



EDUCATION TAX ACT
EMPLOYER'S ANNUAL RETURN
ORGANIZATIONS
YEAR ENDED 31ST DECEMBER

ET03

Year of Assessment

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▶ *Please Read Notes and Instructions BELOW before completing this Return.*

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

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.

Signature of Employer

Date

