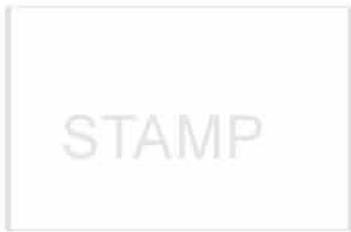




# Swaziland Revenue Authority

DOMESTIC TAXES DEPARTMENT



PAYE 01

P.O. Box 5628, Mbabane, Swaziland Tel: (+268) 2406 4000 Fax: (+268) 2406 4001 E-mail: info@sra.org.sz Website: www.sra.org.sz

## PAYE MONTHLY DECLARATION FORM

**Employers Trade Name**

**TIN**

**Postal Address**

**Telephone**  **Email**

**Fax**

**Month**  **Tax Year**

Every employer shall pay the amount deducted as PAYE and/or Graded Tax within seven days after the end of the month for which these taxes were deducted. Failure to make this payment within the statutory periods renders him liable to be charged with interest and penalties.

		AMOUNT	
A	No. of Employees		
B	No. of PAYE Employees		
C	Income		
D	Fringe Benefits		
E	SNPF		
F	Approved Pension Fund		
G	Taxable Income (C+D) - (E+F)		
H	PAYE		
I	Graded Tax		
J	Approved Provident Fund/Insurance		
K	Tax on directive lump sum payments Date withheld:		
L	Total tax payable (H+I+K)		

**Full Name**

**Signature**

**Designation**

**Date**