



ZWS ISO 9001:2008 QUALITY MANAGEMENT SYSTEM

FORM P2

**ZIMBABWE REVENUE AUTHORITY
Return for the Remittance of P.A.Y.E.**

Region.....Station.....

Part A

1. Employer's Name										
2. Business Partner Number										
3. Physical Address										
4. Postal Address										
5. Tax Period										
6. Due date										
7. E-mail address										
8. Cell number										

PART B

1. Total Remuneration	
2. Number of Employees (including contract employees)	
3. Gross PAYE	
4. AIDS Levy @ 3%	
5. Total Tax Due	

I declare that the information I have given on this form is complete and correct.

Name:.....

Designation:.....

Signature:.....

Date of submission:

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OFFICIAL DATE STAMP
