



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

	Year:	FOLIUS
Employee's Surname	application insert a photo	
Other Name (s)		
Gender (M or F)	Date of Birth//	identification of employee
Mother's Maiden Name		
Social Sec No.	Tax File No.:	
Name of Employer		For official use only
Employer Address		
Telephone No	Tax ID No.:	If any over 60 years
Has there been any change in previous year?	Amount of	
If yes, complete the form If no, proceed to sign the decl	arations	a)Ghc
Personal Particulars		
Marital Status: Married	Single	
If married, Name of Dependar Particulars of Spouse:	Marriage relief granted, Amount of b)Ghc	
DD MMYY'	Tax ID No.: Y Y Tax File No.:	
	Tax i lie ivo	
No. of Children		Children's Education
Particulars of Children		relief granted for
Name	Date of Birth Educational Institu	ION Children Amount of
		c)Ghc
NOTE: Only one parent can c maximum of three(3) children	aim relief in respect of each child	subject to Qualified for disabled
Are You Disabled? Yes	No 🗍	relief.
If yes, attach certificate from De	nartment of Social Welfare	Yes No
Declai	ration of Employer ove information is to the best of my k	summarised Amount of
<u> </u>		relief for the year a) +b)
Signature of Employer	Declaration [Pate +c)
Decla	Ghc	
Do you have any other so	Divided by months	
Yes N	monthly deduction 8)Ghc	
I certify that the information of The above employment is m	First deductable month:	
is issued or will be issued for		All information have been transferred to the TRC
Signature	Date	
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