## P9A KENYA REVENUE AUTHORITY **Kenya Revenue Authority** DOMESTIC TAX DEPARTMENT **INCOME TAX DEDUCTION CARD 2019 Employers Name** Employer's P.I.N SHILOAH INVESTMENTS LTD P051120710X ONKOBA RONALD A003507829B **Employee's Main Name** Employee's P.I.N MONTH BASIC **BENEFITS** VALUE OF TOTAL DEFINED CONTRIBUTION RETIREMENT RETIREMENT CHARGEABLE TAX ON (H) MONTHLY OWNER PAYE TAX (J-QUARTERS SALARY GROSS PAY OCCUPIED CONTRIBUTIO PAY KSHS RELIEF KSHS K) KSHS NON-CASH SCHEME KSH INTEREST N&OWNER OCCUPIED INTEREST В lc. lъ Ε lĸ Α E2 E3 AMOUNT OF THE LOWEST E lE1 INTEREST ADDED TO F 20,000 23,747 January 101,775 0 0 101,775 30,533 1,080 0 1,080 100,695 1,408 22,339 0 **TOTALS** 101,775 0 100,695 23,747 1,408 101,775 30533 1,080 1.080 22,339 TOTAL TAX COL (J) Kshs.22,339 To be completed by employer at the end of the year TOTAL CHARGEABLE PAY (COL H) KSHS. 100,695 (b)Attach (i)Photostat copy of interest certificate and statement of account from financial institution (ii)The declaration duly signed by the employee **IMPORTANT** NAMES OF FINANCIAL INSTITUTION ADVANCING MORTGAGE 1)Use P9A (a)For all liable employees and where director/employee receives benefits in addition to cash emoluments (b)Where an employee is eligible to deduction and owner occupier interest L.R NO OF OWNER OCCUPIED PROPERTY-----

DATE OF OCCUPATION OF HOUSE-----

INFORMATION REQUIR	RED FROM THE EMPLOYER AT THE	END OF THE YEAR				
Date Employee commen	ced if during the year					
2)Date left if during the y	ear					
Name and address of r	new employer					
Where housing is provi	ded,state monthly rent charged KES	per month				
Where any of the pay r	related to a period other than this year	, eg.Gratuity (give details of amounts,yea	r and tax)	Year	Amount	Sh
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	S OF BENEFITS PLEASE REFER TO	D EMPLOYERS GUIDE TO P.A				•
BENEFIT	NO	RATE	NO OF MON	THS	TOTAL AMO	UNT
FOR PICKUPS,PANEL CAR BENEFIT-The hig charge: PRESCRIBED RATE: 1997-1.5% Per mon 1998-2% Per mont EMPLOYERS CERTIF	1500c.c = 1750c.c = 1750c.c = 2000c.c = 3000c.c = 3000c.c = 4 agree with total of Col B overleaf,attally VANS AND LAND ROVERS REFER when the amount of fixed monthly rate of the initial vehicle content of initial vehicle cost of initial vehicle cost in the Initial vehicle cost in Initial vehicle cost in ICCATE OF THE PAY AND TAX	TO APPENDIX 5 OF EMPLOYERS GUI of the prescribed rate of benefits is to be l				
NAME: <u>SHILOAH INVE</u> ADDRESS: <u>P.O BOX 2</u> SIGNATURE:		STAMP:				
	to be signed by the person who submothe employee in January	its to the PAYE End Of Year Returns and	a copy of			