

THE NATIONAL INSURANCE BOARD

SUMMARY OF NATIONAL INSURANCE CONTRIBUTIONS DUE/IN ARREARS

Instructions:

1. Please complete this form in duplicate.

WARNING: SUBMISSION OF FALSE OR MISLEADING INFORMATION IS AN OFFENCE PUNISHABLE BY LAW

SECTION "A" - EMPLOYER INFORMATION

**FOR OFFICIAL USE
S.C. CODE**

EMPLOYER'S TRADE NAME: _____

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ADDRESS: _____

EMPLOYER REG. NO:

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TELEPHONE NO:

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CONTRIBUTIONS DUE FOR PAY PERIOD:

YYYY	MM	DD			YYYY	MM	DD	

 TO

WHERE THE PERIOD EXCEEDS ONE MONTH, COMPLETE **SECTION F**

GIVING SEPARATE DETAILS FOR EACH MONTH:

NO. OF EMPLOYEES BEING PAID FOR:

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SECTION "B" - VALUE OF CONTRIBUTIONS PAYABLE

SECTION "C" - METHOD OF PAYMENT

	\$	¢
(a) BALANCE B/F		
(b) CONTRIBUTIONS DUE		
(c) PENALTY (If Applicable)		
(d) INTEREST (If Applicable)		
(e) TOTAL AMOUNT DUE (a+b+c+d)		
(f) AMOUNT PAID		
(g) BALANCE C/F		

(1) HOW PAID	(2) AMOUNT	
CASH (State details overleaf)	\$	¢
CHEQUE (State details overleaf)		
TOTAL		

SECTION "D" - CERTIFICATE OF DECLARANT

I solemnly and sincerely declare that the information given above is a correct reflection of my employee population and National Insurance obligations.

COMPANY STAMP

NAME: _____

SIGNATURE: _____

POSITION: _____

DATE:

YYYY	MM	DD			

SECTION "E" - FOR OFFICIAL USE

NI 184 RECEIVED

ELECTRONIC MEDIA RECEIVED

AMOUNT RECEIVED: \$ _____

RECEIPT NO: _____

SIGNATURE OF CSR

