



# 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 Dependant Spouse \_\_\_\_\_

Particulars of Spouse:

Date of Birth	<u>  </u> / <u>  </u> / <u>  </u> <u>  </u> <u>  </u> <u>  </u> <u>  </u> <u>  </u> <u>  </u>	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 us 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