



Revenue Collection Division

## REMITTANCE ADVICE SLIP

Tax Identification Number: 

--	--	--	--	--	--	--	--	--	--	--	--

Name of Taxpayer: <input style="width: 90%;" type="text"/>	Phone No. (H): <input style="width: 90%;" type="text"/>
Postal Address : <input style="width: 90%; height: 20px;" type="text"/> <input style="width: 90%; height: 20px;" type="text"/> <input style="width: 90%; height: 20px;" type="text"/>	Phone No. (W): <input style="width: 90%;" type="text"/>
	Mobile: <input style="width: 90%;" type="text"/>
	Email Address: <input style="width: 90%;" type="text"/>

	Tax Payment Type	Month/Year	Amount (\$)								
<b>1</b>	PAYE <input style="width: 100%;" type="text"/> PAYE Arrears <input style="width: 100%;" type="text"/> PAYE LPP <input style="width: 100%;" type="text"/> 15% Contractual Payment <input style="width: 100%;" type="text"/>										
	Branch No. <input style="width: 100%;" type="text"/>										
	Branch No. <input style="width: 100%;" type="text"/>										
<b>2</b>	VAT ( <i>VAT return must accompany payment</i> )	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>								
<b>3</b>	HTT ( <i>HTT return must accompany payment</i> )	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>								
<b>4</b>	Income Tax	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>								
<b>5</b>	Provisional Tax ( <i>Please tick</i> ) <table style="float: right; margin-left: 20px;"> <tr><td><i>April</i></td><td><input type="checkbox"/></td></tr> <tr><td><i>August</i></td><td><input type="checkbox"/></td></tr> <tr><td><i>November</i></td><td><input type="checkbox"/></td></tr> </table>	<i>April</i>	<input type="checkbox"/>	<i>August</i>	<input type="checkbox"/>	<i>November</i>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>		
<i>April</i>	<input type="checkbox"/>										
<i>August</i>	<input type="checkbox"/>										
<i>November</i>	<input type="checkbox"/>										
<b>6</b>	Company Advance Tax ( <i>Please tick</i> ) <table style="float: right; margin-left: 20px;"> <tr><td><i>1<sup>st</sup> Installment</i></td><td><input type="checkbox"/></td></tr> <tr><td><i>2<sup>nd</sup> Installment</i></td><td><input type="checkbox"/></td></tr> <tr><td><i>Final Installment</i></td><td><input type="checkbox"/></td></tr> </table>	<i>1<sup>st</sup> Installment</i>	<input type="checkbox"/>	<i>2<sup>nd</sup> Installment</i>	<input type="checkbox"/>	<i>Final Installment</i>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>		
<i>1<sup>st</sup> Installment</i>	<input type="checkbox"/>										
<i>2<sup>nd</sup> Installment</i>	<input type="checkbox"/>										
<i>Final Installment</i>	<input type="checkbox"/>										
<b>7</b>	RIWT <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>								
<b>8</b>	Withholding Tax ( <i>Please tick</i> ) <table style="float: right; margin-left: 20px;"> <tr><td><i>Know How</i></td><td><input type="checkbox"/></td></tr> <tr><td><i>Interest</i></td><td><input type="checkbox"/></td></tr> <tr><td><i>Film Hire</i></td><td><input type="checkbox"/></td></tr> <tr><td><i>Royalty</i></td><td><input type="checkbox"/></td></tr> </table>	<i>Know How</i>	<input type="checkbox"/>	<i>Interest</i>	<input type="checkbox"/>	<i>Film Hire</i>	<input type="checkbox"/>	<i>Royalty</i>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<i>Know How</i>	<input type="checkbox"/>										
<i>Interest</i>	<input type="checkbox"/>										
<i>Film Hire</i>	<input type="checkbox"/>										
<i>Royalty</i>	<input type="checkbox"/>										
<b>9</b>	VAT Reverse Charge	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>								
<b>10</b>	Late Payment Penalty ( <i>Please specify</i> ) <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>								
<b>11</b>	Other payments ( <i>Please specify</i> ) <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>								
Total Tax Remitted			<input style="width: 100%;" type="text"/>								

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