



GOVERNMENT OF ANGUILLA

INLAND REVENUE DEPARTMENT

Universal Social Levy Remittance Form

Section 8 (1)(a) of the Universal Social Levy Act 2021

RETURN FOR 20.....

Taxpayer Identification No. _____

Name of Business/Employer _____

Mailing Address _____

Telephone # _____

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 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 LEVY PAYABLE

Employees Levy Contribution	\$ _____
Employer Levy Contribution	\$ _____
TOTAL LEVY CONTRIBUTION	\$ _____

ADJUSTMENTS

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

Full Name of Employed Person	Month Commenced	DETAILS REPORTED		ACTUAL DETAILS		EXTRA Levy	Refund Due
		Remuneration	Levy	Remuneration	Levy		

OFFICIAL USE ONLY

Levy of \$ _____

Receipt No: _____

Date / /

Cashier

EMPLOYEES PAID MONTHLY			EMPLOYEES PAID WEEKLY										
FULL NAME OF EMPLOYED PERSON	Remuneration	Levy	Pay Period 1		Pay Period 2		Pay Period 3		Pay Period 4		Pay Period 5		TOTAL 3% LEVY DEDUCTION
			Wages	Levy	Wages	Levy	Wages	Levy	Wages	Levy	Wages	Levy	
TOTAL MONTHLY LEVY \$			TOTAL WEEKLY LEVY \$										

Please Note:

- ◆ Payment is due to be paid no later than ten days after the end of the calendar month.
- ◆ Total deductions from employees are to be matched by employer.
- ◆ Remuneration includes any wages, salary, leave pay, additional payments for acting posts, commission, fee, bonus, perquisite (other than service charge) or allowance.