

FORM S7

Salary and Wages
Withholding Tax



PAPUA NEW GUINEA INTERNAL REVENUE COMMISSION

PNGIRC - Your Partner in Nation Building

PLACE SIGTAS
BAR CODE HERE
25.4mm x 50.8mm

Taxpayer Identification Number (TIN):

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Effective date: 6 March 2014

INCOME TAX ACT 1959 AS AMENDED

HOUSING ALLOWANCE VARIATION FORM

FULL NAME AND ADDRESS OF APPLICANT

NAME OF TAXPAYER:					
CONTACT / REPRESENTATIVE:					
PHONE No:					
E-MAIL ADDRESS:					
MAILING ADDRESS	SECTION No:			LOT No:	
	STREET / SUBURB / DISTRICT:				
	P.O. BOX:				
	COUNTRY:			PROVINCE:	
	CITY / POST OFFICE:				
	CARE OF (C/-):				
OCCUPATION:					

RENTAL DETAILS - Complete Where Allowance is Used to Rent Accommodation

Date Property First Rented and Rent Payable Per Annum	Date First Rented		Rent Per Annum		
	10		20		
Name and Address of Real Estate Agent	30				
Name and Address of Landlord (or Property Owner)	40				

TAXPAYER IDENTIFICATION NUMBER (TIN) OF LANDLORD:	50													
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NOTE: the TIN of the Landlord *must* be provided or the Housing Allowance Variation form will *not* be processed. If the Landlord does not already have a TIN, they must complete a TIN registration form and lodge it with the IRC. The form is available at www.irc.gov.pg

Estimated Housing Expenditure - Complete Where Allowance Used to Purchase Home

Details of Loan Repayments	Annual Payment of Principal		Annual Payment of Interest		
	60		70		
Rates and Taxes (not Water) and Property Insurance	Annual Rates and Taxes		Annual Insurance Premiums		
	80		90		
Repairs and Body Corporate Payments (Repairs does not include Improvements / Alterations)	Annual Repairs		Annual Body Corporate Fees		
	100		110		
Cost of Property and Year of Purchase	Cost of Property		Year of Purchase		
	120		130		
Apportionment of Cost between Land and Buildings	Land Component of Cost		Building Component of Cost		
	140		150		

Other Deductible Expenses - State Nature of Expense	Expense:	Expense:
	160	170
	Expense:	Expense:
	180	190

TAXPAYER'S DECLARATION - To Be Completed by ALL Applicants

I declare that the information that I have provided is true and correct in every detail and discloses a full and complete statement of the facts. I understand that the law imposes heavy penalties for false and misleading statements.

The estimates of Housing Expenditure are soundly based.

I also acknowledge the requirement to lodge an Income Tax Return after the year of income to which the allowance relates as a precondition for gaining a Housing Allowance Variation.

SIGNED: DATE:

EMPLOYER DETAILS - To Be Completed by Your Employer

NAME OF EMPLOYER:	200										
TAXPAYER IDENTIFICATION NUMBER (TIN) OF EMPLOYER:	210										
EMPLOYER'S POSTAL ADDRESS:	220										
Amount of Allowance	Per Fortnight					Per Annum					
	230					240					
Is Allowance Paid Under Low Cost Housing Scheme?	250 <input type="checkbox"/> Yes <input type="checkbox"/> No										

