

SUMMARY OF NATIONAL INSURANCE CONTRIBUTIONS DUE/IN ARREARS

Instructions:

1. Please complete this form in duplicate.

WARNING: SUBMISSION OF FALSE OR MISLEADING INFORMATION IS AN OFFENSE PUNISHABLE BY LAW

SECTION "A" - EMPLOYER INFORMATION

EMPLOYER'S TRADE NAME: _____

ADDRESS: _____

TELEPHONE NO: -

FOR OFFICIAL USE
S.C. CODE

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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EMPLOYER REG NO:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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CONTRIBUTIONS DUE FOR PAY PERIOD:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	TO	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D

WHERE THE PERIOD EXCEEDS ONE MONTH, COMPLETE **SECTION F** GIVING SEPARATE DETAILS FOR EACH MONTH:

NO. OF EMPLOYEES BEING PAID FOR:

SECTION "B" - VALUE OF CONTRIBUTIONS PAYABLE

	\$	c
(a) BALANCE B/F		
(b) CONTRIBUTIONS DUE		
(c) PENALTY (If Applicable)		
(d) INTEREST (If Applicable)		
(e) TOTAL AMOUNT DUE (a+b+c+d)		
(f) AMOUNT PAID		
(g) BALANCE C/F		

SECTION "C" - METHOD OF PAYMENT

(1) HOW PAID	(2) AMOUNT	
	\$	c
CASH (State details overleaf)		
CHEQUE (State details overleaf)		
TOTAL		

SECTION "D" - CERTIFICATE OF DECLARANT

I solemnly and sincerely declare that the information given is a correct reflection of my employee population and National Insurance obligations.

COMPANY STAMP

NAME: _____

SIGNATURE: _____

POSITION: _____

DATE:

SECTION "E" - FOR OFFICIAL USE

NI 184 RECEIVED

DISKETTE RECEIVED

AMOUNT RECEIVED \$ _____ RECEIPT NO. _____

SIGNATURE OF CSR _____

SECTION "F" - DETAILS OF PAYMENTS FOR PERIODS EXCEEDING ONE MONTH

FROM TO

YR/MTH/DAY	YR/MTH/DAY	CONTRIBUTIONS DUE		PENALTY		INTEREST		TOTAL		NO. OF EMPLOYEES		FOR OFFICIAL USE
		\$	C	\$	C	\$	C	\$	C	\$	C	TRANSACTION SLIP #
* TOTAL												

* Enter amounts on page 1. Sec B

CASH DETAILS			CHEQUE DETAILS		
DENOMINATION	AMOUNT		BANK AND CHEQUE NUMBER	AMOUNT	
	\$	C		\$	C
\$ 100 X					
\$ 20 X					
\$ 10 X					
\$ 5 X					
\$ 1 X					
COINS					
TOTAL					