



F47 PAY AS YOU EARN - MONTHLY DECLARATION

Tax Account No.: Tax Period: Assessment Period date:

Please Choose a Tax Period before Printing

[Large empty box for notes or details]

Table with columns: Amount, DUE, PAID. Rows: Tax, Penalty, Interest, Total.

Revenue Officer for Commissioner

PART 1 - TAXPAYER AND TAX IDENTIFICATION

Tax Centre: ST. JOHN'S

Document No. :

Date Issued :

Due Date:

Filing number:

[Large empty box for taxpayer identification details]

Tax Account No.: Tax Period:

Assessment Period date:

Table with columns: Amount, DUE, PAID. Rows: Tax, Penalty, Interest, Total.

Revenue Officer for Commissioner

PART 2 - TAX DECLARATION AND CALCULATION

In accordance with Part IV, Sections 15 & 17 of The Personal Income Tax Act, 2005 of Antigua and Barbuda, I now make payment of the tax withheld from the emoluments paid to my employees during the tax period indicated above, as follows:

- (10) Total number of employees for the month (10) []
(15) Total employment income paid to employees for the month (15) []
(20) Total taxable allowances and benefits paid to employees for the month (20) []
(25) Total emoluments paid to employees for the month (line15 + line20) (25) []
(30) Total income tax actually withheld and to be paid for the month (30) []
(35) Total Income Tax withheld and paid for the year to date (35) []

I certify that the information provided on this return and any documents attached are correct, complete and fully discloses all income of the related tax to the best of my knowledge. It is a serious offence to submit a false return.

Signature: [] Date: []

Title: [] Contact Phone: [] AreaCode + Number (No Spac e or Hyphen Between e.g. 2680000000)