



**ST.VINCENT AND THE GEENADINES
NATIONAL INSURANCE SERVICES
Monthly Turnaround Contribution Schedule**

No. of Employees 16-59 yrs:.....
No. Under 16 yrs:.....
No. Over 60 yrs:

For the Month of Year

Employer's Address:.....

Employer's Name:

Registration No:

NB: Any late payment will be subject to a surcharge of 10% plus interest of 1% per month for more than one month late

No. of	NIS #	Employees (alphabetical order)			INSURABLE EARNINGS					# of Wks	Total Insurable Earnings	Contributions	
					Wk1	Wk2	Wk3	Wk4	Wk5/ Monthly			Employee 4.5%	Employer 5.5%
Emp-loyees		Surname	First Name	Other									
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													

Monthly Weekly Total

Date:

Amount year to Date: \$.....

I hereby declare that the payments made are in conformity with the National Insurance regulations

.....
Employer's Signature

- (a) Wages
- (b) Insurable Earnings
- (c) Contribution
- (d) Surcharge for late payment (10%)
- (e) Interest for late payment (1%)
- (f) Amount payable (c+d+e)

\$	\$	\$
\$	\$	\$
\$	\$	\$
		\$
		\$
		\$

For Official use only

Cheque: #..... Cash:

Receipt #:.....

.....

Cashier's Signature