



# GHANA REVENUE AUTHORITY

## TAX RELIEF APPLICATION FORM

(To be completed by Employer for an Employee with only employment income)

Year: \_\_\_\_\_

Employee's Surname \_\_\_\_\_ (1)

Other Name(s) \_\_\_\_\_ (2)

Gender ☐ (M or F) ☐ Date of Birth    /    /                              

Mother's Maiden Name \_\_\_\_\_

Social Sec. No. \_\_\_\_\_ (5) Tax File No.: \_\_\_\_\_ (4)

Name of Employer \_\_\_\_\_ (6)

Address of Employer \_\_\_\_\_

Telephone No. \_\_\_\_\_ Tax ID. No. \_\_\_\_\_ (3)

Has there been any change in your personal particulars form that of the previous year? Yes ☐ No ☐

If yes, complete the form

If no, proceed to sign the declarations.

### Personal Particulars

Marital Status: Married ☐ Single ☐

If married, Name of Dependent Spouse \_\_\_\_\_

Particulars of Spouse:

Date of Birth    /    /                               Tax ID. No.: \_\_\_\_\_  
Tax File No.: \_\_\_\_\_ Soc. Sec. No.: \_\_\_\_\_

No. of Children: ☐

Particulars of Children:

Name	Date of Birth	Educational Institution

NOTE: Only one parent can claim relief in respect of each child subject to maximum of three (3) children.

Are You disabled? Yes ☐ No ☐

If yes, attach certificate from Department of Social Welfare.

### Declaration of Employer

I do hereby declare that the above information is to the best of my knowledge and belief true, correct and complete.

Signature of employer

Declaration

Date

### Declaration of Employee

Do you have any other sources of income than your employment?

Yes ☐ No ☐

I certify that the information given by the Employer is correct.

The above employment is my primary employment and no other Tax Relief Card is issued or will be issued for this year.

Signature of Employer

Date

For first application insert a photo for identification of employee

### For official use only

If age over 60 years, Old age Relief is granted Amount of a) GH¢ \_\_\_\_\_

Marriage Relief granted, Amount of b) GH¢ \_\_\_\_\_

Children's Education Relief granted for ☐ children Amount of b) GH¢ \_\_\_\_\_

Qualified for Disabled Relief (10) Yes ☐ No ☐

Computation of the summarised Amount of Relief for the year

a) \_\_\_\_\_  
+ b) \_\_\_\_\_  
+ c) \_\_\_\_\_  
(7) Total: GH¢ \_\_\_\_\_

Divided by \_\_\_\_\_ months monthly deduction

(8) GH¢ \_\_\_\_\_

First deductible month:

(9) \_\_\_\_\_

All information have been transferred to the TRC

Signature, Date

I.T. Form 21A