



GOVERNMENT OF THE REPUBLIC OF TRINIDAD AND TOBAGO

BOARD OF INLAND REVENUE

EMPLOYEE'S DECLARATION OF EMOLUMENTS, DEDUCTIONS AND TAX CREDITS

Any person who makes a false declaration is liable on summary conviction to a fine or imprisonment or both such fine and imprisonment.

(Please read Notes overleaf before completing this form-Use Block Letters)

B.I.R. File Number I.D. Card Number

Surname

Other Names

Home Address

Telephone Number Date of Birth

Name of Spouse residing with me

Spouse's Place of Employment

Date of Marriage Spouse's B.I.R. No.

Current Emolument Income

Income from Salary, Wages or Pension: (including taxable allowances and benefits in kind)

Name and Address of Employers	Rate of Pay Weekly/Fortnightly/Monthly	Annual Amount
.....		
.....	\$.....	\$.....
.....		
.....	\$.....	\$.....
Total Emolument Income		\$.....

CERTIFICATION	FOR OFFICIAL USE ONLY
<p>I HEREBY CERTIFY that the information given in this Declaration filed with*</p> <p>..... IS TRUE AND CORRECT.</p> <p>Signature (Employee)</p> <p>Date</p>	

* Insert name of Employer or Board of Inland Revenue as appropriate.