GHANA REVENUE AUTHORITY
TAX RELIEF APPLICATION FORM

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

Year: _____

For first application insert a photo for identification of employee

Employee's Surname _____

Other Name (s) _____

Gender ☐ (M or F) ☐ Date of Birth __ __ / __ __ / __ __ __ __
D D M M Y Y Y Y

Mother's Maiden Name _____

Social Sec No. _____ Tax File No.: _____

Name of Employer _____

Employer Address _____

Telephone No. _____ Tax ID No.: _____

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 __ __ / __ __ / __ __ __ __ Tax ID No.: _____
D D M M Y Y Y Y

Social Sec No. _____ Tax File 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 source 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 _____ Date _____

For official use only

If age over 60 years, old age relief is granted Amount of
a)Ghc _____

Marriage relief granted, Amount of
b)Ghc _____

Children's Education relief granted for ☐ Children
Amount of
c)Ghc _____

Qualified for disabled relief.
Yes ☐ No ☐

Computation of the summarised Amount of relief for the year
a) _____
+b) _____
+c) _____
Total:
Ghc _____

Divided by____ months monthly deduction
8)Ghc _____
First deductable month:
9) _____
All information have been transferred to the TRC

_____
Signature