



BELIZE TAX SERVICE
MONTHLY REMITTANCE OF INCOME TAX WITHHELD



For Official Use Only

Date:

Signature:

BTS200

EMPLOYER

Enclosed are all deductions withheld from emoluments paid in the month of

_____ 20 _____ in the amount of _____

Name of Person/Business making payment _____

T.I.N. _____

Address _____

Date _____

Signature _____