

Return by Employer of persons working

## EDO STATE GOVERNMENT

## INTERNAL REVENUE SERVICE

80 New Lagos Road, P.M.B. 1020, Benin City

info@eirs.gov.ng



TAX FORM (H1)

in Edo State of Nigeria for whom Tax														
deductions were made and remitted in the												20		
precedi	ing year	PANE	Reference Number/TIN No:											
Name o	f Employer:													
Address	3:													
e-mail														
						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Edo State							
Pursua	nt to Section 81 S	ubsection (2	) of PITA 20	04 and Secti	on 10 of PA	YE regulat	ions, 2002, ye	ou are requi	red to comple	ete and retur	rn this Form	to the		
Execut	ive Chairman of th	e Internal Re	evenue Serv	ice at the ab	ove address	s or at the a	appropriate Ta	ax Office in y	our area not	t later than 3	1st of Janua	ary of eve	ery year.	
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Serial No.	Name of Employee	Nationality	Date Promoted to the present	Date of First Appointment	Present Location in	Basic	Rent in	Transport	Leave Bonus	13th Month Salary	Other Allowances	Annual Tax	Annual	
			position		Edo State	Salary	Cash/kind	Cash/kind	Allowance	Gulary	Pallowarious	Reliefs	Tax Deducted	
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10.						-								
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**CERTIFICATION** 

I hereby certify that the above is the complete and correct list of staff of this company resident and or working in Edo State of Nigeria employed by the above company. I also certify that the information; particularly the salaries and allowances stated for each employee above are correct and exhaustive. I make this certification knowing them to be true and correct in accordance with section 81, subsection 2 in 1 personal Income Tax Act (Amended), 2011 and Regulations 10 (2002) made pursuant to Personal Income Tax Act 2004 (as amended) which default or failure thereto is punishable under section 81, subsection 3 of Personal Income Tax Act, 2004 (as amended)

Director	or ite o	guivalent	
JII COLOI C	11 115 6	cunvaicin	

Signature \_\_\_\_\_Name

Designation/Position held

Date\_\_\_