ANTIGUA AND BARBUDA - INLAND REVENUE DEPARTMENT F55 - RETURN OF REMUNERATION PAID AND TAX DEDUCTED

EMPLOYEE SPECIFIC INFORMATION

List alphabetically the FULL names of all persons required to be reported. All sheets or slips not used must be returned. Additional copies of this form can be obtained from the Inland Revenue Department. PLEASE ENSURE THAT ALL COPIES ARE COMPLETED LEGIBLY.

First Sheet – To be delivered to the Inland Revenue Department with F48 PAYE Annual Declaration

Second Sheet – To be retained by the employer

	Thi	rd and Fourth	Copies – To be pro	ovided to the EM	PLOYEE not later	than 1 st March.				
Employee Name - Su Mr., Mrs., Miss	rname First			Employer's name, address, and Taxpayer No. MUST appear on each slip Sheet	Employer Taxpayer No: Employer Name:					
Employee Address				1	Employer Address:					
Date employment commenced if later than 1st Apr. 2005	Employee Taxpayer No.	Social Security No.	Total Remuneration before any deductions (Excluding Benefit/Allowance)	Total Taxable Allowances and Benefits	Total Non-Taxable Allowances and Benefits	Personal Income Tax Deducted				
(Box 15)	(Box 20)	(Box 25)	(Box 30)	(Box 35)	(Box 40)	(Box 45)				
Tl	HIS SHEET 1	TO BE DEL	IVERED TO THE	IRD ALONG W	'ITH F48 PAYE AN	NNUAL DECLARATION				
Employee Name - Su Mr., Mrs., Miss	rname First			Employer's name, address, and Taxpayer No. MUST appear on	Employer Taxpayer No: Employer Name:					
Employee Address				Sheet 1	Employer Address:					
Date employment commenced if later than 1st Apr. 2005	Employee Taxpayer No.	Social Security No.	Total Remuneration before any deductions (Excluding Benefit/Allowance)	Total Taxable Allowances and Benefits	Total Non-Taxable Allowances and Benefits	Personal Income Tax Deducted				
(Box 15)	(Box 20)	(Box 25)	(Box 30)	(Box 35)	(Box 40)	(Box 45)				
T	THIS SHEET 1 TO BE DELIVERED TO THE IRD ALONG WITH F48 PAYE ANNUAL DECLARATION									
Employee Name - Su Mr., Mrs., Miss	rname First			Employer's name, address, and Taxpayer No. MUST appear on each slip	Employer Taxpayer No: Employer Name:					
Employee Address					Sheet 1	Employer Address:				
Date employment commenced if later than 1st Apr. 2005	Employee Taxpayer No.	Social Security No.	Total Remuneration before any deductions (Excluding Benefit/Allowance)	Total Taxable Allowances and Benefits	Total Non-Taxable Allowances and Benefits	Personal Income Tax Deducted				
(Box 15)	(Box 20)	(Box 25)	(Box 30)	(Box 35)	(Box 40)	(Box 45)				
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(Box 15)	(Box 20)	(Box 25)	(Box 30)	(Box 35)	(Box 40)	(Box 45)				
THIS SHEET 1 TO BE DELIVERED TO THE IRD ALONG WITH F48 PAYE ANNUAL DECLARATION										
Employee Name - Surname First					Employer's name, address, and Taxpayer No. MUST appear on	Employer Taxpayer No: Employer Name:				
Mr., Mrs., Miss Employee Address					Sheet 1	Employer Address:				
Date employment commenced if later than 1st Apr. 2005	Employee Taxpayer No.	Social Security No.	Total Remuneration before any deductions (Excluding	Total Taxable Allowances and Benefits	Total Non-Taxable Allowances and Benefits	Personal Income Tax Deducted				

(Box 35)

(Box 40)

(Box 45)

Benefit/Allowance)

(Box 30)

(Box 15)

(Box 20)

