

EMPLOYER'S NAME:

EMPLOYER'S REFERENCE NUMBER

NATIONAL INSURANCE ACT, 1965.

EMPLOYER'S ANNUAL RETURN: DECLARATION AND CERTIFICATE

YEAR ENDED 200..... . 12 . 31

EMPLOYER'S NAME
 PREVIOUS BUSINESS NAME (if any)

ADDRESS

INSTRUCTIONS TO EMPLOYER

You are required to make a return of the 'pay', National Insurance and National Housing Trust contributions of every employee in your employment for whom you have received a National Insurance Deduction Card during the year.

The return is to be made by sending the National Insurance Deduction Card to the National Insurance Parish Office after the 31st December of the year to which the card relates and not later than the 14th January of the following year.

The card should be accompanied by this form submitted in quadruplicate along with your remittance Card (C3)

The 'pay' return must include all salaries, wages, fees, commissions, bonuses and overtime, holiday or other emoluments paid by YOU to such employees in the year being reported.

The columns overleaf should be completed in respect of every employee in whose case contributions were payable during the year. Particulars are not required in respect of employees for whom contributions were paid solely by affixing stamps to National Insurance Stamp Cards.

You must ensure that each of your employees is registered and that his National Insurance appears on his deduction card and on the Annual Return.

DECLARATION AND CERTIFICATE TO BE SIGNED BY EMPLOYER

I declare that all National Insurance Deduction Cards received and used by me during the year 20 are forwarded herewith. The number attached is

I also certify that all the particulars required to be entered on the Cards and all the particulars required in this notice to be returned are in every respect fully and truly stated according to the best of my knowledge and belief.

Employer's Signature:

Date:

FOR OFFICIAL USE ONLY

I certify that (a) the number of Deduction Cards received is..... (b) the amount received as per Remittance Card is \$..... (c) Remittance card is/is not attached <i>Signature of Receiving Officer</i> <i>Parish</i> <i>Date</i> C4 (Rev. 7/98)	DATE STAMP (RECEIVAL DATE)
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TO BE COMPLETED BY EMPLOYER

	NAME OF EMPLOYEE (IN ALPHABETICAL ORDER SURNAME FIRST)	NATIONAL INSURANCE NUMBER	TAXPAYER REGISTRATION NUMBER	GROSS EMOLUMENTS INCLUDING COMMISSIONS AND BONUSES AND FEES ACTUALLY PAID IN YEAR	NO OF WEEKLY CONTRI- BUTIONS	TOTAL NATIONAL INSURANCE CONTRIBU- TIONS EMPLOYEES	TOTAL NATIONAL INSURANCE CONTRIBU- TIONS EMPLOYER	TOTAL NATIONAL INSURANCE CONTRIBU- TIONS (TOTAL OF COLUMNS 5 & 6)	NATIONAL HOUSING TRUST			REMARKS
									EMPLOYEE CONTRIBUTION AT 2% OF GROSS EMOLU- MENTS	EMPLOYER CONTRIBUTION AT 3% OF GROSS EMOLU- MENTS OF EMPLOYEE	NO OF WEEKLY CONTRI- BUTIONS	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
1				\$	¢	\$	¢	\$	¢	\$	¢	
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NOTE: IF THERE IS NOT SUFFICIENT SPACE TO LIST ALL EMPLOYEES USE THE CONTINUATION SHEETS (FORM C4A) BUT THE TOTALS FROM THESE SHEETS SHOULD BE ENTERED HERE.												
21 TOTAL (THIS PAGE) 22 TOTALS FROM LAST PAGE 23 GRAND TOTALS 24 PAYMENTS (EXCLUDING INTEREST AND PENALTY) 25 BALANCE DUE 26 OR BALANCE OVERPAID												