RESET

THE CONTRACTORS LEVY ACT

RETURN OF PAYMENTS MADE AND LEVY WITHHELD (CONTRACTORS LEVY)

SAVE

PRINT

CL01

This form is to be completed by any person who has contracted the services of either a principal 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
Late payment or filing attracts a penalty of 25% per annum of the levy due and payable.

Section A: GENERAL INFORMATION

1.Name of Person withholding levy:

2. Taxpayer Registration Number (TRN)

3. Return Period
Year Month Day to Year Month Day

4. Address of Person withholding:

5. Mailing Address (if different from 4)

6. Telephone:

7. Fax Number:

8. E-mail Address:

9. Tick Appropriate Box:
☐ New Address ☐ Revised Return (State reason)

10. Reason for Revised Return:

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	

Section C: CONTRACTORS LEVY PAYABLE

Contractors Levy Payable for the period (Schedule 1, total column (h)) 14

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 ***under Section 13 of the Act***.

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

OFFICIAL USE

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
				-			
				-			
				-			
				-			
				-			
				-			
				-			
				-			
				-			
				-			
				-			
				-			
				-			
				-			
				-			
				-			
				-			
				-			
					Total	0.00	0.00