(Box 25)

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Employee Name - Su Mr., Mrs., Miss	rname First		Employer's name, address, and Taxpayer No. MUST appear on each slip	Employer Taxpayer No: Employer Name:		
Employee Address			Sheet 2	Employer Address:		
Date employment commenced if later than 1st Apr. 2005	Employee Taxpayer No.	Social Security No.	Total Remuneration before any deductions (Excluding Benefit/Allowance)	Total Taxable Allowances and Benefits	Total Non-Taxable Allowances and Benefits	Personal Income Tax Deducted
(Box 15)	(Box 20)	(Box 25)	(Box 30)	(Box 35)	(Box 40)	(Box 45)
	THIS	SHEET 2 TO	D BE RETAINED	BY THE EMPL	OYER FOR RECO	RD PURPOSES
Imployee Name - Su	rname First				Employer's name, address, and Taxpayer	Employer Taxpayer No:
Ir., Mrs., Miss					No. MUST appear on each slip	Employer Name:
Employee Address			Sheet 2	Employer Address:		
Date employment commenced if later than 1st Apr. 2005	Employee Taxpayer No.	Social Security No.	Total Remuneration before any deductions (Excluding Benefit/Allowance)	Total Taxable Allowances and Benefits	Total Non-Taxable Allowances and Benefits	Personal Income Tax Deducted
(Box 15)	(Box 20)	(Box 25)	(Box 30)	(Box 35)	(Box 40)	(Box 45)
	THIS	SHEET 2 TO	D BE RETAINED	BY THE EMPL	OYER FOR RECO	RD PURPOSES
Employee Name - Su Ar., Mrs., Miss	rname First		Employer's name, address, and Taxpayer No. MUST appear on	Employer Taxpayer No: Employer Name:		
VII., IVIIS., IVIISS					each slip Sheet	Employer Name.
Employee Address					2	Employer Address:
Date employment commenced if later than 1st Apr. 2005	Employee Taxpayer No.	Social Security No.	Total Remuneration before any deductions (Excluding Benefit/Allowance)	Total Taxable Allowances and Benefits	Total Non-Taxable Allowances and Benefits	Personal Income Tax Deducted
(Box 15)	(Box 20)	(Box 25)	(Box 30)	(Box 35)	(Box 40)	(Box 45)
	THIS	SHEET 2 TO	D BE RETAINED	BY THE EMPL	OYER FOR RECO	RD PURPOSES
Employee Name - Su Mr., Mrs., Miss	rname First		Employer's name, address, and Taxpayer No. MUST appear on	Employer Taxpayer No: Employer Name:		
Employee Address					Sheet 2	Employer Address:
Date employment commenced if later than 1st Apr. 2005	Employee Taxpayer No.	Social Security No.	Total Remuneration before any deductions (Excluding Benefit/Allowance)	Total Taxable Allowances and Benefits	Total Non-Taxable Allowances and Benefits	Personal Income Tax Deducted
(Box 15)	(Box 20)	(Box 25)	(Box 30)	(Box 35)	(Box 40)	(Box 45)
	THIS	SHEET 2 TO	BE RETAINED	BY THE EMPL	OYER FOR RECO	RD PURPOSES
Employee Name - Surname First Mr., Mrs., Miss					Employer's name, address, and Taxpayer No. MUST appear on	Employer Taxpayer No: Employer Name:
Employee Address				Sheet 2	Employer Address:	
Date employment commenced if later	Employee	Social Security	Total Remuneration before any deductions	Total Taxable Allowances and	Total Non-Taxable Allowances and	Personal Income Tax Deducted

Benefits

(Box 35)

Benefits

(Box 40)

(Box 45)

(Excluding

Benefit/Allowance)

(Box 30)

Taxpayer No.

(Box 20)

than 1st Apr. 2005

(Box 15)

No.

(Box 25)

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Third and Fourth Copies – To be provided to the EMPLOYEE not later than 1^{st} March.

