



EDUCATION TAX ACT
EMPLOYER'S ANNUAL RETURN
INDIVIDUALS (SELF-EMPLOYED)

ET02

Year of Assessment _____

YEAR ENDED 31ST DECEMBER

Please Read Notes and Instructions BELOW before completing this Return.

Section A - GENERAL INFORMATION	
1. Name (Last, First, Middle)	
2. Taxpayer Registration Number	
3. Home Address (Apt. No., Street No. and Name, Postal Zone, Parish)	
4. Business Mailing Address (If different from 3.)	
5. Telephone Number(s)	6. Fax Number(s)
7. E-mail Address	

NOTES AND INSTRUCTIONS

You are required to make a return of the Gross Pay received by your employees and education tax deductions for every eligible worker in your employment.

The return is to be made by sending the Education Tax Deduction Card to the Collector of Taxes after the 31st December of the year to which the card relates and no later than the 14th January of the following year.

The deduction card(s) should be accompanied by this form submitted in duplicate with your Education Tax Remittance Card.

Gross Pay includes salaries, fees, commissions, and any benefits assessable to Income Tax, before any deductions for NHT contributions paid by YOU to such employees in the year being reported.

The columns overleaf should be completed for every employee for whom Education Tax was payable during the year.

Please type or print clearly. Use blue or black ink pen only. Tick () appropriate box.

Section B - TAX COMPUTATION	OFFICIAL USE
Total Tax Due <i>(From Column (f) Grand Total Overleaf)</i>	8
Amount Paid as per Education Tax Remittance Card <i>(From Line (i) Overleaf)</i>	9
Balance Payable <i>(From Line (j) Overleaf)</i>	10
<input type="checkbox"/> Education Tax Deduction Card is Attached	<input type="checkbox"/> Remittance Card is Attached

Section C - DECLARATION AND CERTIFICATE

I declare that all Education Tax Deductions and Education Tax Remittance Cards received and used by me during the year stated above are forwarded herewith. The number enclosed is _____

I also certify that all particulars required to be entered on the forms and all the particulars required in this Return are in every respect fully and truly stated according to the best of my knowledge and belief.

Organization Stamp

Signature of Employer _____ Date _____

EMPLOYER'S ANNUAL RETURN (Employees Information)

Year of Assessment

EDUCATION TAX

--	--	--	--	--

1. Name of Employer			2. Taxpayer Registration Number			3. Page																			
						<table style="width: 100%; border: none;"> <tr> <td style="width: 15px; border: none;"> </td> <td style="width: 15px; border: none;"> </td> <td style="width: 15px; border: none;"> </td> <td style="width: 15px; border: none;"> </td> <td style="width: 15px; border: none;"> </td> <td style="width: 15px; border: none;"> </td> <td style="width: 15px; border: none;"> </td> <td style="width: 15px; border: none;"> </td> <td style="width: 15px; border: none;"> </td> <td style="width: 15px; border: none;"> </td> <td style="width: 15px; border: none;"> </td> <td style="width: 15px; border: none;"> </td> <td style="width: 15px; border: none;"> </td> <td style="width: 15px; border: none;">-</td> <td style="width: 15px; border: none;"> </td> <td style="width: 15px; border: none;"> </td> <td style="width: 15px; border: none;"> </td> <td style="width: 15px; border: none;"> </td> <td style="width: 15px; border: none;"> </td> </tr> </table>														-					
													-												
(a) Name of Employee <i>(Last, First, Middle)</i>	(b) Taxpayer Registration Number (TRN)	(c) * Gross Pay	(d) Employee's 2% Tax Deductions	(e) Employer's 3% Tax	(f) Total (Add Columns (d) & (e))	(g) Remarks																			

***Gross Pay including Salaries, Fees, Commissions and any benefits assessable to Income Tax**

	<i>Totals (This Page)</i>
<i>Totals (From Pages 2 to _____)</i>	
Grand Total	
<i>(Transfer Column (f) Total to Line 8 overleaf)</i>	<i>(i) Amount Paid (Excluding Penalty (Transfer to Line 9 overleaf)</i>
<i>(j) Amount Due/Overpaid</i>	
<i>(Subtract Line (i) from Column (f) Grand Total and Transfer to Line 10 overleaf)</i>	