



SOCIAL SECURITY ACT (CHAPTER 44, LAWS OF BELIZE)

MONTHLY STATEMENT OF CONTRIBUTION BY DIRECT PAYMENT

(to be completed in duplicate)

NOTES TO EMPLOYER

- * 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.

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

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													UNDER \$70.00	\$0.83	\$3.57	\$4.40	1	
2													\$70.00 - \$109.99	\$1.35	\$5.85	\$7.20	2	
3													\$110.00 - \$139.99	\$1.95	\$8.45	\$10.40	3	
4													\$140.00 - \$179.99	\$3.15	\$9.65	\$12.80	4	
5													\$180.00 - \$219.99	\$4.75	\$11.25	\$16.00	5	
6													\$220.00 - \$259.99	\$6.35	\$12.85	\$19.20	6	
7													\$260.00 - \$299.99	\$7.95	\$14.45	\$22.40	7	
8													\$300.00 & OVER	\$9.55	\$16.05	\$25.60	8	
9													**	\$0.00	\$2.60	\$2.60	9	
10													** (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					
11																		
12																		
13													OFFICIAL USE ONLY					
14													DISTRICT CODE:	_____				
15													CURRENT CONT:	_____				
16													ARREARS:	_____				
17													INTEREST TOTAL:	_____				
18													RECEIPT NO.: DATE:	_____				
19													CASHIER:	_____				
20													OFFICIAL STAMP					
21																		
GRAND TOTAL																		

 EMPLOYER'S/ REPRESENTATIVE SIGNATURE

 DATE