



ELDERLY DEPENDENTS DECLARATION FORM

Revenue Collection Division

Section A:

Employer TIN:

Employer Name :

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Elderly dependents:

(1) Name:

Date Of Birth:

Relationship to taxpayer

(2) Name:

Date Of Birth:

Relationship to taxpayer

Section B: All fields must be completed

1 Address where elderly dependant is residing

2 Who lives in the same house?

3 What is the relationship of the person/s in (2) above to you and those dependents?

4 Who is the owner of this house? If rented, who pays the rent?

5 Provide details of income in respect of each elderly dependent

6 What contributions do you make each month towards the maintenance of each elderly dependent?

7 What contribution does other family members make each month toward the maintenance of each elderly dependent

8 Provide full names of your brothers and sisters and their residential addressess.

9	Provide the full names and addresses of each elderly dependent's children (if applicable)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
10	Where no contribution is made by each dependents relatives ,state why are they not helping you to support them?	<input type="text"/> <input type="text"/> <input type="text"/>
11	State any additional information to support your claim.	<input type="text"/> <input type="text"/> <input type="text"/>

Section C: DECLARATION

I hereby certify that the information given on this form is true and correct and complete in every respect.

Signature of Applicant:

Date:

IT IS A SERIOUS OFFENCE TO GIVE FALSE INFORMATION TO THE COMMISSIONER

OFFICE USE ONLY

Approved by:

Date Approved: