



RETURN FOR REMITTANCE OF EMPLOYEE'S TAX

ALWAYS MENTION THIS FILE IDENTIFICATION NUMBER IN YOUR CORRESPONDENCE AND AT INTERVIEWS

OFFICE OF REGISTRATION →

(ONLY COMPLETE BLOCKS IN INK WHERE PARTICULARS ARE MISSING OR HAVE CHANGED. USE CAPITAL LETTERS, AND WHERE APPLICABLE, MARK WITH AN 'X')

BUSINESS/PERSONAL PARTICULARS

REGISTERED/ TAXPAYER NAME	<input type="text"/>	1	<input type="text"/>
TRADE NAME	<input type="text"/>	2	<input type="text"/>
IDENTITY NO.	<input type="text"/>	3	<input type="text"/>
POSTAL ADDRESS	<input type="text"/>	4	<input type="text"/>

EMPLOYEE'S TAX PAYABLE

I CERTIFY THAT THE PARTICULARS PROVIDED ARE CORRECT		TAX PERIOD	YEAR	MONTH
NAME	CAPACITY	<input type="text"/>	<input type="text"/>	<input type="text"/>
SIGNATURE	DATE	TAX	<input type="text"/>	
CONTACT DETAILS		INTEREST	<input type="text"/>	
EMAIL ADDRESS	CELLPHONE NO.	PENALTY	<input type="text"/>	
TELEPHONE NO.		AMOUNT PAYABLE	<input type="text"/>	

EMPLOYEE'S TAX SHOULD BE PAID OVER TO THE RECEIVER WITHIN 20 DAYS AFTER THE END OF THE PERIOD OR WITHIN 20 DAYS OF CEASING TO BE AN EMPLOYER. A NIL RETURN MUST BE SUBMITTED WITHIN 20 DAYS IF NO TAX WAS DEDUCTED.

DO NOT DETACH

RECEIPT FOR EMPLOYEE'S TAX

FILE IDENTIFICATION NUMBER	<input type="text"/>	TAX PERIOD	YEAR	MONTH
REGISTERED NAME	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TRADE NAME	<input type="text"/>	TAX	<input type="text"/>	
POSTAL ADDRESS	<input type="text"/>	INTEREST	<input type="text"/>	
		PENALTY	<input type="text"/>	
		AMOUNT PAYABLE	<input type="text"/>	

THIS RECEIPT IS NOT VALID UNLESS CASH REGISTER FIGURES ARE PRINTED HEREON

DO NOT DETACH

RECEIPT FOR EMPLOYEE'S TAX

FILE IDENTIFICATION NUMBER	<input type="text"/>	TAX PERIOD	YEAR	MONTH
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
REGISTERED NAME	<input type="text"/>	TAX	<input type="text"/>	
TRADE NAME	<input type="text"/>	INTEREST	<input type="text"/>	
POSTAL ADDRESS	<input type="text"/>	PENALTY	<input type="text"/>	
		AMOUNT PAYABLE	<input type="text"/>	

THIS RECEIPT IS NOT VALID UNLESS CASH REGISTER FIGURES ARE PRINTED HEREON

THERE ARE SEVERE PENALTIES/INTEREST FOR FALSE DECLARATIONS, FAILURE TO PAY TAX WHEN DUE, OR SUBMITTING THE RETURN LATE. PLEASE SEE REVERSE FOR INLAND REVENUE BANKING DETAILS.

REGISTERED/TAXPAYER NAME	TAX FILE IDENTIFICATION NUMBER	YEAR	MONTH
<input type="text"/>	<input type="text"/>	TAX PERIOD <input type="text"/>	<input type="text"/>

PLEASE USE THE FOLLOWING BANK DETAILS WHEN PAYING BY BANK TRANSFER OR DIRECT DEPOSIT.

INLAND REVENUE BANKING DETAILS			
BANK	<input type="text" value="BANK OF NAMIBIA"/>	BRANCH CODE	<input type="text" value="980-172"/>
ACCOUNT NAME	<input type="text" value="RECEIVER OF REVENUE"/>	TYPE OF ACCOUNT	<input type="text" value="CURRENT"/>
ACCOUNT NO.	<input type="text" value="165 001"/>	REFERENCE NO.	<input type="text"/>

THIS REFERENCE NUMBER SHOULD BE CLEARLY STATED ON THE BANK TRANSFER OR DIRECT DEPOSIT SLIP.

IMPORTANT NOTE

EMPLOYEE'S FILE IDENTIFICATION NUMBERS ARE MANDATORY WHEN ISSUING EMPLOYEE'S TAX CERTIFICATES (PAYE 5)

REGIONAL OFFICES

<p>WINDHOEK Receiver of Revenue, Moltke St., Private Bag 13185, Windhoek Tel.: (061) 209 2644/5 Fax: (061) 209 2001</p>	<p>OSHAKATI Receiver of Revenue, Dr. Agostino Neto St., Private Bag 5548, Oshakati Tel.: (065) 229 728/9 Fax: (065) 221 190</p>	<p>KEETMANSHOOP Receiver of Revenue, Hampie Plichta Ave., Private Bag 22151, Keetmanshoop Tel.: (063) 220 1000 Fax: (063) 244 863/222 041</p>	<p>WALVIS BAY Receiver of Revenue, Cnr. Sam Nujoma Ave. & 14th Rd., Private Bag 5027, Walvis Bay Tel.: (064) 208 6073/4/5 Fax: (064) 208 6100</p>	<p>OTJIWARONGO Receiver of Revenue, Cnr. Dr. Libertine Amathila Ave. & Frans Indongo St. P.O. Box 2127, Otjiwarongo Tel.: (067) 300 400 Fax: (067) 300 401</p>	<p>RUNDU Receiver of Revenue, Markus Siwarongo St., Private Bag 2117, Rundu Tel.: (066) 265 030 Fax: (066) 256 546</p>	<p>KATIMA MULILO Receiver of Revenue, Ngoma Rd., Boma, Private Bag 1029, Ngweze Tel.: (066) 252735/53 Fax: (066) 252777</p>
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