

Employee Income Tax Declaration Form

Employee Details

- Full Name: _____
- Contact Number: _____
- Tax Identification Number: _____
- Address: _____

Income Details

- Monthly Income: _____
- Other Income Sources: _____
- Tax Deductions Claimed: _____

Tax Declaration

- Do you have dependents?
[] Yes [] No
If yes, provide details: _____
- Are you claiming any additional allowances?
[] Yes [] No

Declaration

I confirm that the information provided is accurate and acknowledge that any false declaration may result in legal consequences.

Signature Section

- Employee Signature: _____
- Date: _____