



# ZAMBIA REVENUE AUTHORITY

## Direct Taxes Division

### PAYE Return Form

1. Month/Quarter ended on \_\_\_\_\_ Charge Year \_\_\_\_\_

	<input type="checkbox"/> Original	<input type="checkbox"/> Amended	
	If amended, Reason for amendment		
	Attachments for amendment (If any)		
Sr. No	Description	Details	
1	Taxpayer Identification Number (TPIN)		
Taxpayer Details (Part 4 to 7 are applicable where there has been any change in details)			
2	Name of Employer		
3	Postal Address	PO Box	
		Town	
		Province	
		Country	
4	Physical Address	Plot / House No	
		Street	
		Area	
		Town	
		Province	
		Country	
6	E-mail Address		
5	Telephone / Cell Number	Country Code	
		Area Code	
		Number	
6	Employers Account Name (If Multiple PAYE accounts for same TPIN)		

### Part 1: Summary of Tax

Sr. No.	Details	Amount
1	Gross Emoluments for the tax period (including gratuity)	
2	Chargeable Emoluments (including salaries, wages, fees, commissions, bonuses, overtime, etc.) (Sum of Column E of Part II)	
3	Tax deducted (total tax deducted from the emoluments) Sum of Column G of Part II)	
4	Tax adjusted (total tax adjusted from the emoluments) Sum of Column H of Part II)	
5	<b>Tax Payable/(Repayable)(3-4)</b>	
6	<b>Skill Development Levy (0.5% of gross emoluments)</b>	

**Part 2: List of Employees as per the pay records**

TPIN of Employee / NRC	Name of Employee	Nature of Employment (Temporary/ Permanent)	Gross emoluments for the tax period	Chargeable emoluments for the tax period	Total tax credit for the tax period	Tax Deducted as shown on the TRD for the tax period	Tax Adjusted in the tax period
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
<b>Total</b>							

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

**Part 3: Other Information**

<b>Other Information</b>	
1	Number of employees at the beginning of the month
2	Number of new employees employed in the month
3	Number of employees that have separated in the month
4	Number of employees at the end of the month
<b>Zambia Development Agency Approved Investments (only applicable to those with approved ZDA Incentives):</b>	
5	License Number
6	Total number of employees pledged to be employed in the year
7	Number of employees employed prior to this month
8	Number of new employees employed in the month
9	Number of employees that have separated in the month
10	Number of employees at the end of the month

**Note:** Gross emoluments must include **ALL TAXABLE INCOME** including allowances such as housing allowance, transport allowance, overtime pay, etc.

<b>DECLARATION</b>	
I Certify that the above details in this Return are true and correct	
Full Name	Capacity
Signature	Date

**For Official use only**

Officer's Name		<b>Receiving Office Date Stamp</b>
Officer's Signature		
Date Received		