



EDO STATE INTERNAL REVENUE SERVICE
INTERNAL REVENUE SERVICE
 80 New Lagos Road,
 P. M. B. 1020, Benin City.
bir@edostate.gov.ng



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

TAX FORM (H3)

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Reference Number/TIN No:

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 at the appropriate Tax Office in your area not later than 31st of January of every year.

Serial No.	Name of Employee	Nationality	TIN/NIN	Designation/Position held	Individual RIN	Individual Phone Number	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 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 _____