

NATIONAL INSURANCE AND SOCIAL SECURITY SCHEME - GUYANA
CONTRIBUTION SCHEDULE

1. Name of Employer: **ABC Inc**
 2. Employer Address: 236 Almond St., Neverland
 3. Employer's Registration No.: B1123456
 4. Contribution for the Month of: **October 2010**

5.

FOR OFFICIAL USE ONLY		
DATE STAMP		
SUMMARY		
EMPLOYEE AGE CLASS	NO.	TOTAL INSURED EARNINGS
16 Years - 59 Years		
Under 16 & 60 Yrs. & over		

6.

No.	Employee Name	NIS No.	Actual Earnings	Insurable Earnings	Employer NIS	Employee NIS	Total NIS	Period Worked		No. of Wks
1	Cena, John	B21132	215,000	126,504	9,868	6,578	16,446	1 - Oct	31 - Oct	4
2	Jones, John	B213232	265,000	126,504	9,868	6,578	16,446	1 - Oct	31 - Oct	4
3	Persaud, Shanti	B32423	180,000	126,504	9,868	6,578	16,446	1 - Oct	31 - Oct	4
4	Singh, Anil	B3242	90,000	90,000	7,021	4,679	11,700	1 - Oct	31 - Oct	4
5	Smith, Brian	B4435	85,000	85,000	6,631	4,419	11,050	1 - Oct	31 - Oct	4

	835,000	554,512	43,256	28,832	72,088
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No.	Employee Name	NIS No.	Actual Earnings	Insurable Earnings	Employer NIS	Employee NIS	Total NIS	Period Worked	No. of Wks
			<u>835,000</u>	<u>554,512</u>	<u>43,256</u>	<u>28,832</u>	<u>72,088</u>		

7. Amount Payable **72,088**

8. I hereby declare that the payments made are in conformity with the National Insurance and Social Security Regulations. The total Remittance for the year to date is \$

This schedule of employees consists of **2** Pages.

FOR OFFICIAL USE

CASHIER

INFORMATION VERIFIED AS CORRECT

RECEIPT NO.....ISSUED FOR \$.....

SIGNATURE.....DATE.....

.....
9. Signature of Employer
(Or Representative)

10. Date

11. Employer's Stamp

<u>835,000</u>	<u>554,512</u>	<u>43,256</u>	<u>28,832</u>	<u>72,088</u>
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