



# SOCIAL SECURITY BOARD ANGUILLA

**CONTRIBUTION RETURN FOR** Month..... 20.....

Employer No. \_\_\_\_\_ Name of Business \_\_\_\_\_

Mailing Address \_\_\_\_\_

### CERTIFICATE

I certify that on the back hereof (and on \_\_\_\_\_ attached sheets) is a complete and accurate list of all persons employed by me/this business in insurable employment during the above month. I further certify that I have shown below full and accurate details of all adjustments made to the wages of employees in respect of periods of employment prior to the start of the month.

Signature of Employer or Agent \_\_\_\_\_ Date DD / MM / YYYY

### SUMMARY OF CONTRIBUTIONS PAYABLE

<b>BALANCE owing at Start of Month (as per Social Security Statement)</b>	\$
<b>PLUS: Contributions for the above month</b>	\$
<b>Additional contributions due (see Adjustments below)</b>	\$
<b>SUB-TOTAL</b>	\$
<b>BALANCE OWING</b>	\$

### ADJUSTMENTS

(TO BE COMPLETED ONLY IN RELATION TO WAGES PAID FOR EARLIER MONTHS)

Social Security Number	Full Name of Insured Person	Month/Week Commenced	DETAILS REPORTED		ACTUAL DETAILS		Extra Contrib	Refund Due
			Wages	Contrib	Wages	Contrib		

### OFFICE USE ONLY

Contributions of \$ \_\_\_\_\_

I certify that the contributions herein have been correctly posted.

Receipt No \_\_\_\_\_ Fines of \$ \_\_\_\_\_

RUN NO. \_\_\_\_\_

Date DD / MM / YYYY

Cashier

Certifying Officer

EMPLOYEES PAID MONTHLY					EMPLOYEES PAID WEEKLY										
SOCIAL SECURITY NUMBER	FULL NAME OF INSURED PERSON	WAGES	CONTRIB	NO. OF WEEKS WORKED	WEEK 1		WEEK 2		WEEK 3		WEEK 4		WEEK 5		TOTAL CONTRIBS
					WAGES	CONTRIB	WAGES	CONTRIB	WAGES	CONTRIB	WAGES	CONTRIB	WAGES	CONTRIB	
TOTAL MONTHLY CONTRIBUTIONS					TOTAL WEEKLY CONTRIBUTIONS										