Business Name: Employer Name: Nature of Business: Address: Phone No.:															Assessment Month: Registration No.: No. of Employees:			
						DOMINIC							IONS					
Phone No.:	·						CC	ONTRIBU	TIONS RE	EMITTANC	E FORM	C8						
Details of Employme					nent	ent				Gross Earnings (\$)					Contributions			
					Pay	Job Description	Cont Rate	Date of (Comm) /Term	Week 1	Week 1 Week 2		Week 4	Week 5	Total Wages	Employee	Employer	Total	
Employee Name				Number	Freq				Date	Date	Week 3 Date	Date	Date	1	Due	Due	Due	
								7101111										
															<del>                                     </del>	-		
															<del> </del>	<del>                                     </del>		
						1	1	<u>I</u>	<u> </u>	<u> </u>	<u> </u>	Total	u Wages					
For Official Use Only					I/We	submit the sum of \$_			1									
Date of Payment Cheque No. Receipt No.					payable by me/us as per wages book and employee records plus surcharge, if applicable.													
Details Amount Due Amount Paid Dr./Cr. Bal. Comments					Payo	Current Liability												
Contributions Late Fee (10% if applicable):_													olicable):					
Late Fees					Sig	nature:										Liability:		
Totals																		

Note: This form with the remittance of the total contributions payable in respect of wages paid in any month must reach the Social Security Office before the 14th of the following month. If it is submitted after the 14th, add 10% late fees.

Date:

Checked by:\_\_\_\_