Employee Name - Surname First							payer ar on	Employer Taxpayer No:
Mr., Mrs., Miss								Employer Name:
Employee Address								Employer Address:
F						3		
Date employment	Elaves	Casial Cassaits	Total Remuneration	Total Taxable	Total No	on-Tax	able	
commenced if later	Employee Taxpayer No.	Social Security No.	before any deductions (Excluding	Allowances and Benefits	Allowa	ances a	ınd	Personal Income Tax Deducted
than 1st Apr. 2005			Benefit/Allowance)					
(Box 15)	(Box 20)	(Box 25)	(Box 30)	(Box 35)	(Box 40)			(Box 45)
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EMPLOYI	EE TO ATTA 	.CH THIS CC	OPY TO F49 PERS	SONAL INCOME	TAX RE	ETUF	RN A	ND FILE BEFORE MARCH 31 ST
							e, payer	Employer Taxpayer No:
Mr., Mrs., Miss							ar on	Employer Name:
					each slip	heet		
Employee Address					3			Employer Address:
Date employment			Total Remuneration	Total Taxable	Total No	on-Tax	able	
commenced if later than 1st Apr. 2005	Employee Taxpayer No.	Social Security No.	before any deductions (Excluding Benefit/Allowance)	Allowances and Benefits	Allowa	Total Non-Taxable Allowances and Benefits		Personal Income Tax Deducted
(Box 15)	(Box 20)	(Box 25)	(Box 30)	(Box 35)	(Bo	x 40)		(Box 45)
EMPLOYI	EE TO ATTA	CH THIS CC	PY TO F49 PERS	SONAL INCOME	TAX RE	ETUF	RN A	ND FILE BEFORE MARCH 31 ST
Employee Name - Su	rname First				Employer's	s name) ,	Employer Taxpayer No:
					address, and Taxpayer No. MUST appear on			
Mr., Mrs., Miss					each slip	т арре	ai oii	Employer Name:
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Employee Address					/	3		Employer Address:
Date employment	Employee	Social Security	Total Remuneration before any deductions	Total Taxable	Total No			
commenced if later than 1st Apr. 2005	Taxpayer No.	No.	(Excluding	Allowances and Benefits	Allowa	ances a nefits	ınd	Personal Income Tax Deducted
(Box 15)	(Box 20)	(Box 25)	Benefit/Allowance) (Box 30)	(Box 35)	(Box 40)			(Box 45)
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Employee Name - Surname First						s name	·,	Employer Taxpayer No:
						address, and Taxpayer No. MUST appear on		
Mr., Mrs., Miss						each slip		Employer Name:
						Sheet		
Employee Address						3		Employer Address:
					L'			
Date employment	Employee	Social Security	Total Remuneration before any deductions	Total Taxable	Total No			
commenced if later than 1st Apr. 2005	Taxpayer No.	No.	(Excluding	Allowances and Benefits	Allowa	ances a nefits	ınd	Personal Income Tax Deducted
(Box 15)	(Box 20)	(Box 25)	Benefit/Allowance) (Box 30)	(Box 35)	(Box 40)			(Box 45)
(B0X 13)	(Box 20)	(BOX 23)	(BOX 30)	(BOX 33)	(DO.	X 40)		(Box 43)
EMDI OVI	EE TO ATTA	СП тпе СС	DV TO E40 DED	CONAL INCOME	TAVDE	זין זיך:	DNT A	ND FILE BEFORE MARCH 31 ST
EMPLOTI				ONAL INCOME			A	
								Employer Taxpayer No:
							payer	
Mr., Mrs., Miss						No. MUST appear on each slip		Employer Name:
Employee Adduses						Sheet		Employon Address:
Employee Address						3		Employer Address:
						J		
Date employment	Employee	Social Security	Total Remuneration before any deductions	Total Taxable	Total No			
commenced if later than 1st Apr. 2005	Taxpayer No.	No.	(Excluding Benefit/Allowance)	Allowances and Benefits	Allowances and Benefits		ınd	Personal Income Tax Deducted

