Inland Revenue P O Box 99 Brades Montserrat

EMPLOYEE DECLARATION



Employee's Last Name:
Employee's First Name(s):
Residential Address:
Postal Address (If different from residential address):
1 ostal Adaress (1) different from residental dataress).
Phone number (Residential): Phone number (Business):
Are you paying mortgage interest on a residential property? (tick) Yes No
If yes. Enter the amount of annual mortgage interest (Maximum \$5,000) (Proof of payment must be
provided)
Social Security Deductions mthly/wkly \$
Social Security Deductions mthly/wkly \$
Employment Salary mthly/wkly \$
Employment Salary Name of primary employer: Employee's Signature: Date:
Employment Salary Name of primary employer: Employee's Signature: Date:
Employment Salary Name of primary employer: Employee's Signature: Date:
Employment Salary Name of primary employer: Employee's Signature: Date:
Employment Salary Name of primary employer: Employee's Signature: Date:
Employment Salary Name of primary employer: Employee's Signature: Date:
Employment Salary Name of primary employer: Employee's Signature: Date: FOR OFFICE USE ONLY: IRD Number: Tax Code:
Employment Salary Name of primary employer: Employee's Signature: Date: FOR OFFICE USE ONLY: IRD Number: Tax Code: