



FORM C (EST GoN/SOEs)

MONTHLY WITHHOLDING TAX RETURN

1 JULY 2024 – 30 JUNE 2025

Nauru Revenue Office
Ministry of Finance

Return for the Month of / 2024-2025

Taxpayer Identification Number (TIN)

SECTION A: NAME AND ADDRESS OF EMPLOYER/PAYER	
Name of Employer/Payer:	<input type="text"/>
Contact Person or Representative	<input type="text"/>
Postal Address	<input type="text"/>
Email:	<input type="text"/>
Phone No.:	<input type="text"/>

SECTION B: MONTHLY TAX DEDUCTIONS	
Number of Employees Subjected to Tax Deductions	<input type="text"/>
Number of Sub-contractors Subjected to Tax Deductions	<input type="text"/>
Gross Salary, Wages and/or Taxable Allowances Paid	<input type="text"/>
Gross Service Fees Paid	<input type="text"/>
Less Threshold Claimed	<input type="text"/>
Total Payments	<input type="text"/>
Tax Deducted @ 20% (Pay This Amount)	<input type="text"/>
<small>(Transfer totals (i), (ii), (iii) & (iv) from SECTION C)</small>	

DECLARATION: I declare that the particulars on this form are true and correct.		
Full Name	<input type="text"/>	Title / Position
		OWNER
Signature of Applicant:	<input type="text"/>	Date:
IT IS A SERIOUS OFFENCE TO GIVE FALSE INFORMATION TO THE SECRETARY FOR FINANCE		

Please deliver completed form to the Revenue Office, Civic Centre, AIWO district, or by email to nauru.tax@gmail.com

Cash payments can be made at the Revenue Office, or by TT to:

Account Name: TREASURY OPERATING ACCOUNT
BSB Number: 633-000
Account Number: 1547-63767
Bank Name: Bendigo & Adelaide Bank Limited
Bank Address: The Bendigo Centre, Bendigo, Victoria – 3559, Australia.
Swift Code: BENDAU3BXXX
Reference description: Employer TIN/ESTA/(month/year)

Verified and Entered:	Date:
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