



GHANA REVENUE AUTHORITY



DOMESTIC TAX REVENUE DIVISION PERSONAL INCOME TAX FORM REVISED ANNUAL ESTIMATE

CURRENT TAX OFFICE

LTO MTO STO

(Tick one)

Name of GRA Tax Office

YEAR OF ASSESSMENT

YYYY

PERIOD: FROM

dd/mm

TO

dd/mm

(Please refer to the completion notes overleaf for guidance in completing this form)

SURNAME

TIN

FIRST NAME

OTHER NAME(S)

NATIONALITY

BUSINESS NAME (if any attach list if more than one business name)

STATEMENT OF INCOME

	AMOUNT (GHS)	AMOUNT (GHS)
A. Revised Business Income		
B. Revised Employment Income		
C. Revised Investment / other incomes		
TAX COMPUTATION		
1. Revised Total Income (Sum A, B and C)		
2. Revised Annual Total Chargeable Income		
3. Amount Already Paid/Earlier Installment		
4. Revised Total Tax Payable		
5. Number of Quarter(s) Outstanding		
6. Amount to be Paid / Each Remaining Quarter(s)		

DECLARATION

For persons making declaration on their own behalf

I hereby declare that the Information on this form is true and accurate.

Signature

OR

Date

RIGHT THUMB
PRINT

For persons making declaration on behalf of another person

I do hereby declare on behalf of
that the Information on this form is true and accurate.

Signature

Relationship to taxpayer

Date

Address

Internal Use Only

Vetted By

PERSONAL SELF-ASSESSMENT ESTIMATED FORM

COMPLETION NOTES

If you need further clarification or assistance in completing this Form please contact your nearest Domestic Tax Revenue Division Office. ***The return should be completely filled. All boxes should be completed. Where a response is not applicable enter N/A for text or zero (0) for value or number boxes.***

This form gives a summary of the Estimated Computation of Tax for a Self-Assessed Person

The fields to be completed are:

CURRENT TAX OFFICE: This is the office assigned to the taxpayer

YEAR OF ASSESSMENT: This is the financial year to which the estimate relates i.e. yyyy

PERIOD: From the first day (dd/mm – 01/01) to last day (dd/mm – 31/12) of the financial year

SURNAME NAME: This is the last name of the individual taxpayer.

FIRST NAME: This is the first name of the individual taxpayer.

OTHER NAME(S): This is the other name(s) of the individual taxpayer.

NATIONALITY: The individual taxpayer's nationality

TIN: This is the new TIN (eleven character) - Taxpayer Identification Number.

BUSINESS NAME(S): This is the name registered at the Registrar General's Department for the business

STATEMENT OF INCOME

A. Revised Business Income: This is the revised total Income and profit derived from the direct operations of the business.

B. Revised Employment income: Revised Income derived from employment of the individual Any disengagement of employment should be communicated to the GRA office immediately.

NB: There may be the need to revise the estimate in the event of disengagement or change in the employment income or change in an employment.

C. Revised Investment /Other Income: this is the revised gains or profit any other income derived from conducting an investment activity other than business and employment for the year of assessment

TAX COMPUTATION

REVISED TOTAL INCOME is the sum of (A), (B) and (C) above.

REVISED ANNUAL CHARGEABLE INCOME: The revised estimated total annual income less all allowable deduction that is subject to Tax by applying the appropriate tax

AMOUNT ALREADY PAID/ EARLIER INSTALLMENT: This is the Amount paid earlier from an earlier estimated annual total income tax payable OR Revised annual total income tax payable

REVISED TOTAL TAX PAYABLE: This refers to the revised tax payable to GRA.

NUMBER OF QUARTER(S) OUTSTANDING: The number of quarter(s) remaining to end the financial year of the Tax payer

AMOUNT TO BE PAID/ EACH REMAINING QUARTER(S): The remaining estimated annual income tax to be paid to the Ghana Revenue Authority at the end of each remaining quarter(s). This equals Revised Total Tax Payable (RT) minus Sum of installment payments made for preceding quarters (SIP) divided by the number of quarters outstanding (QTR) ie $[RT - SIP] / QTR$.

DECLARATION.

For persons making declaration on their own behalf

This section is to be completed by the Taxpayer showing Name, Designation / Position, Signature (Thumb Print) and Date

For persons making declaration on behalf of another person

This section is to be completed by an authorized officer showing Name, Signature, Relationship to Taxpayer, Address, Date and Name of Taxpayer