NATIONAL INSURANCE AND SOCIAL SECURITY SCHEME – GUYANA
CONTRIBUTION SCHEDULE
(To be completed in triplicate by employers with 100 or less employees)

NB Schedules must be returned to national Insurance Scheme not later than the 15th day of the month following that to which payment relates. Failure to submit schedules and remittances by the date will incur a surcharge in keeping with the Regulations.

1. NAME OF EMPLOYER / BUSINESS:

2. ADDRESS OF BUSINESS:

3. EMPLOYER' REGISTRATION NUMBER:

4. CONTRIBUTION FOR THE MONTH OF:

5.

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

No	PARTICULARS OF EMPLOYEES.					CONTRIBUTIONS				
	6.1 SURNAME	6.2 FIRST NAME	NATIONAL INSURANCE NO.	6.4 ACTUAL EARNINGS	6.5 INSURABLE EARNINGS	6.6 EMPLOYER 7.8% 1.5%	6.7 EMPLOYEE 5.2%	6.8 PERIOD WORKED D	D	6.9 * No. of WKS
		TOTALS	TOT. C/F	$						

7. AMOUNT PAYABLE:

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 $…….. The schedule of employees consists of……. 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

FORM CS2