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

EMPLOYER'S TRADE NAME:			_ EMPLOYER'S REGISTRATION NUMBER SERVICE CENTRE CODE:													
ADDRESS:			-							TELE	EPHONE NO:					
CONTRIBUTION PERIOD FROM:	TO TYPY MM DD		_	No	. of We	eks in Pe	riod									
1. NATIONAL INSURANCE	2. NAME OF EMPLOYED PERSON		3. DATE OF BIRTH			4. .DATE EMPLOYED			5. SALARY	6. 7. VALUE OF CONTRIBUTION DUE WEEKLY TOTAL VAL						
NUMBER	OR UNPAID APPRENTICE  (SURNAME FIRST N	AME)	YYYY	MM	DD	LAST D	MM	ORKED DD	FOR PERIOD	WK 1	WK 2	WK 3	WK 4 \$	WK 5	OF CONTRIBUTIONS	
	(SURVAINE TIRSTN	AIVIL)	1111	IVIIVI	00	1111	IVIIVI	DD	\$						b/f \$	
TOTAL NO. OF EMPLOYEES											TOTAL VALU	JE OF CONT	RIBUTIONS	\$		

- 1. The correct National Insurance Number for each employed person must be shown in column 1. It is an offence not to do so.
- 2. 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
- 3. Salary information must be included in column 5 for each employee.

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

- 4. 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.
- 6. No contributions are due when Sickness, Maternity, Employment Injury or Invalidity Benefits are payable.
- 7. The Board will accept this information on diskette.

1 1	ı	1	1
<u> </u>	MM	1	<u> </u>

PREPARED BY (NAME)

**SIGNATURE**