



# REMITTANCE ADVICE SLIP

Revenue Collection Division

Tax Identification Number:

Name of Taxpayer:

Postal Address :

Phone No. (H):   
 Phone No. (W):   
 Mobile:   
 Email Address:

Tax Payment Type		Month/Year	Amount (\$)
<b>1</b> PAYE PAYE Arrears PAYE LPP 15% Contractual Payment	Branch No <input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Branch No. <input type="text"/>	<input type="text"/>	<input type="text"/>
<b>2</b>	VAT (VAT return must accompany payment)	<input type="text"/>	<input type="text"/>
<b>3</b>	HTT (HTT return must accompany payment)	<input type="text"/>	<input type="text"/>
<b>4</b>	Income Tax	<input type="text"/>	<input type="text"/>
<b>5</b> Provisional Tax (Please tick)	April <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
	August <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
	November <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<b>6</b> Company Advance Tax (Please tick)	1 <sup>st</sup> Installment <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
	2 <sup>nd</sup> Installment <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
	Final Installment <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<b>7</b> RIWT	Branch No <input type="text"/>	<input type="text"/>	<input type="text"/>
	Withholding Tax (Please tick)	<input type="text"/>	<input type="text"/>
<b>8</b>	Know How <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
	Interest <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
	Film Hire <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
	Royalty <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<b>9</b> VAT Reverse Charge	Non Resident dividend <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
<b>10</b> Late Payment Penalty (Please specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
<b>11</b> GTT (week ending)	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
<b>12</b> Other payments (Please specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>

Total Tax Remitted

A computer printed receipt will be issued for all payments made to FRCA