



# SOCIAL SECURITY BOARD ANGUILLA

## CONTRIBUTION RETURN FOR **JUNE 2014**

Employer No. 91-113 Name of Business Anguilla Social Security Board

Mailing Address P.O. Box 243

The Valley

### CERTIFICATE

I certify that on the back hereof (and on \_\_\_\_\_ attached sheets) is a complete and accurate list of all persons employed by me/this business in insurable employment during the above month. I further certify that I have shown below full and accurate details of all adjustments made to the wages of employees in respect of periods of employment prior to the start of the month.

Signature of Employer or Agent \_\_\_\_\_ Date \_\_\_\_\_

### SUMMARY OF CONTRIBUTIONS PAYABLE

BALANCE owing at Start of Month (as per Social Security Statement)		\$0.00
PLUS: Contributions for the above month		\$2621.90
Additional contributions due (see Adjustments below)		\$0.00
SUB-TOTAL		\$2621.90
BALANCE OWING		\$2621.90

### ADJUSTMENTS

(TO BE COMPLETED ONLY IN RELATION TO WAGES PAID FOR EARLIER MONTHS)

Social Security Number	Full Name of Insured Person	Month/Week Commenced	DETAILS REPORIBD		ACTUAL DETAILS		Extra Contrib	Refund Due
			Wages	Contrib	Wages	Contrib		

**Office Use Only**

Contributions of \$ \_\_\_\_\_

Receipt No: \_\_\_\_\_ Fines of \$ \_\_\_\_\_

Date / / \_\_\_\_\_

\_\_\_\_\_  
Cashier

I certify that the contributions herein have been correctly posted.

Run No. \_\_\_\_\_

\_\_\_\_\_  
Certifying Officer

