

EMPLOYEE DECLARATION

To avoid excessive deduction of tax, complete and file with your employer

- (a) WHEN YOU COMMENCE A NEW EMPLOYMENT
- (b) WITHIN 7 DAYS OF CHANGE IN ALLOWANCES AND DEDUCTIONS CLAIMED
- (c) WHEN CALLED UPON TO DO SO BY THE REVENUE COMMISSIONER OF THE BARBADOS REVENUE AUTHORITY

If employed by more than one employer, file with *ONE* employer only

Name: _____
PLEASE PRINT

NRN: - NIS NO:

TIN:

Address: _____

Tax Code:

Name of Spouse: _____

NRN: - NIS NO:

TIN:

Please enter the allowances in the grey boxes

PERSONAL ALLOWANCE		
Personal Allowance for the Income Year 2015 for:		
An individual :	\$25,000.00	
or		
A pensioner age 60 or over	\$40,000.00	

ADDITIONAL ALLOWANCES		
1 CHILD ALLOWANCE		
Claimant's children, spouse's children or legally adopted children up to a maximum of two		
NOTE: Where parents are habitually living together, the husband is entitled to claim the allowance. However, the husband may relinquish the claim to his wife. In the case of unmarried parents, each parent may claim half of the allowance only.		
Child's Name: _____		
CHILD'S NRN: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$1,000.00	
Child's Name: _____		
CHILD'S NRN: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$1,000.00	

Please Total Allowances Entered on Page 1	
BBF from Page 1	
2 ALLOWANCES FOR SPOUSE This allowance may be claimed for a spouse who has no income or has income from dividends and/or interest of \$800.00 or less. <p style="text-align: right;">\$3,000.00</p>	
3 DONATIONS TO CHARITIES (INCLUDING CHURCHES) Payments to a registered benevolent organization not exceeding 10% of annual salary	
TOTAL ALLOWANCES	

Certification

I HEREBY CERTIFY that the information given in this Declaration with

Name of Employer _____

Is TRUE AND CORRECT

Date: _____ **Signature:** _____

Warning: *Any person who makes a false declaration is liable on summary conviction to imprisonment for a term not exceeding 6 months and/or a fine of not less than \$500.00 and not greater than \$10,000.00.*

FOR EMPLOYERS

Determining an Employee's Tax Code

To determine the tax code use the first three(3) digits from the total allowance then add M for monthly and bi-weekly paid employees; W for weekly paid employees and D for daily paid employees.

For Example

A monthly paid employee with total allowances of \$27,000.00 will have the tax code **270M**.

All completed forms must be retained for inspection by the officers of the Barbados Revenue Authority