

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.....****(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)

CERTIFICATE OF PAY AND TAX**NAME****ADDRESS****SIGNATURE****DATE & STAMP**

P9A

NAMES OF MORTGAGE FINANCIAL INSTITUTION

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L.R. NO. OF OWNER OCCUPIED HOUSE**DATE OF OCCUPATION**

Reference no.....