



ZAMBIA REVENUE AUTHORITY

Direct Taxes Division

PAYE Return Form for Direct Payment Cases

1. Month/Quarter Year Ended on _____ Charge Year _____

	<input type="checkbox"/> Original	<input type="checkbox"/> Amended	
	If Amended, Amendment Approval Number		
Sr No	Description	Details	
1	Taxpayer Identification Number (TPIN)		
Taxpayer Details (Please notify the Tax Office if there has been any change in details under 4 to 7)			
2	Name of Taxpayer	Title	
		Fore Name	
		Middle Name	
		Last Name	
3	Postal Address	PO Box	
		Town	
		Province	
		Country	
4	Physical Address	Plot / House No	
		Street	
		Area	
		Town	
		Province	
		Country	
5	E-mail Address		
6	Telephone / Cell Number	Country Code	
		Area Code	
		Number	

Part 1 Summary of Tax

Sr. No.	Details	Amount
1	Chargeable Emoluments (including salaries, wages, fees, commissions, bonuses, overtime, gratuity, etc.) (Total of Line-9 of Part-I and Part-II from Schedule-I)	
2	PAYE Payable (Total of Line-10 of Part-I and Part-II from Schedule-I)	

Part 2 PAYE Details

A- Details of Income Received from Employment - Employer 1

TPIN OF EMPLOYER (If available)		NAME OF EMPLOYER
Sr. No.	Salary Description	Taxable Pay
1	Gross Pay (Includes Salaries, Wages, Bonuses, Allowances etc.)	
2	Cash Benefits from Employment	
3	Commissions	
4	Other Income from employment (Specify)_____	
5	Total Chargeable emoluments [1+2+3+4]	
6	Deduct annuity contract contributions	
7	Deduct subscriptions to professional and technical associations	
8	Deduct donations to approved Public Benefit organizations	
9	TOTAL TAXABLE INCOME FROM EMPLOYMENT [5-6-7-8]	
10	TAX PAYABLE	
11	Deduct Advance income tax	
12	Deduct Tax already Paid	
13	Net Tax Payable/Repayable [10-11-12]	

* Gross pay must include all taxable allowances such as housing allowance, transport allowance, overtime pay, etc.
 * Attach the pay slip for the month.

B- Details of Income Received from Employment - Employer 2

TPIN OF EMPLOYER (If available)		NAME OF EMPLOYER
Sr. No.	Salary Description	Taxable Pay
1	Gross Pay (Includes Salaries, Wages, Bonuses, Allowances etc.)	
2	Cash Benefits from Employment	
3	Commissions	
4	Other Income from employment (Specify)_____	
5	Total Chargeable emoluments [1+2+3+4]	
6	Deduct annuity contract contributions	
7	Deduct subscriptions to professional and technical associations	
8	Deduct donations to approved Public Benefit organizations	
9	TOTAL TAXABLE INCOME FROM EMPLOYMENT [5-6-7-8]	
10	TAX PAYABLE	
11	Deduct Advance income tax	
12	Deduct Tax already Paid	
13	Net Tax Payable/Repayable [10-11-12]	

* Gross pay must include all taxable allowances such as housing allowance, transport allowance, overtime pay, etc.
 * Attach the pay slip for the month.

****Note:** Please use the continuation sheet if necessary.

DECLARATION			
I Certify that the above details in this Return are true and correct			
Full Name			
Signature		Date	

For Office Use Only

Officer's Name		Receiving Office Date Stamp
Officer's Signature		
Date Received		