THE NATIONAL INSURANCE BOARD

STATEMENT OF NATIONAL INSURANCE CONTRIBUTIONS DUE/IN ARREARS

Instructions:

1. **Please complete this form in duplicate.**
2. **A separate form must be completed for each pay period (not exceeding one (1)** month.

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

SECTION "A" - EMPLOYER INFORMATION

FOR OFFICIAL USE
L.O. CODE

EMPLOYER'S TRADE NAME: _____

ADDRESS: _____

_____

EMPLOYER REG. NO:

TELEPHONE NO: [ ][ ][ ][ ][ ][ ][ ] - [ ]

CONTRIBUTIONS DUE FOR PAY PERIOD (NOT EXCEEDING ONE MONTH)

[| | | | | |] YYYY MM DD TO [| | | | | |] YYYY MM DD

NO. OF EMPLOYEES AT END OF PREVIOUS PERIOD [ ]

NO. OF EMPLOYEES WHO LEFT THIS PERIOD [ ]

NO. OF EMPLOYEES WHO STARTED THIS PERIOD [ ]

NO. OF EMPLOYEES AT END OF THIS PERIOD [ ]

NO. OF EMPLOYEES BEING PAID FOR [ ]

TOTAL NO. OF CONTRIBUTIONS PAID THIS PERIOD [ ]

SECTION "B" - VALUE OF CONTRIBUTIONS PAYABLE

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

SECTION "C" - METHOD OF PAYMENT

(1) HOW PAID	(2) AMOUNT	
	$	c
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
(If Any)

NAME: _____

SIGNATURE: _____

POSITION: _____

DATE: [| | | | | |] YYYY MM DD

SECTION "E" - FOR OFFICIAL USE

[ ] NI 184 RECEIVED

[ ] DISKETTE RECEIVED

AMOUNT RECEIVED $ _____ RECEIPT NO. _____

SIGNATURE OF CASHIER

CASH DETAILS		
DENOMINATION	AMOUNT	
	$	c
$ 100 X		
$ 20 X		
$ 10 X		
$ 5 X		
$ 1 X		
COINS		
TOTAL		

CHEQUE DETAILS		
BANK AND CHEQUE NO.	AMOUNT	
	$	c
TOTAL		