



MALAWI REVENUE AUTHORITY
INCOME TAX DIVISION

Form P.9

P.A.Y.E CERTIFICATE OF TOTAL EMOLUMENTS AND TAX DEDUCTION

YEAR ENDED 30TH JUNE, 20.....

FULL NAME AND ADDRESS OF EMPLOYEE
(STATE TITLE)

NAME AND ADDRESS OF EMPLOYER

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.....

AMOUNT OF TAX DEDUCTED IN FIGURES

EMPLOYER'S TPIN

.....
.....

AMOUNT OF TAX DEDUCTED IN WORDS

State whether Single, Married, Widowed, or Divorced	Capacity in which employed	Period employed during the Year ended 30 th June, 20....
.....

If married give full names and address of spouse:

.....
.....

Particulars of emoluments which accrued to the above named during the year ended 30th June 20.....

(a) Gross salary or wages or pension(before deductions whatsoever) and overtime		
(b) Housing Allowance Kper annum		
(c) Fuel, Light, water and Laundry Cost K.....per annum		
(d) Educational Allowances		
(e) Other benefits or emoluments (state nature and cost)		
(f) Leave passages paid by employer (Other than schemes approved by Commissioner General)		
(g) Gratuity		
	GROSS INCOME	
Less: Pension		
Tax Free housing allowance		
	TAXABLE INCOME	

Date: Signature:
(Employer's Representative)

Fill this certificate in triplicate and distribute a copy to each of the following MRA, Employee and Employer.