

FORM TD-4

**SAINT LUCIA
INLAND REVENUE DEPARTMENT**
Particulars of Employee Leaving Employment or Deceased

INCOME YEAR

Name of Employee (in full)

Home Address

TAX PAYER NUMBER

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SOCIAL SECURITY NUMBER

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Name of Employer

Address of Employer

EMPLOYER'S TAX PAYER NUMBER

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Gross Pay \$

Other Taxable Benefits \$

NIC Deducted \$

Income Tax Deducted \$

Tax Code

Period of Employment: From To

Name and Address of New Employer (if Known)

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Signature

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Date

N.B.: Please complete form in triplicate:

One copy to be sent to the Inland Revenue Department; the other two copies are to be given to the Employee leaving, not later than the day the last payment of remuneration was made.