



EDO STATE INTERNAL REVENUE SERVICE

80 New Lagos Road,
 P. M. B.1020, Benin City
info@eirs.gov.ng



EDO STATE
 INTERNAL REVENUE SERVICE

Return by Employer of persons working
 In Edo State of Nigeria for whom Tax
 Forms are required for P.A.Y.E. Tax deduction

Name of Employer:.....

Address:.....

e-mail:.....

.....
20.....

Reference Number/TIN No:

TAX FORM (H3)

Pursuant to Regulation 13 of PAYE Regulations, 2007, you are required to complete and return this Form to the Executive Chairman of the Board at the above Address or as the appropriate Tax Office in your area not later than 31st of January of every year.

Serial No.	Name of Employee	Nationality	TIN No:	Designation/position held	Date Promoted to the present position rank	Present Location & Pay point in Edo State	ALLOWANCES						7. Total Salary/Allowances	
							Annual Basic Salary	1. Rent in Cash/kind	2. Transport In Cash/Kind	3. Leave Bonus/ Allowance	4. 13th Month Salary	5. Other Allowances		6. Total Allowances
							₦	₦	₦	₦	₦	₦	₦	

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 the this certification knowing them to be true and correct in accordance with Regulation 13 (2004) made Pursuant to the PITA 2004 (as amended), which default or failure thereto is punishable under section 95 and 96 of PITA 2004 (as amended).

Director or its equivalent Signature _____ Name _____ Designation/Position held _____ Date _____