

Kenya Revenue Authority DOMESTIC TAX DEPARTMENT INCOME TAX DEDUCTION CARD 2017

Employers Name SHILOAH INVESTMENTS LTD **Employer's P.I.N** P051120710X

Employee's Main Name MUNGATIA CATHERINE **Employee's P.I.N** A009214883A

MONTH	BASIC SALARY	BENEFITS NON-CASH	VALUE OF QUARTERS	TOTAL GROSS PAY	DEFINED CON SCHEME	ITRIBUTION RET	FIREMENT	OWNER OCCUPIED INTEREST	RETIREMENT CONTRIBUTI ON&OWNER OCCUPIED INTEREST	CHARGEABL E PAY KSHS	TAX ON (H) KSH	MONTHLY RELIEF KSHS	PAYE TAX (J- K) KSHS
	Α	В	С	D		E		F	G	Н	I	J	К
					E1	E2	E3	AMOUNT OF INTEREST	THE LOWEST E ADDED TO F				
January	14,866	0	0	14,866	4,460	756	20,000	0	756	11,841	0	0	0
February	14,866	0	0	14,866	4,460	756	20,000	0	756	11,841	0	0	0
March	14,866	0	0	14,866	4,460	756	20,000	0	756	11,841	0	0	0
April	14,866	0	0	14,866	4,460	756	20,000	0	756	11,841	0	0	0
May	14,866	0	0	14,866	4,460	756	20,000	0	756	11,841	0	0	0
June	14,866	0	0	14,866	4,460	892	20,000	0	892	13,974	1,537	1,280	257
TOTALS	89,196	0	0	89,196	26759	4,672	0	0	4,672	73,179	1,537	1,280	257

To be completed by employer at the end of the year

TOTAL TAX COL (J) Kshs.257

TOTAL CHARGEABLE PAY (COL H) KSHS. 73,179

- (b)Attach
- (i)Photostat copy of interest certificate and statement of account from financial institution
- (ii)The declaration duly signed by the employee

IMPORTANT

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

2 (a) Allowable interest in respect of any month must not exceed Ksh 12,500 or Ksh 150,000 per year

NAMES OF FINANCIAL	INSTITLITION		MORTGAGEL	$\triangle V$
NAMES OF FINANCIAL	111/2/11/11/11/11	AIJVAINGIING	יו חנאתנו תועועו	()AI

L.R NO OF OWNER OCCUPIED PROPERTY-----

DATE OF OCCUPATION OF HOUSE-----

INFORMATION REQUIRED FROM EMPLOYER AT THE END OF YEAR	D FROM EMPLOYER AT T	THE END OF YEAR		
1) Date employee commenced if during the Year.	if during the Year			:
Name and address of old employer 2) Date left if during the Year	ployer			
Name and address of new employer	mployer			
3) Where housing is provided state monthly rent	state monthly rent			
	Charged Kshs	Per Month		
4)Where any of the pay related to a period other than this year,eg. Gratuity. Give details of amounts, Year and Tax	to a period other than this yea rr and Tax	ır,eg. Gratuity.		
		Year	Amount	Sh
		20	- Dillomit	SH
		20		
		20		
		20		
FOR MONTHLY RATES OF BENEFITS PLEASE REFER TO EMPLOYERS GUIDE TO P.A.Y.E SYSTEM-P7	BENEFITS PLEASE REFER	TO EMPLOYERS GUIDE T	O P.A.Y.E SYSTEM-P7	
	CAL	CALCULATION OF TAX BENEFITS	FITS	
BENEFIT	NO	RATE	NO OF MONTHS	TOTAL AMOUNT
COOK/HSE				
SERVANT				
GARDENER				
AIAH				
WATCHMAN(N)				
FURNITURE				
WATER				
TELEPHONE				
ELECTRICITY				
SEC.SYS				
Where actual cost is higher than given monthly rates of benefits then actual cost	n given monthly rates of bene		is brought to charge in full.	
LOW INTEREST RATE BELOW PRESCRIBED RATE OF INTEREST	LOW PRESCRIBED RATE	OFINTEREST		
EMPLOYERS LOAN		=Ksh		
RATE DIFFERENCE				
PRESCRIBED RAIE - EMPLOYERS RAIE	i	K-L		
MOTOR CARS	NCE ALOAN)= ARSE.	NSD, =		
Upto 1500c.c		II		
1501c.c	1750c.c	II		
1751c.c	2000c.c	П		
2001c.c	3000c.c	П		
Total Benefit in Year		II		
If this amount does not agree with total of Col B overleaf,attach explanation	rith total of Col B overleaf,atta	ach explanation		
FOR PICKOPS, PANEL VAINS AND LAND KOVERS REFER TO APPENDIX 5 OF EMPLOYES GOIDE CAR BENEFIT-The higher the amount of the fixed monthly rate or the prescribed rate of benefits is to be brought to charge:~	PICKOPS, PANEL VAINS AND LAND KOVERS KEEK TO APPENDIX 5 OF EMPLOYKS GUIDE BENEFIT-The higher the amount of the fixed monthly rate or the prescribed rate of benefits is to be br	rate or the prescribed rate of	benefits is to be brought to c	harge:~
PRESCRIBED RATE:-	1996-1% per mo	1996-1% per month of initial vehicle cost		
	1997-1.5% per n	1997-1.5% per month of initial vehicle cost		
	1998-2% per mo	1998-2% per month of initial vehicle cost		
		EMPLOYERS CERTIFICATE OF THE PAY AND TAX	AY AND TAX	
ě.	nts Ltd			
ADDRESSP.O F	P.O BOX 2501 -40100 Kisumu			
DATE AN D STAMP				
NOTE:Employer's certificate to be signed by the person who prepares and submits to the PAYE End of year Returns and copy of	e to be signed by the person v	who prepares and submits t	o the PAYE End of year Ret	urns and copy of