

**GUYANA REVENUE AUTHORITY  
RESIDENT CONTRACTORS WITHHOLDING TAX SUMMARY FORM  
FOR THE MONTH OF....., 201...**

To: The Commissioner-General - Guyana Revenue Authority

**CONTRACTEE INFORMATION**

<b>Taxpayer Identification Number</b>	<b>Name</b>
<b>Address</b>	

The following deduction(s)(is)(are) made on account of withholding tax deducted in accordance with the requirement made under the provisions of section 39(13) & (14) of the Income Tax Act, Chapter 81:01.

Total Number of Contractors	Gross Contracts	Withholding Tax Deducted and Remitted	Cumulative Total to Date

I, \_\_\_\_\_, \_\_\_\_\_ certify that the information given is true and correct.  
**Representative of/ Contractee's Signature**                      **Capacity**  
 Date: .....

I.R. #5C(B)

**RESIDENT CONTRACTORS WITHHOLDING TAX CERTIFICATE  
FOR THE MONTH OF....., 201...**

**CONTRACTEE INFORMATION**

<b>Taxpayer Identification Number</b>	<b>Name</b>
<b>Address</b>	

**Contractor Information**

Taxpayer Identification Number	Name	Description of Contract	Gross Payment \$	Rate of Withholding Tax (2%) \$

**Dear Sir/Madam:**

Please note that we (I) have advised the Commissioner-General of Withholding Tax withheld from you for the period..... to.....20..... as follows: -

This certificate is delivered to the above person pursuant to provisions of section 39(13) & (14) of the Income Tax Act, Chapter 81:01.

Name: -----  
 Capacity/Title: -----  
 Date:-----  
 (Affix Business Rubber Stamp)

I.R. #5C(C)