



**Statement of Emoluments Paid
FOR INCOME TAX PURPOSES
TD4 SUPPLEMENTARY - _____**

FOR INCOME TAX DEPT.

BELIZE

Employee Name and Address

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Employer Name and Address

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| Social Security |
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| (E) Tax Withheld |
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|---------------------------|
| (B) No. of Weeks Employed |
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| (C) Tax Identification Number |
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| (D) Total Emoluments |
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| (F) Taxable Benefits |
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|-----------------|
| (G) Commissions |
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Box (D) amounts must include any amounts shown in Box (F) and/or (G)



**Statement of Emoluments Paid
FOR INCOME TAX PURPOSES
TD4 SUPPLEMENTARY - _____**

FOR EMPLOYER RECORDS

BELIZE

Employee Name and Address

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Employer Name and Address

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|-----------------|
| Social Security |
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|------------------|
| (E) Tax Withheld |
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|---------------------------|
| (B) No. of Weeks Employed |
|---------------------------|

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| (C) Tax Identification Number |
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| (D) Total Emoluments |
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|----------------------|
| (F) Taxable Benefits |
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|-----------------|
| (G) Commissions |
|-----------------|

Box (D) amounts must include any amounts shown in Box (F) and/or (G)



BELIZE

Statement of Emoluments Paid
FOR INCOME TAX PURPOSES
TD4 SUPPLEMENTARY - _____

FOR EMPLOYEE

Employee Name and Address

Form with three horizontal lines for employee name and address.

Employer Name and Address

Form with three horizontal lines for employer name and address.

Social Security

(E) Tax Withheld

(B) No. of Weeks Employed

(C) Tax Identification Number

(D) Total Emoluments

(F) Taxable Benefits

(G) Commissions

Box (D) amounts must include any amounts shown in Box (F) and/or (G)



BELIZE

Statement of Emoluments Paid
FOR INCOME TAX PURPOSES
TD4 SUPPLEMENTARY - _____

FOR EMPLOYEE

Employee Name and Address

Form with three horizontal lines for employee name and address.

Employer Name and Address

Form with three horizontal lines for employer name and address.

Social Security

(E) Tax Withheld

(B) No. of Weeks Employed

(C) Tax Identification Number

(D) Total Emoluments

(F) Taxable Benefits

(G) Commissions

Box (D) amounts must include any amounts shown in Box (F) and/or (G)