Inland Revenue
P O Box 99
Brades
Montserrat

IRD 3

WEEKLY/MONTHLY TAX DEDUCTION FORM

Print name of employer: (ie individuals name or company, trust or partnership name, as appropriate)

Period (e.g. Jun2002):

IRD Number:

Name of employee (Print family name first):	***Gross income:***	***Tax deductions:***
Total		

Signature: _____ ***Date:*** _____

FOR OFFICE USE ONLY:

Date received: _____

Date filed: _____

Officer's Name: _____

April 2003