



Republic of The Gambia

PAYROLL TAX SCHEDULE

(To be completed by employers with Non-Gambian employees)

FOR THE YEAR/PERIOD FROMTO.....

TIN
NAME
POSTAL ADDRESS
PHYSICAL ADDRESS
TELEPHONE NUMBER(S)
FAX
EMAIL

You are hereby required under Section 10 of the Pay Roll Tax Act, 1976 as amended, to make a return in the form here provided to be delivered to me not later than.....20..... showing the number of Non-Gambian employees during the year/period stated above and such information as is required in this form.

Commissioner-General

AMOUNT PAID	
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FOR OFFICE USE ONLY

YEAR OF ASSESS. SECTOR CODE

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RECEIVING OFFICER DATE RECEIVED

NUMBER OF NON-GAMBIAN EMPLOYEES

NUMBER	NAME	TIN	OCCUPATION	DATE OF EMPLOYMENT

DECLARATION

I..... (Full Name) do hereby declare that this return and accompanying
schedules and statements are a full, just, true and correct account of all Non-Gambians employed by me
for the period To

Signature..... Date: / /

Designation/Position.....

Address:.....

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