Jamaica

TRIPLICATE

THE CONTRACTOR'S LEVY ACT

CONTRACTOR'S LEVY RETURN

Form Sequence No. ____ Year ____ Month

Filing Month: ____

Section A - GENERAL INFORMATION 1. Name of Person Making Payment	2. Address of Person Making Payment *(Apt. No., Street No. & Name, Postal Zone, Parish)* Code	3. Taxpayer Registration Number

Section B - CONTRACTOR / SUB-CONTRACTOR DETAILS

Taxpayer Registration Number / Name	Address *(Apt. No., Street No. & Name, Postal Zone, Parish)* / Code	Type of Contract	Gross Amount of Payment / Period of Contract	Amount Withheld *(2% of Gross)*

Section C - DECLARATION

I declare that to the best of my knowledge and belief this is a true and correct statement of the information and particulars given in the form. This Declaration is made with the full knowledge and understanding that any false statement made herein by me or on my behalf will render me liable to penalties and/or criminal proceedings.

Signature _____ Date _____

TOTAL WITHHELD $

FOR OFFICIAL USE

Amount Paid	Receipt Number	Date

Name of Person Making Payment

Remarks