

**TANZANIA REVENUE AUTHORITY**

**SKILLS AND DEVELOPMENT LEVY**

**EMPLOYER’S HALF YEAR CERTIFICATE**

2

8

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**YEAR:**

(To be submitted to the TRA office within 30 days after the end of each six-month calendar period)

**EMPLOYER’S INFORMATION**

**TIN:**

# **Name of Employer**

**Postal Address**

P. O. Box. Postal City

**Physical Address**

Plot Number Block Number

Street/Location

**Nature of business:**

ENTITY

**State whether an Entity or Individual:**

SUMMARY OF GROSS EMOLUMENTS AND TAX PAID DURING THE YEAR

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Month** | **Payment to permanent employees/TZS** | **Payment to casual employees/TZS** | **Total gross emoluments**  **TZS** | **Amount of**  **SDL paid**  **TZS** |
| **January** |  | **-** |  |  |
| **February** |  | **-** |  |  |
| **March** |  | **-** |  |  |
| **April** |  | **-** |  |  |
| **May** |  | **-** |  |  |
| **June** |  | **-** |  |  |
| **July** |  | **-** |  |  |
| **August** |  | **-** |  |  |
| **September** |  | **-** |  |  |
| **October** |  | **-** |  |  |
| **November** |  | **-** |  |  |
| **December** |  | **-** |  |  |
| **TOTAL** |  | **-** |  |  |

The amount of gross emoluments paid during the period from (please tick the appropriate box)

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1st January to 30th June

1st July to 31st December

added up to TZS………………………………… and 5% thereof is

## DECLARATION

I certify that the particulars entered on the form SDL already submitted monthly for the period indicated above are correct.

Name of the Employer/Paying Officer …………………………………………………………………………………………………………………

√

# Title: Mr. Mrs Ms

First Name Middle Name Surname

Signature and rubber stamp of the Employer/Paying Officer

……………………………………………………….

Day Month Year

Date: