



MONTHLY STATEMENT OF CONTRIBUTION BY DIRECT PAYMENT
(Chapter 44 of the Laws of Belize)

(to be completed in duplicate)

EMPLOYER NAME: _____
EMPLOYER REGISTRATION NUMBER: _____
BUSINESS NAME: _____
BUSINESS REGISTRATION NUMBER: _____
ADDRESS: _____
PHONE NO: _____
NUMBER OF EMPLOYEES: _____

MONTH / YEAR _____

NOTES TO EMPLOYER

- * INCOMPLETE STATEMENT 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: KINDLY INFORM SOCIAL SECURITY OFFICE IMMEDIATELY.

| NO. | EMPLOYEES SOCIAL SECURITY NUMBER | NAME OF EMPLOYEES | | ACTUAL WEEKLY/MONTHLY GROSS EARNINGS | \$\$\$ CONTRIBUTION PAYMENT FOR: | | | | | TOTAL PAID CONTRIBUTIONS \$\$\$.00 | TOTAL INTEREST \$\$\$.00 | HIRE DATE (D/M/Y) | TERMINATION DATE (D/M/Y) | SCHEDULE OF CONTRIBUTIONS Effective April 4, 2022 | | | |
|-------------|--|-------------------|------------|--|----------------------------------|------|------|------|------|---|---------------------------------|----------------------|--------------------------------|--|----------|----------|---------|
| | | SURNAME | FIRST NAME | | WEEK | WEEK | WEEK | WEEK | WEEK | | | | | WEEKLY EARNINGS | EMPLOYEE | EMPLOYER | TOTAL |
| | | | | | 1 | 2 | 3 | 4 | 5 | | | | | | | | |
| 1 | | | | | | | | | | | | | | UNDER \$70.00 | \$1.03 | \$4.47 | \$5.50 |
| 2 | | | | | | | | | | | | | | \$70.00 - \$109.99 | \$1.69 | \$7.31 | \$9.00 |
| 3 | | | | | | | | | | | | | | \$110.00 - \$139.99 | \$2.44 | \$10.56 | \$13.00 |
| 4 | | | | | | | | | | | | | | \$140.00 - \$179.99 | \$3.94 | \$12.06 | \$16.00 |
| 5 | | | | | | | | | | | | | | \$180.00 - \$219.99 | \$5.94 | \$14.06 | \$20.00 |
| 6 | | | | | | | | | | | | | | \$220.00 - \$259.99 | \$7.94 | \$16.06 | \$24.00 |
| 7 | | | | | | | | | | | | | | \$260.00 - \$299.99 | \$9.94 | \$18.06 | \$28.00 |
| 8 | | | | | | | | | | | | | | \$300.00 - \$339.99 | \$11.94 | \$20.06 | \$32.00 |
| 9 | | | | | | | | | | | | | | \$340.00 - \$379.99 | \$13.98 | \$22.02 | \$36.00 |
| 10 | | | | | | | | | | | | | | \$380.00 - \$419.99 | \$16.15 | \$23.85 | \$40.00 |
| 11 | | | | | | | | | | | | | | \$420.00 - \$459.99 | \$18.45 | \$25.55 | \$44.00 |
| 12 | | | | | | | | | | | | | | \$460.00 - \$499.99 | \$20.86 | \$27.14 | \$48.00 |
| 13 | | | | | | | | | | | | | | \$500.00 - OVER | \$23.40 | \$28.60 | \$52.00 |
| 14 | | | | | | | | | | | | | | ** | \$0.00 | \$2.60 | \$2.60 |
| 15 | | | | | | | | | | | | | | ** (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 | | | |
| 16 | | | | | | | | | | | | | | | | | |
| 17 | | | | | | | | | | | | | | | | | |
| 18 | | | | | | | | | | | | | | | | | |
| 19 | | | | | | | | | | | | | | OFFICIAL USE ONLY | | | |
| 20 | | | | | | | | | | | | | | DISTRICT CODE: _____ | | | |
| GRAND TOTAL | | | | | | | | | | | | | TOTAL AMT. PAID: _____ | | | | |

EMPLOYER'S/ REPRESENTATIVE SIGNATURE

DATE

(D/M/Y)

PAYMENT OF CONTRIBUTIONS AND COMPLETED STATEMENTS ARE TO BE SUBMITTED NO LATER THAN THE 14TH OF EACH MONTH FOR THE PREVIOUS MONTH.
WHERE THE 14TH OF THE MONTH FALLS ON A WEEKEND OR PUBLIC OR BANK HOLIDAY, THE DATE OF PAYMENT SHALL BE THE NEXT WORKING DAY AFTER SUCH WEEKEND OR HOLIDAY.