Inland Revenue P O Box 99 Brades Montserrat

## WEEKLY/MONTHLY TAX DEDUCTION FORM



Print name of employer: (ie individuals name or company, trust or partnership name, as appropriate)	
17th name of employer. (te marriadus name or con	inputty, trust of partnership name, as appropriate)
Period (e.g. Jun2002):	IRD Number:
Name of employee (Print family name first):	Gross income: Tax deductions:
Total	
Signature:	Date:
<del></del>	
FOR OFFICE USE ONLY:	
Date received:	
Date filed:	
Officer's Name:	