FORM A47 : 009(A)

BARBADOS
DEPARTMENT OF INLAND REVENUE
CERTIFICATE OF EARNINGS
20__ Income

Employer's Information :

Employer's National Insurance Registration No. :
(As issued by The National Insurance Office)

Employer's Name :

_____

Business / Trading Name :

_____

Employer's Address :

_____

_____

_____

Telephone No. : (H) (W)

Employee's Information :

Employee's National Registration No. :

						–				

Employee's National Insurance No. :

N.I. & Social Security Contributions deducted from the employee.

$

This is to certify that the total earnings paid to .....
(Name of employee)

of .....
(Address of employee)

.....

for the period ...../...../....20__ to...../...../....20__.....
(day) (month) (day) (month)

was $ ..... and no income tax was deducted.

Date : ..... **Signature of Employer or duly authorised officer:**.....

.This form is to be completed and signed by the employer or duly authorised officer, for employees earning less than $15,000.00 annually, but no more than $1, 250.00 monthly and from whom no income tax was deducted.

. An employer who has a P.A.Y.E Account with the Department is prohibited from completing this form for

IT IS AN OFFENCE TO GIVE FALSE INFORMATION.