

**THE NATIONAL INSURANCE BOARD
STATEMENT OF CONTRIBUTION PAID / DUE**

NI 184

EMPLOYER'S TRADE NAME: _____

EMPLOYER'S REGISTRATION NUMBER

SERVICE CENTRE CODE:

ADDRESS: _____

TELEPHONE NO: --

CONTRIBUTION PERIOD FROM:

TO

No. of Weeks in Period

1. NATIONAL INSURANCE NUMBER	2. NAME OF EMPLOYED PERSON OR UNPAID APPRENTICE (SURNAME FIRST NAME)	3. DATE OF BIRTH			4. DATE EMPLOYED LAST DATE WORKED			5. SALARY FOR PERIOD \$	6. VALUE OF CONTRIBUTION DUE WEEKLY					7. TOTAL VALUE OF CONTRIBUTIONS b/f \$	
		YYYY	MM	DD	YYYY	MM	DD		WK 1 \$	WK 2 \$	WK 3 \$	WK 4 \$	WK 5 \$		
TOTAL NO. OF EMPLOYEES		TOTAL VALUE OF CONTRIBUTIONS										\$			

- The correct National Insurance Number for each employed person must be shown in column 1. It is an offence not to do so.
- Where new employers are hired in this contribution period add particulars - N.I. number (if known), date of birth, and date employed. Attach completed NI4 if National Insurance number is not known. For employees separated in this period state last date worked
- Salary information must be included in column 5 for each employee.

- Record value of contribution per week in column 6.
- Submit this form with your payment and completed NI 187 by the last working day of the month reported on.
- No contributions are due when Sickness, Maternity, Employment Injury or Invalidity Benefits are payable.
- The Board will accept this information on diskette.

WARNING! THE LAW NOW IMPOSES A PENALTY FOR THE LATE SUBMISSION OF THIS INFORMATION AND FOR INCORRECT OR INCOMPLETE INFORMATION

PREPARED BY (NAME)

SIGNATURE