SOCIAL SECURITY BOARD
ANGUILLA

CONTRIBUTION RETURN FOR **JUNE 2014**

Employer No. 91-113

Name of Business Anguilla Social Security Board

Mailing Address P.O. Box 243

The Valley

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 _____

SUMMARY OF CONTRIBUTIONS PAYABLE

BALANCE owing at Start of Month (as per Social Security Statement)		**$0.00**
PLUS:	**Contributions for the above month**	**$2621.90**
	Additional contributions due (see Adjustments below)	**$0.00**
SUB-TOTAL		**$2621.90**
BALANCE OWING		**$2621.90**

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 REPORIBD		ACTUAL DETAILS		Extra Contrib	Refund Due
			Wages	Contrib	Wages	Contrib		

Office Use Only

Contributions of $ _____

Receipt No: _____ Fines of $ _____

Date / /

I certify that the contributions herein have been correctly posted.

Run No.

Cashier

Certifying Officer

FORM CR.1 (4/89)

SAMPLE

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	
1111	John Doe	$16,000.00	$700.00	4	Month with four (4) weeks										
1112	Jane Doe	$5,800.00	$580.00	5	Month with five (5) weeks										
1113	Peter Doe	$750.00	$75.00	1	June 2-7, 2014										
1114	Sally Doe			4	$1,758.00	$161.71	$1,750.00	$161.70	$850.00	$85.00	$500.00	$50.00			**$458.40**
1115	Paul Doe			5	$1,750.00	$161.70	$1,750.00	$161.70	$1,750.00	$161.70	$1,750.00	$161.70	$1,750.00	$161.70	**$808.50**

NOTES WHEN FILLING OUT CR.1

Contribution is payable from age fifteen (15) years.

Contribution cease when an employee attains the age of sixty five (65) years, for the week in which the employed person reaches that age. BUT – No contribution shall be payable - on behalf of an employee if such attains 65 years on the Monday of the week in question.

Ensure the Social Security Number is correct and that the name spelt as it appears on the employee's Social Security Card.

For the purposes of Social Security, a Social Security week runs from Monday to Saturday. A month will have four or five weeks depending on the number of Mondays in the month.

If an employee did not work for a full month indicate the period actually worked.

Social Security Contributions are payable at the rate of 10% of wages, 5% deducted from the employees' earnings and 5% matched by the employer.

The monthly contribution ceiling is EC$7,000.00 / $700.00 and weekly ceiling is EC$1,617.00 / $161.70.

A contribution is not payable for any week Monday – Saturday, the whole of which the employee receives Sickness or Maternity Benefit.

Social Security is deductable from; Overtime payments, Cost of living payments, Commission or profits on sales, Payments for night or shift work and holiday pay.

TOTAL MONTHLY CONTRIBUTIONS $1355.00	TOTAL WEEKLY CONTRIBUTIONS $1266.90

SAMPLE