



# MONTHLY EMPLOYER PAYE SCHEDULE

NIUE TAX ADMINISTRATION OFFICE

MINISTRY OF FINANCE

PO Box 36 Alofi, Niue,

Telephone (683) 4111,

TF3

Business Name (Employer): \_\_\_\_\_

Business TIN OR Tax ID No. \_\_\_\_\_

Pay Period From: \_\_\_\_\_ To: \_\_\_\_\_

Employee Last Name	Employee First Name	Employee TIN or Tax ID	Gross Earnings	PAYE Tax Deducted

Phone Number: \_\_\_\_\_

Declaration: ***I declare that the information given in this return is true and correct.***

Preparer Name: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_