

Tax Deduction Adjustment Request Form

Employee Information

Full Name

Employee ID

Department

Contact Number

Tax Deduction Details

Fiscal Year

e.g., 2024-25

Applicable Month

e.g., June 2024

Current Tax Deduction (per month)

Requested Tax Deduction (per month)

Reason for Adjustment

Please provide a detailed reason for this adjustment request:

Employee Declaration

I hereby declare that the information provided above is true and accurate to the best of my knowledge.

Signature

Type your name

Date

Important Notes:

- Ensure all required fields are accurately completed before submitting this request.
- Supporting documents (if any) must be attached separately along with this form.
- Adjustment requests are subject to review and approval by the HR & Payroll department.
- Incorrect or incomplete information may delay the processing of your request.
- This form is for internal use only and should not be shared externally.