



SELF EMPLOYED SOCIAL INSURANCE CONTRIBUTION SCHEDULE FOR THE YEAR  
1ST JULY 2018 TO 30TH JUNE 2019

**YOU ARE REQUIRED TO COMPLETE THIS SCHEDULE, SIGN THE DECLARATION BELOW AND RETURN IT TO THE INCOME TAX OFFICE NOT LATER THAN THE 31ST JULY 2019**

**Name:**

**Tax Ref No:**

Week No.	Contribution week	Contribution	Week No.	Contribution week	Contribution
1	Jul 1 - 7		28	Jan 6 - 12	
2	" 8 - 14		29	" 13 - 19	
3	" 15 - 21		30	" 20 - 26	
4	" 22 - 28		31	" 27 - 2-Feb	
5	" 29 - 4-Aug		32	Feb 3 - 9	
6	Aug 5 - 11		33	" 10 - 16	
7	" 12 - 18		34	" 17 - 23	
8	" 19 - 25		35	" 24 - 2-Mar	
9	" 26 - 1-Sep		36	Mar 3 - 9	
10	Sep 2 - 8		37	" 10 - 16	
11	" 9 - 15		38	" 17 - 23	
12	" 16 - 22		39	" 24 - 30	
13	" 23 - 29		40	" 31 - 6-Apr	
14	" 30 - 6-Oct		41	Apr 7 - 13	
15	Oct 7 - 13		42	" 14 - 20	
16	" 14 - 20		43	" 21 - 27	
17	" 21 - 27		44	" 28 - 4-May	
18	" 28 - 3-Nov		45	May 5 - 11	
19	Nov 4 - 10		46	" 12 - 18	
20	" 11 - 17		47	" 19 - 25	
21	" 18 - 24		48	" 26 - 1-Jun	
22	" 25 - 1-Dec		49	June 2 - 8	
23	Dec 2 - 8		50	" 9 - 15	
24	" 9 - 15		51	" 16 - 22	
25	" 16 - 22		52	" 23 - 30	
26	" 23 - 29				
27	" 30 - 5-Jan				
			<b>Total amount due</b>		
			<b>Total amount paid</b>		
			<b>Balance outstanding</b>		

TOTAL NUMBER OF WEEKS

**DECLARATION**

I Mr/Mrs/Ms. \_\_\_\_\_ with D.O.B. \_\_\_\_\_ hereby declare, to the best of my knowledge and belief that the information provided is true and accurate.

Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_