

**Inland Revenue** PO Box G9 Honiara Ph: 22556 www.ird.govt.sb

	For t	he	year	
THIS FORM SHOULD BE AND PI COPY OF THE CERTIFICATE TO				OF THE YEAR. PAYEES MUST ATTA
USE THIS FORM FOR WITHHOL	DING TAX PAYMENTS TO RES	SIDENTS AND N	ION RESIDENTS BUT N	OT EMPLOYEES. FOR EMPLOYEES U
ONE COPY OF THIS FORM IS T RECORDS.	O BE PROVIDED TO THE PAYE	E, ONE COPY	TO IRD AND ONE COF	Y IS TO BE KEPT BY THE PAYER IN T
Payer Details		Payee D		□ Non Resident □
Name		Name		
Address		Address		
Contact Name & Telephone Number		Contact Telephor Number		
TIN		TIN (if a	oplicable)	
Annual Payment De		:c	Total tax	Total tax
payment (eg professional servi	Payments	for the	deducted for the year for tax type	
		\$	\$	\$
TOTAL WITHHOLDING	TAX DEDUCTED			
TOTAL WITHHOLDING			\$	\$