**GOMBE STATE GOVERNMENT**





**GOMBE STATE INTERNAL REVENUE SERVICE**

**Bauchi Road, P.M.B. 22, Gombe**

**irsgombe@gmail.com**

Return by employer of persons working Tax Form (H1)

in Gombe State of Nigeria for whom Tax ….………………………….

deductions were made and remitted in the ………………………20....

preceding year. Reference Number.TIN No:

Name of Employer:………………………………………………………

Address:……………………………………………………………………….

…………………………………………………………………………………….

Email:…………………………………………………………………………..

Pursuant to Section 81 sub-section (2) of PITA 2004 and Section 10 of PAYE regulations, 2002, you are to complete and return this form to the Office of the Executive Chairman of the Internal Revenue Service at the above address not later than 31st January of every year.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| S/No. | Name of Employee | Nationality | Date Promoted to present position | Date of First Appointment | Present Location in Gombe State | Annual Basic Salary | Rent in Cash/Kind | Transport in Cash/Kind | Leave/ Bonus Allowance | 13th Month | Other Allowances | Annual Tax Reliefs | Annual Tax Deducted |
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**Certification:** I hereby certify that the above is the complete and correct list of staff of this organization resident and or working in Gombe state of Nigeria employed by the above organization. I also certify that the information; particularly the salaries and allowances stated for each employee above are correct and exhaustive. I make this certification knowing them to be true and correct in accordance with section 81, subsection 2 in 1 personal income tax act (amended), 2011 and regulations 10 (2002) made pursuant to personal income tax act 2004 (as amended) which default or failure thereto is punishable under section 81, subsection 3 of personal income tax act 2004 (as amended).

Note: You can transfer the information and fill using Excel Template and submit same in a flash for ease of computation with covering letter duly signed.

Director or its equivalent’s Signature……………………..… .Name……………………….……….. Designation/position held…………………………………….…..Date……………………………