



COMMONWEALTH OF DOMINICA

INLAND REVENUE DIVISION

**RETURN OF REMUNERATION PAID AND INCOME TAX DEDUCTED
FOR THE YEAR ENDED DECEMBER 31 _____ FORM T.D.5**

LIST ALPHABETICALLY THE FULL NAME OF ALL PERSONS REQUIRED TO BE REPORTED.
EMPLOYEES WHO HAVE LEFT AND HAVE BEEN REPORTED ON FORM T.D.4 SHOULD NOT BE INCLUDED.
ALL UNUSED SLIPS MUST BE RETURNED.

FIRST COPY – TO BE DELIVERED TO THE INLAND REVENUE DIVISION BEFORE JANUARY 31 _____

ALL ALLOWANCES AND BENEFITS PAID TO OR ENJOYED BY AN EMPLOYEE MUST BE REPORTED.

EMPLOYEE:- Last Name

Employer's Name, Address and Tax Account Number must appear on each slip. (Rubber stamp may be used)

First Name:

1

Social Security Number:

Full Address:

Inland Revenue Copy	Date Employment commenced if later than January 1 st		Total Remuneration before any deductions (excluding Allowances and Benefits)		*Total Allowances and Benefits		Taxpayer Number	Income Tax (PAYE) Deducted
*GIVE DETAILS	Tavelling	Entertainment	Housing	Motor Vehicle	Utilities etc	Leave Passage	Contractual Gratuity	Other

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Full Address:

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SECOND COPY – TO BE GIVEN TO THE EMPLOYEE BEFORE JANUARY 31 _____

ALL ALLOWANCES AND BENEFITS PAID TO OR ENJOYED BY AN EMPLOYEE MUST BE REPORTED.

EMPLOYEE:- Last Name

Employer's Name, Address and Tax Account Number
must appear on each slip. (Rubber stamp may be used)

First Name:

2

Social Security Number:

Full Address:

Attach to your Return	Date Employment commenced if later than January 1 st		Total Remuneration before any deductions (excluding Allowances and Benefits)		*Total Allowances and Benefits		Taxpayer Number	Income Tax (PAYE) Deducted
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EMPLOYEE:- Last Name

Employer's Name, Address and Tax Account Number
must appear on each slip. (Rubber stamp may be used)

First Name:

2

Social Security Number:

Full Address:

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First Name:

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Social Security Number:

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First Name:

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Social Security Number:

Full Address:

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THIRD COPY – TO BE GIVEN TO THE EMPLOYEE BEFORE JANUARY 31 _____

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EMPLOYEE:- Last Name _____ **Employer's Name, Address and Tax Account Number must appear on each slip. (Rubber stamp may be used)**

First Name: _____

Social Security Number: _____

Full Address: _____

3

	Date Employment commenced if later than January 1 st		Total Remuneration before any deductions (excluding Allowances and Benefits)		*Total Allowances and Benefits		Taxpayer Number	Income Tax (PAYE) Deducted
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EMPLOYEE:- Last Name _____ **Employer's Name, Address and Tax Account Number must appear on each slip. (Rubber stamp may be used)**

First Name: _____

Social Security Number: _____

Full Address: _____

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FOURTH COPY – TO BE RETAINED FOR YOUR RECORDS

ALL ALLOWANCES AND BENEFITS PAID TO OR ENJOYED BY AN EMPLOYEE MUST BE REPORTED.

EMPLOYEE:- Last Name

Employer's Name, Address and Tax Account Number must appear on each slip. (Rubber stamp may be used)

First Name:

Social Security Number:

Full Address:

4

Retain for your Records	Date Employment commenced if later than January 1 st		Total Remuneration before any deductions (excluding Allowances and Benefits)		*Total Allowances and Benefits		Taxpayer Number	Income Tax (PAYE) Deducted
*GIVE DETAILS	Tavelling	Entertainment	Housing	Motor Vehicle	Utilities etc	Leave Passage	Contractual Gratuity	Other

EMPLOYEE:- Last Name

Employer's Name, Address and Tax Account Number must appear on each slip. (Rubber stamp may be used)

First Name:

Social Security Number:

Full Address:

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First Name:

Social Security Number:

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First Name:

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