

KENYA REVENUE AUTHORITY

INCOME TAX DEPARTMENT

INCOME TAX DEDUCTION CARD YEAR:2019

Employers Name: KENYA MEDICAL RESEARCH INSTITUTE**Employee's Main Name:** Mogaka**Employee's Other Names** Haron Mong'are**Personal File No:** 21859**Employer's PIN:****Employee's PIN**

A003885421Z

Month	Gross Salary	Non-Cash Benefits	Value of Quarters	TOTAL A+B+C	Defined Contribution Retr.Scheme E			Owner Occupied Interest	Retr. Contribution Occupied Interest	Column D-G Taxable Amount	Taxa Charged	Personal Relief	Insurance Relief	P.A.Y.E TAX
	A	B	C	D	30%	Actual	Fixed	F(Standard Amount)	G (Lowest of E+F)	H	J	K	L	M
				0.00					0.00	0.00	0.00			
Total				0.00					0.00	0.00	0.00			

TOTAL CHARGEABLE PAY (COL H) KES

0.00

TOTAL TAX (COL M) KES

(1) Date employee commenced if during the year.....

Name and address of old employer.....

(2) Date left if during the year.....

Name and address of new employer.....

(3) Where housing is provided,State monthly rent.....

CERTIFICATE OF PAY AND TAX

NAME

ADDRESS

SIGNATURE

DATE & STAMP

P9A

(4) Where any of the pay relates to a period other than this year e.g gratuity, give details.....

Year	Amount (Kenya Shillings)	Tax (KES)

NAMES OF MORTGAGE FINANCIAL INSTITUTION

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L.R. NO. OF OWNER OCCUPIED HOUSE

DATE OF OCCUPATION

Reference no.....