

ADDENDIV OA

(c) Where an employee contributes to a post retirement medical fund

(f) Insurance Relief is 15% of the Premium up to a Maximum of Kshs. 5,000 per month or Kshs. 60,000 per year

(e) Personal Relief is Kshs. 2400 per Month or 28,800 per year

2. (a) Deductible interest in respect of any month prior to December 2024 must not exceed Kshs. 25,000/= and commencing December 2024 must not exceed 30,000/=

(b) Deductible pension contribution in respect of any month prior to December 2024 must not exceed Kshs. 20,000/= and commencing December 2024 must not exceed 30,000/= (c) Deductible contribution to a post retirement medical fund in respect of any month is effective from December 2024, must not exceed Kshs.15,000/=
(d) Deductible Contribution to the Social Health Insurance Fund (SHIF) and deductions made towards Affrodable Housing Levy (AHL) are effective December 2024

## ISO 9001:2015 CERTIFIED

VENIVA DEVENITE ATTRICOPTEV DOMECTIC TAVEC DEDADTMENTE AV DEDITOTION CADD VEAD OF

Al l'ENDIA 2A					KIMI	AKEVEN	OE ACTION	11 DOMESTIC	TAXES DEI AI	CIMENIIAA DEI	occiion ca	KD 112AK 20					
r. 1 .v													Employer's PIN				
Employers Name													Employee's PIN				
Employee's Main Name																	
Employee's Other Names		I	I	T	T			1									
MONTH	Basic Salary	Benefits- NonCash	Value of Quarters	Total Gross Pay	Defined Contribution Retirement Scheme			Housing Levy	Social Health Insurance Fund (SHIF)	Post Retirement Medical Fund (PRMF)	Owner- Occupied Interest	Total Deductions (Lower of E +F+G+H+I)	Chargeable Pay (D-J)	Tax Charged	Personal Relief	Insurance Relief	PAYE Tax (L- M-N)
	Kshs.	Kshs.	Kshs.	Kshs.	Kshs.			Kshs.	Kshs.	Kshs.	Kshs.		Kshs.	Kshs.	Kshs.	Kshs.	Kshs.
															$\vdash$		
	A	В	С	D	E			F	G	Н	I	J	K	L	M	N	0
					E1 30% of A	E2 Actual	E3 Fixed 30,000 p.m										
January																	
February																	
March																	
April																1	
May June																1	
June																1	
July																	
August																	
September																	
October																	
November																	
December																<u> </u>	
TOTAL																	
To be completed by Employer TOTAL CHARGEABLE PA	-	Shs.											TOTAL TAX (C	)			
IMPORTANT 1. Use P9A	(a) For all liable employees and where director/employee received  Benefits in addition to cash emoluments (b) Where an employee is eligible to deduction on owner occupier interest.												c) Attach  (i) Photostat copy of interest certificate and statement of account from the Financial Institution				

(ii) The DECLARATION duly signed by the employee.