

**Attachment of P.N.D.1**

Personal identification number

(Withholding tax agent in the case of individual)

Taxpayer identification number

(Withholding tax agent)

(Please in this attachment based on each type of income and tick only one "☐")

**Type of** ☐ 1. Income under Section 40(1): salaries, wages, etc. (In general cases.)**Income** ☐ 2. Income under Section 40(1): salaries, wages, etc. (In the case where the Revenue Department has given approval to apply 3% withholding tax.)☐ 3. Income under Section 40(1)(2) (In case of single payment made by employer by reason of termination of employment.)☐ 4. Income under Section 40(2) where a recipient is a resident of Thailand.☐ 5. Income under Section 40(2) where recipient is a non-resident of Thailand.

Branch No.

Page no.....of total.....page(s)

| No.   | Personal identification number (of the recipient)                  | Taxpayer identification number (of the recipient) | Detail of payment of assessable income |             | Amount of tax withheld and remitted | * Condition |
|---|--|---|--|-------------|-------------------------------------|-------------|
|   | Name of recipient of income (please specify Mr., Mrs., Miss, etc.) |   | Payment date                           | Amount paid |                                     |             |
|   | <input type="text"/>   | <input type="text"/>                              |  |             |                                     |             |
|   | Name .....Surname.....   |   |  |             |                                     |             |
|   | <input type="text"/>   | <input type="text"/>                              |  |             |                                     |             |
|   | Name .....Surname.....   |   |  |             |                                     |             |
|   | <input type="text"/>   | <input type="text"/>                              |  |             |                                     |             |
|   | Name .....Surname.....   |   |  |             |                                     |             |
|   | <input type="text"/>   | <input type="text"/>                              |  |             |                                     |             |
|   | Name .....Surname.....   |   |  |             |                                     |             |
|   | <input type="text"/>   | <input type="text"/>                              |  |             |                                     |             |
|   | Name .....Surname.....   |   |  |             |                                     |             |
|   | <input type="text"/>   | <input type="text"/>                              |  |             |                                     |             |
|   | Name .....Surname.....   |   |  |             |                                     |             |
| Total amount of income and withholding tax remittance (to be included with other <b>attachment of P.N.D.1</b> (if any)) |  |   |  |             |                                     |             |

(Please fill in items in order for every attachment according to type of income)

**Note \*** Please indicate conditions of withholding tax as follows:

- Deducted at source, fill "1"
- Paid tax for recipient every time, fill "2"
- Paid tax for recipient one time, fill "3"



Signed.....Payer of income

(.....)

Position.....

Filing date: Date.....Month.....Year(B.E).....