAMBIA REVENUE AUTHORITY

REPUBLIC OF THE GAMBIA

EMPLOYERS SCHEDULE OF MONTHLY PAYE DEDUCTIONS FROM EMPLOYEES REMUNERATION

FOR THE MONTH OF.....

EMPLOYERS TIN _____

NAME OF EMPLOYER _____

ADDRESS OF EMPLOYER a. POSTAL _____

b. PHYSICAL _____

	EMPLOYEE TIN	NAME OF EMPLOYEE	GROSS SALARY/WAGES	CUMMULATIVE SALARY UP TO DATE	MONTHLY TAX DEDUCTION	CUMMULATIVE TAX DEDUCTED TO DATE
			D	D	D	D
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
TOTALS						

I certify that the entries made above are true and complete

Name of Officer

Signature.....

Designation.....

Date.....

FOR OFFICE USE

Name of Receiving Officer..... Signature of Receiving Officer..... Date.....