ANNUAL TAX RECONCILIATION DECLARATION

Tax Year: 20_____

EMPLOYER INFORMATION

Employer Name	
Tax Registration Number	
Address	

EMPLOYEE INFORMATION

Full Name	
Employee ID / Tax Identification No.	
Department / Designation	
Email Address / Phone	

ANNUAL INCOME & TAX SUMMARY

Description	Amount
1. Total Gross Salary / Wages	
2. Allowances and Taxable Benefits	
3. Total Taxable Income (1 + 2)	
4. Total Allowable Deductions (Social Security, Pension, etc.)	
5. Net Taxable Income (3 - 4)	
6. Annual Income Tax Calculated	
7. Total Income Tax Withheld/Paid to Date	
8. Net Tax Due / (Refundable) (6 - 7)	

DECLARATION

I hereby declare that the information provided in this document is true, correct, and complete to the best of my knowledge and belief, in accordance with the prevailing tax laws and regulations. I authorize the employer to make any necessary adjustments through the payroll system for the final tax period of the year.

_____

Employee Signature

Date: _____

_____

Authorized Employer Representative

Date: _____