## Inland Revenue P O Box 99 Brades Montserrat

## **EMPLOYER RECONCILIATION**



Employer's Name:		IRD Number	<u>:                                    </u>	Year:	
MONTHLY TAX DE	EDUCTIONS	EMPLOYEE (TD5) CERTIFICATES			
Month	Tax Deductions (Dollars and cents)	Name of employee (family name first):	Gross income: (Whole dollars only)	Tax deductions: (Dollars and cents)	
January	(Dotta's and conts)		(Whole dollars only)		
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					
TOTAL		TOTAL			
NOTE: 1 Enter whole dollars only for gross pay. 2 Total monthly tax deductions must equal the total tax deductions on the employees' certificates. 3 Contact the Inland Revenue if you are having difficulty completing the reconciliation.			Date received:		
Signature:		Date:	Date actioned: —  Officer's name: —		