



IMPROVING THE LIFE OF SOLOMON ISLANDERS
Inland Revenue Division Solomon Islands

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

PAYE MONTHLY SUMMARY

FOR DEDUCTIONS MADE DURING THE MONTH OF20.....

TAX IDENTIFICATION NUMBER

THIS RETURN IS TO BE COMPLETED AND FORWARDED WITH THE TAX PAYABLE TO INLAND REVENUE DIVISION WITHIN 15 DAYS OF THE CLOSE OF THE RELEVANT MONTH.

YOU MUST COMPLETE ALL PARTS OF THIS FORM.

EMPLOYER DETAILS

Name (E.g. Company Name or Individual Name if sole trader)	
Business Trading Name (if different to above)	
Postal Address	
Telephone Number	
Place of Business (street location of business)	

Payments to Employees

Number of Employees		
Salary and Wages Paid	\$	
Value of Housing Benefit	\$	
Value of Vehicle Benefits	\$	
Value of Other Benefits	\$	
PAYE DEDUCTED FROM PAYEMENTS TO RESIDENTS		\$

TOTAL PAYE DEDUCTED		\$
TOTAL PAYMENT MADE		\$
TOTAL OUTSTANDING		\$

DECLARATION

I _____ ofdeclare that
Name Address

This return is a true and accurate record of all employee payments and benefits made during the month.

Signed..... Date

Capacity of signing officer
(eg public officer of company, partner, owner etc)

If you need more information contact us at our Customer Service Centre in Honiara or one of our branches in Gizo and Auki. You can also telephone or write to us.