Contractor Tax Withholding Certificate

Contractor Details

| Name: Address: Tax Identification Number (TIN): Contact Number: Company Name: Company Registration No.: | |
|--|---|
| Email: | |
| Client / Withholding Agent Details | |
| Name: Address: Tax Identification Number (TIN): Contact Number: Company Name: Company Registration No.: Email: | |
| Contract Details | |
| Contract/Agreement No. | |
| Project / Work Description | |
| Contract Value | |
| Duration | |
| Location | |
| Withholding Tax Details Withholding Tax Rate Total Amount Withheld | |
| | |
| Date of Payment Certificate Number | |
| Certificate Number | |
| Declaration | |
| I hereby certify that the above information is tru | ue and correct to the best of my knowledge. |
| Contractor / Authorized Representative Date: | |
| Withholding Agent / Authorized Representativ Date: | е |