



SOCIAL SECURITY ACT (CHAPTER 44, LAWS OF BELIZE)

MONTHLY STATEMENT OF CONTRIBUTION BY DIRECT PAYMENT

(to be completed in duplicate)

NOTES TO EMPLOYER

EMPLOYER NAME: _____
 BUSINESS NAME: _____
 SOCIAL SECURITY BUSINESS NO: _____
 ADDRESS: _____
 PHONE NO: _____
 NUMBER OF EMPLOYEES: _____

- * INCOMPLETE STATEMENTS SHALL NOT BE ACCEPTED.
- * THE NUMBER OF CONTRIBUTION WEEKS PAYABLE IN A MONTH IS EQUIVALENT TO THE NUMBER OF MONDAYS IN EACH MONTH.
- * INTEREST WILL BE LEVIED FOR LATE PAYMENT AT \$1.00 PER EMPLOYEE PER WEEK (OR PART THEREOF).
- * HIRE DATE: ENTER THE DATE A NEW EMPLOYEE STARTS TO WORK.
- * TERMINATION DATE: ENTER THE DATE WHEN THE EMPLOYEE'S EMPLOYMENT ENDED.
- * IT IS AN OFFENCE TO MAKE A FALSE STATEMENT.
- * TEMPORARY OR PERMANENT CLOSURE OF BUSINESS: INFORM SOCIAL SECURITY OF NO FURTHER CONTRIBUTION PAYMENT.

MONTH / YEAR: _____

NUMBER	EMPLOYEES SOCIAL SECURITY NUMBER	NAME OF EMPLOYEES		ACTUAL WEEKLY/MONTHLY GROSS EARNINGS	\$\$\$ CONTRIBUTION PAYMENT FOR:					TOTAL PAID CONTRIBUTIONS \$\$\$.00	HIRE DATE (D/M/Y)	DATE OF TERMINATION (D/M/Y)	SCHEDULE OF CONTRIBUTIONS							
		SURNAME	FIRST NAME		WEEK	WEEK	WEEK	WEEK	WEEK				WEEKLY EARNINGS	EMPLOYEE	EMPLOYER	TOTAL	GROUP			
					1	2	3	4	5											
1																				
2																				
3																				
4																				
5																				
6																				
7																				
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17																				
18																				
19																				
20																				
21																				
					GRAND TOTAL															

**** (a) APPLIES TO PERSONS (60 - 64 YRS) WHO HAVE RECEIVED OR ARE RECEIVING A SOCIAL SECURITY RETIREMENT BENEFIT AND:
 (b) ALL PERSONS 65 YRS AND OLDER**

OFFICIAL USE ONLY

DISTRICT CODE: _____
 CURRENT CONT: _____
 ARREARS: _____
 INTEREST TOTAL: _____
 RECEIPT NO.: DATE: _____
 CASHIER: _____

OFFICIAL STAMP

 EMPLOYER'S/ REPRESENTATIVE SIGNATURE

 DATE