



ZWS ISO 9001:2008 QUALITY MANAGEMENT SYSTEM

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Employment

Name(s) and address(es) of employer(s)	Position held	Period(s) of employment (indicate periods of unemployment)

Details of earnings	\$	Office use only
Salaries, wages, overtime.		
Bonus.		
Fees, commission.		
Cash-in-lieu of leave.		
Gratuity or compensation on cessation of employment.		
Commutation of amount due under a contract of employment.		
Lump sum payment from pension, benefit or unapproved fund.		
Other earnings (specify).		
Benefits (please specify type of benefits and state amount).		
Total from employment		
Deductions claimed	\$	
Membership subscriptions to a trade, technical or professional association		



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State name of association Cost of tools renewed or replaced (artisans and tradesman only) Contributions to registered pension or retirement annuity fund (attach receipt(s) for the latter contribution(s)) State name(s) of fund(s)..... Donations to a charitable trust administered by the Minister responsible for Social Welfare, or Health and Child Welfare.	+..... .. + \$..... ..		
Total deductions claimed	=	-	
Net earnings		\$	
		=	
2.Pensions and annuities (Income) 3.Income of minor children (Please attach Statement)	+ + +		
4.Any other income (please attach statement)			
Total income		\$	
5.P.A.Y.E deducted – Please attach your employer’s tax certificate (Form P.6)			
Serial No.	Amount \$	Serial No.	Amount \$



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6. Credits claimed

A. Medical expenses

Medicines on prescription and hospital fees \$	Purchases on appliances	Payments from other source	Total \$	Office use only
	+	-		
B. Medical aid contributions				
Name of person covered	Name of society		+	
.....			
.....		+	
			\$	
Total medical expenses				

C. Blind person's credit

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

7. Details of bank or savings accounts

Name of banker	Branch	Type of account	Account number
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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 to whom rent was paid	Address of property	Period covered	Amount paid \$	Office use only
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<p>Indicate whether amount paid covers</p>				
Full board	Partial board	Nil board		

9. Other information

<p>Is this return your first return Yes</p> <p>If "yes" please explain why this is your first return in Zimbabwe.</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>If "No" state tax year for last No return. Tax year.....</p> <p>Regional office to which you sent it</p> <p>.....</p> <p>.....</p>	Office use only
<p>Name and business address of your previous employer, if any and period of employment.</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>		
<p>If you were a student before the year covering this return, please state name of college or university</p> <p>.....</p> <p>.....</p> <p>.....</p>		
<p>If you moved here from another country please state date of arrival in Zimbabwe</p> <p>.....</p>	<p>Date of arrival</p>	

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 this form is correct and complete in every particular.

Signature

Date

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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

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



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