

GHANA REVENUE AUTHORITY  
DOMESTIC TAX REVENUE DIVISION



REPUBLIC OF GHANA

**EMPLOYEE'S TAX DEDUCTION FORM (ANNUAL)**

Employee's Name..... Rank or Grade..... Address..... .....	TIN Social Security No	Employee's Signature OR Right thumb print	Year of Assessment 20
Name of Employer..... TIN..... Address.....			

Month	1 Consolidated Basic Salary GH¢	2 Cash Allow. Not Consolidated (Specify on Reverse) GH¢	3 Benefit in Kind (Specify on Reverse) GH¢	4 Gross Remuneration (Add 1 to 3) GH¢	5 Monthly Deductible Relief GH¢	6 Social Security Relief GH¢	7 Taxable Emolument (col. 4 less col. 5 & 6) GH¢	8 Tax Deducted GH¢	9 Income Tax Receipt No & Date of Payment GH¢
Jan									
Feb									
Mar									
Apr									
May									
Jun									
Jul									
Aug									
Sep									
Oct									
Nov									
Dec									
Total									

I certify the entries made above are correct in every detail and that the income tax deducted has been paid to the Ghana Revenue Authority.

CERTIFICATE

.....20.....  
 Signature & Stamp of Employer.....  
 P.T.O  
 IT Form 51 (supplementary)

Benefits in kind (annual figures)

Allowances (Annual figures only)

Type	Amount GH¢	Type	Value GH¢
1. ....	.....	1. Accommodation Element	.....
2. ....	.....	2. Vehicle Element	.....
3. ....	.....	3. Others (specify)	.....
4. ....	.....		.....
5. ....	.....		.....
6. ....	.....		.....

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