

GAMBIA REVENUE AUTHORITY



GRA RET 12

REPUBLIC OF THE GAMBIA

WITHHOLDING TAX SCHEDULE FOR THE MONTH OF.....

<b>WITHHOLDING AGENT'S TIN</b>
<b>WITHHOLDING AGENT'S NAME</b>
<b>WITHHOLDING AGENT'S ADDRESS</b>
<b>WITHHOLDING AGENT'S TELEPHONE</b>

No.	NAME OF TAXPAYER SUFFERING WITHHOLDING TAX	TIN	BUSINESS ADDRESS	RATE	TYPE OF TRANSACTION	GROSS TRANSACTION AMOUNT	AMOUNT WITHHELD
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
<b>TOTALS</b>							

I certify that the entries made above are true and complete

Name of Officer .....

Signature.....

Designation.....

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

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