1178-A

REPUBLIC OF THE MARSHALL ISLANDS

EMPLOYER'S INCOME TAX

FOUR WEEKS PERIODICALLY PAYROLL WITHHOLDING STATEMENT

1 NEW ADDRESS **2 OUTER ISLAND** **3 HOME OFFICE**

___/___/___
TAX YEAR

REVISED
4/05

(A) NAME OF EMPLOYER _____

(B) ADDRESS _____

(C) MARSHALL ISLANDS EMPLOYER I.D. NO. _____ (D) PERIOD COVERED BY THIS STATEMENT ___/___/___

Item No. (E)	EMPLOYEE'S NAME (F)	CIT Code (G)	Social Security No. (H)	Gross Wages & Salaries (I)	Exemption (J)	Taxable Wages and Salaries (K)	Tax Rate - 5% (L-1)	$0-$800 - 8% (L-2)	More than $800 12% (L-3)	Total Taxes Withheld (M)
	SUB-TOTAL / GRAND TOTAL									