(Box 35)

(Box 40)

(Box 45)

(Box 15)

(Box 20)

(Box 25)

(Box 30)

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Date employment commenced if later than 1st Apr. 2005	Employee Taxpayer No.	Social Security No.	Total Remuneration before any deductions (Excluding	Total Taxable Allowances and Benefits	Total Non-Taxable Allowances and Benefits	Personal Income Tax Deducted		
(Box 15)	(Box 20)	(Box 25)	Benefit/Allowance) (Box 30)	(Box 35)	(Box 40)	(Box 45)		
		EMPLO:	 YEE TO RETAIN	 R RECORD PURP	OSES			
Employee Name - Su Mr., Mrs., Miss Employee Address	rname First			Employer's name, address, and Taxpayer No. MUST appear on each slip Sheet	Employer Taxpayer No: Employer Name: Employer Address:			
Employee Address					4	Employer Address:		
Date employment commenced if later than 1st Apr. 2005	Employee Taxpayer No.	Social Security No.	Total Remuneration before any deductions (Excluding Benefit/Allowance)	Total Taxable Allowances and Benefits	Total Non-Taxable Allowances and Benefits	Personal Income Tax Deducted		
(Box 15)	(Box 20)	(Box 25)	(Box 30)	(Box 35)	(Box 40)	(Box 45)		
		EMPLO`	YEE TO RETAIN 	THIS COPY FO	R RECORD PURP	OSES		
Employee Name - Su	rname First				Employer's name,	Employer Taxpayer No:		
Mr., Mrs., Miss					address, and Taxpayer No. MUST appear on each slip	Employer Name:		
Employee Address					Sheet 4	Employer Address:		
Date employment commenced if later than 1st Apr. 2005	Employee Taxpayer No.	Social Security No.	Total Remuneration before any deductions (Excluding Benefit/Allowance)	Total Taxable Allowances and Benefits	Total Non-Taxable Allowances and Benefits	Personal Income Tax Deducted		
(Box 15)	(Box 20)	(Box 25)	(Box 30)	(Box 35)	(Box 40)	(Box 45)		
		EMPLO'	YEE TO RETAIN 	THIS COPY FO	R RECORD PURP	OSES		
Employee Name - Su Mr., Mrs., Miss Employee Address	rname First			Employer's name, address, and Taxpayer No. MUST appear on each slip Sheet	Employer Taxpayer No: Employer Name: Employer Address:			
					4			
Date employment commenced if later than 1st Apr. 2005	Employee Taxpayer No.	Social Security No.	Total Remuneration before any deductions (Excluding Benefit/Allowance)	Total Taxable Allowances and Benefits	Total Non-Taxable Allowances and Benefits	Personal Income Tax Deducted		
(Box 15)	(Box 20)	(Box 25)	(Box 30)	(Box 35)	(Box 40)	(Box 45)		
EMPLOYEE TO RETAIN THIS COPY FOR RECORD PURPOSES								
		EMPLO	TEE TO RETAIN		R RECORD PURP			
Employee Name - Surname First					Employer's name, address, and Taxpayer No. MUST appear on	Employer Taxpayer No: Employer Name:		
Mr., Mrs., Miss Employee Address					Sheet 4	Employer Name: Employer Address:		
D. I			Total Remuneration					

Total Taxable

Allowances and

Benefits

(Box 35)

Total Non-Taxable

Allowances and

Benefits

(Box 40)

Personal Income Tax Deducted

(Box 45)

Date employment commenced if later

than 1st Apr. 2005

(Box 15)

Employee

Taxpayer No.

(Box 20)

Social Security

No.

(Box 25)

before any deductions

(Excluding Benefit/Allowance)

(Box 30)