



TAXPAYER'S RECEIPT

SIGTAS PROD - Inland Revenue Department.

Document No.:	Due Date:
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TD-3 P. A. Y. E. Monthly Remittance Form.

Tax Account No.:	Tax Period:	Assessment Period Date:	For Official Use		Payment Date:
		To	Amount	DUE	PAID
			Tax		
			Penalty		
			Interest		
			Total		
			Signature of Revenue Officer		

PART 1 - TAXPAYER AND TAX IDENTIFICATION

Document No.:	Date Issued:
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Tax Account No.:	Tax Period:	Assessment Period Date:	Due Date:
		To	

PART 2 - TAX DECLARATION AND CALCULATION

Your monthly payment of P. A. Y. E. in respect of your employees for the above tax period is payable by the Due Date shown above.

- (1) Number of Employees (1) _____
- (2) Total P.A.Y.E deducted for the month (2) _____
- (3) Total P.A.Y.E deducted to date (3) _____

I certify that the Information on this return is correct, complete, and fully discloses my liability for the related tax. Signature: _____ Date: _____ Title: _____	For Official Use		Payment Date:
	Amount	DUE	PAID
	Tax		
	Penalty		
	Interest		
	Total		
Signature of Revenue Officer			