

ITF 1

ZIMBABW	E REVENUE A INCOME TAX		RITY			
Return of employment income by an in			led 31st Da	ecembe	r	
Return of employment meome by an in	dividual for the	year ene			ficial use only	j
				LOI OII	ilciai use omy	
				Taxpa	yers Identity	
				Nun	nber (T.I.N)	
					, ,	
Issued by						
issued by						
	To					
	10	••••••	••••••	••••••		•••••
			•••••	• • • • • • • • • • • • • • • • • • • •		
• All sections must be completed.						
-	acomo for the ve	on on dod	1 21 Daggr	h		
Please state all your employment in	icome for the ye	ar endec	i 31 Decei	noer		
on this form.						
 When you have completed and sign 	ned this return, p	lease de	liver it or	post it t	o your nearest	
ZIMRA office.	, 1				•	
		. 771) 4	D A O.CC		20.1.6	
• It is important that you return the fo	•				•	
the date it was issued or within any	extended period	d allowed	d by your	Region	al Manager.	
• If you do not do so, your tax will be	e estimated and	you may	have to p	av pena	alties.	
 Please make sure that you sign the 		-	1	J 1		
 Ensure that your National Registrat 	tion Number (T.)	I.N) is co	orrect.			
			1			7
T.I.N				Date of	birth	
	·					
Name (in capital letters) and						
address						
Surname	First names			Title	(Mr., Mrs.,	7
Surname	That hames				(IVII., IVIIS.,	
D 11 11 11				etc.)		4
Residential address						
	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •	
						_]
Postal address		Day	time phon	ne numb	er (only if	
			venient)		. •	
Spouse's address	Name and add			mplove	er	1

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	••••			• • • • • • • • • • • • • • • • • • • •	•••••
	••••	•••••			
Employment					
Name(s) and address(es) of employer(s	s)	Position held	Period(s) of (indicate pe unemploym	riods of	nent
Details of earnings				\$	Offic
Salaries, wages, overtime					e use only
Bonus.					
Fees, commission.					
Cash-in-lieu of leave	•				
Gratuity or compensation on cessation	of en	mployment			
Commutation of amount due under a co	ontra	ct of employment.			-
Lump sum payment from pension, bene	efit o	or unapproved fund.			
Other earnings (specify)					
Benefits (please specify type of benefit	its an	d state amount)			
Deductions claimed		Total from en	nployment \$		1
Deductions cianned			Φ		
Membership subscriptions to a trade, to association	echni	cal or professional			

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State name of asso	ciation					
Cost of tools renev	ved or replaced (ar	tisans and tradesmar	ı			
only)						
				+		
Contributions to re	egistered pension or	r retirement annuity	fund			
(attach receipt(s) for	or the latter contrib	ution(s))				
State name(s) of						
fund(s)						
	ritable trust admini	stered by the Minist	ter			
responsible for				\$		
Social Welfare, or	Health and Child V	Welfare.		••		
•••••	•••••					
	_					
		Total deductions cla	aimed	=	-	
					\$	
			Net	t earnings	=	
A.D.	•4• (T				+	
2.Pensions and ar	inuities (Income)				• • • • • • • • • • • • • • • • • • • •	
21 6 1	1911 (D)	1 0			•	
3.Income of mino	r children (Please	attach Statement)			+	
					• • • • • • • • • • • • • • • • • • • •	
					••	
					+	
4 4 43 1	(1)				•	
4.Any other incor	ne (please attach st	atement)				
				4-1:	¢.	
			10	tal income	\$	
5DAVE dod	ad Dlagga atta =1-	uoun omnlovon's 4	aantifi -	oto (Eassa		
	ea – Piease attach	your employer's tax	certific	ate (Form		
P.6)						
Carial No	Amount o	Carial Na	A *** ***	nt ¢		
Serial No.	Amount \$	Serial No.	Amou	III Þ		
•••••		•••••	• • • • • • • •	• • • • • • • • • • • • • • • • • • • •		
•••	••••	•••	• • • • •			

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6. Credits claimed

A. Medical expenses

Medicines on	Purchases o	n appliances	Payments from other	Tota	Offic
prescription and hospital			source	1	e use
fees \$				\$	only
	+		-	=	
B. Medical aid contr	ributions				
Name of person covered		Name of soci	ety	+	
				+	
		•		\$	
		7	Total medical expenses		

C. Blind person's credit

Claim relates to Self	Spouse	Offic
		e use
D. Disabled person's credit		only
If you or your spouse or one or more of your child	dren is/are disabled state.	
"Self" or "Spouse" or name of disabled child.	Nature of disability.	
•••••		

7. Details of bank or savings accounts

Name of banker	Branch	Type of account	Account number	
••••	••••	•••		
		•••••		
••••	••••	•••		
	• • • • • • • • • • • • • • • • • • • •	•••••	•••••	
••••	••••	•••	•••	
		•••••	•••••	
••••	••••	•••	•••	

8. Rent paid

Do you own the house or flat you live in?

