



THE CONTRACTORS LEVY ACT  
RETURN OF PAYMENTS MADE AND LEVY WITHHELD  
(CONTRACTORS LEVY)



This form is to be completed by any person who has contracted the services of either a contractor or sub-contractor to carry out construction, haulage or tillage activities subject to Contractors Levy under The Contractors Levy Act.

This return is due within fourteen days after the end of any month in which the payment of the contract sum was made and may be filed at any Tax Office or on-line at [www.jamaicatax.gov.jm](http://www.jamaicatax.gov.jm)

**Section A: GENERAL INFORMATION**

1. Name of Person withholding levy:	2. Taxpayer Registration Number (TRN)  _____
3. Return Period Year    Month    Day                                  Year    Month    Day _____ to _____	

4. Address of Person withholding:	5. Mailing Address (if different from 4)  _____
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6. Telephone:	7. Fax Number:	8. E-mail Address:	9. Tick Appropriate Box: <input type="checkbox"/> New Address <input type="checkbox"/> Revised Return (State reason)
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10. Reason for Revised Return:  
  
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**Section B: SUMMARY OF CONTRACTS (TO WHICH CONTRACTORS LEVY APPLIES) (Complete Schedule 1 Overleaf)**

Number of Contracts to which Contractors Levy is applicable . . . . .	11	
Number of Contractors/ Sub-Contractors hired . . . . .	12	
Gross Payments to contractor(s)/sub-contractors for the period (Schedule 1, total column (g))	13	

<b>Section C: CONTRACTORS LEVY PAYABLE</b>	<b>OFFICIAL USE</b>		
Contractors Levy Payable for the period (Schedule 1, total column (h)) . . . . . <span style="background-color: black; color: white; padding: 2px 5px;">14</span>			
Preparer's Details - (To be completed if prepared by person other than Taxpayer)			
Preparer's Name: (Individual/Firm)	Address	TRN	
		Contact Number	

**Section D - DECLARATION**

**Note:** Any false statement herein will render you liable to penalties and/or criminal proceedings.

I declare that, to the best of my knowledge and belief, this is a true and correct return of the information and particulars given in the form.

Name of Responsible Officer	Title
Signature	Date

Name of Person withholding Levy:

TRN:

Return Period:

Sheet \_\_\_ of \_\_\_

SCHEDULE 1 - CONTRACTOR/SUB-CONTRACTOR DETAILS

(a) TRN of Contractor/ Sub-Contractor	(b) Name of Contractor/ Sub-Contractor	(c) Address	(d) Type of Contract	(e) Period of Contract	(f) Levy Rate (%)	(g) Gross Amount Paid	(h) Levy Withheld
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