Yes

No

If "NO" give the following details

Name and address of person	Address of property	Period	Amount	Offic
to whom rent was paid		covered	paid	e use
			\$	only

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		• • • • • • • • • • • • • • • • • • • •			
			••••	•••	
	• • • • •		••••	•••	
Indicate whether	1.1 1	ъ.	11 1	N7'11 1	
amount paid covers Ful	l board	Parti	al board	Nil board	
9. Other information			10/01 11		0.001
	T 7		If "No" state	e tax year for	Offic
Is this return your first return	Yes	last			e use
YC// 22 1 1 1 1 1		No	return. Tax		only
If "yes" please explain why the	is is your	year	• • • • • • • •		
first return in Zimbabwe.		D ' 1	CC: . 1:1	. •.	
	• • • • • • • • • • • • • • • • • • • •	Regional	office to which	you sent it	
		•••••	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	
		•••••	•		
		1		1 6	
Name and business address of	your previous	employer,	if any and perio	od of	
employment.					
		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	
		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	
			•	0	
If you were a student before the	ie year coverin	g this retur	n, please state n	ame of	
college or university					
		• • • • • • • • • • • • • • • • • • • •			
		• • • • • • • • • • • • • • • • • • • •			
		Ī			
If you moved here from another	•	Date of a	rrival		
please state date of arrival in Z	Zimbabwe				
		İ			1

10. Remarks
You can use the space below for any remarks or to state details in support of any item in the return

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•••	
11. Declaration	
I declare that the information I have given on thi	•
Signature	Date

Please make sure that you sent or deliver your form to your nearest ZIMRA office. The addresses are stated overleaf. You can be prosecuted for false statements.

12. REGIONAL TAX OFFICES

12. REGIONAL TAX OFFICES						
REGION 1	REGION 2	REGION 3				
Regional Manager	Regional Manager	Regional Manager				
D 41 T D1 1 1	Б	D .: II D:				
Domestic Taxes Division	Domestic Taxes Division	Domestic Taxes Division				
3 rd Floor, Kurima House	5 th Floor Mhlahlandlela Building	ZIMRE Centre				
Cnr Nelson Mandela/3 rd Street	Cnr. 10th Ave./Basch St.,	Cnr Hughes Street/Simon				
PO Box 693	P.O. Box 601, Bulawayo	Mazorodze Road				
Causeway	Tel: (09) 70161	P.O. Box 828				
Tel.: 795720-49		Masvingo				
Fax: 777555		Tel: (039) 265151/262598				
Region 1	Customs & Excise Division	Customs & Excise Division				
Customs & Excise Division	5 th Floor Mhlahlandlela Building	ZIMRE Centre				
8 th Floor, Kurima House	Cnr. 10th Ave./Basch St.,	Cnr Hughes Street/Simon				
3 Cnr Nelson Mandela/3 rd Street	P.O. Box 601, Bulawayo	Mazorodze Road				
PO Box 693	Tel: (09) 70161	P.O. Box 828				
Causeway		Masvingo				
Tel: 758891-9		Tel: (039) 265151/262598				
Fax: 758900		` ,				
Large Client Office	Bulawayo Operations	Mutare				
30 Mountbatten Road	Mhlahlandlela Building	ZIMRE Centre				
Marlborough	Cnr. 10th Ave./Basch St.,	109, Herbert Chitepo Street				
Harare.	Bulawayo	P.O. Box 890, Mutare				
<u>Tel: 04</u> 309345	P.O. Box 601, Bulawayo	Tel: (020) 63733				
	Tel: (09) 70161-2					
Gweru	Kwekwe	Mutare				
Domestic Taxes Division	Domestic Taxes Division	Domestic Taxes Division				
Government Composite Building	2 nd Floor, CAIPF Complex	Zimre Centre				
10 th Street	Stand 5662 Robert Mugabe Way	109 Herbert Chitepo Street				
P O Box 350 Gweru.	Tel.: (055) 24288	P O Box 890.				
054- 222821/3	Fax: (055) 24289	Mutare.				
		Tel:020-63733				
Chirundu Border Post	Beitbridge Border Post	Beitbridge Town Office				
P. Bag 6, Chirundu	P. Bag 5746	2 Bloomfield Building				
Tel: (0637) 616	Beitbridge	Hagelthorn Road				
Fax: (0637) 646	Tel: (086) 2529	Beitbridge				
	Fax: (086) 2258	Tel.: (086) 23598				

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Kariba Border Post	Victoria Falls Border Post	Forbes Border Post
P.O. Box 97, Kariba	P. Bag 5917, Victoria Falls P.O. Box 90, Mutare	
Tel: (061) 2355	Tel: (013) 44322	Tel: (020) 67532
Fax: (061) 2355	Fax: (013) 44321	Fax: (020) 66196
Nyamapanda Border Post	Hwange	Mt Selinda Border Post
P. Bag 510, Mutoko	12 Southgate Road	P. Bag 2062, Chipinge
Tel: (072) 2504	P.O. Box 145, Hwange	Tel: (027) 4511-2
Fax: (072) 2569	Tel.: (081) 20874	Fax: (027) 4513
Chiredzi	Chipinge	Rusape
609, Baobab Road	130 Moodie Street	Shop 2, 22 Chimurenga Street
P.O. Box 208, Chiredzi	P. Bag 2062, Chipinge	P.O. Box 244, Rusape
Tel: (031) 2505	Tel.: (027) 4511	Tel.: (025) 3761
Fax: (031) 5144	Fax: (027) 4513	Fax: (025) 2391
Chinhoyi	Bindura	Kadoma
76 Beleview Road	846 Matuka Investment Centre	20 Union Avenue
P.O. Box 164, Chinhoyi	York Road	P. Bag 603, Kadoma
Tel.: (067) 29091	P.O. Box 723, Bindura	Tel.: (068) 25447
	Tel.: (071) 6931	Fax: (068) 25449
Kanyemba Border Post	Plumtree Border Post	Kazungula Border Post
(Please contact Chirundu Office)	P.O. Box 7, Plumtree	c/o P. Bag 5917
	Tel: (019) 2561-4	Victoria Falls
	Fax: (019) 2565	Tel: (013) 4776, 42330
		Fax: (013) 44321
Mukumbura Border Post	Pandamatenga Border Post	Mphoengs Border Post
(Please contact Nyamapanda	(Please contact Victoria Falls	(Please contact Plumtree Office
Office)	Office)	

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