STATEMENT OF PENSION CONTRIBUTIONS AND REMITTANCE FORM

[1] Filing Period:

[2] Serial Nr.:

[2] CM

[3] Employer’s Registration Number

[4] Employer’s Name

[5] Employer’s Address
(only if it is different from the last form)

[6] Contact Person’s Name

[7] Put ‘X’ on the appropriate box if not filing for the first time for this filing period.

□ Addition □ Correction □ Payment only

[10] Number of Employees


[12] Contributions withheld from employees

[13] Contributions paid by the employer


[15] If Box “Payment only ” is checked, Total Remitted

I declare that facts reported in this Statement are true.

First Name/Last Name/Signature and Stamp

Signature and Stamp

Account Number: 1000430110000214

Amount of Contribution paid €

Text:

Date / / 

Section of the Bank

REPUBLIKA E KOSOVËS – REPUBLIKA KOSOVA – REPUBLIC OF KOSOVO
QEVERIA E KOSOVËS – VLADA KOSOVA – GOVERNMENT OF KOSOVO
MINISTRIA E EKONOMISË DHE FINANÇAVE – MINISTARSTVO ZA PRIVREDU I FINANSIJE – MINISTRY OF ECONOMY AND FINANCE
ADMINISTRATA TATIMORE E KOSOVËS – PORESKA ADMINISTRACIJA KOŠOVA – TAX ADMINISTRATION OF KOŠOVA

Form No. CM-E-4; Revised 20.02.2008
Instructions for filling Statement of Pension Contributions and Remittance Form

(This statement must be filled out and submitted to one of the theorized bank on monthly bases.)

Box [1] Put month for which the data on the statement pertains, ex. 08/2002.

Box [2] Serial number of this statement is pre-printed; therefore don’t write on box [2].

Box [3] Enter the withholder registration number, issued by Statistical Office of Kosovo, Tax Administration or NGO Liaison Office, i.e. **76464838 (8 digits)**; if the withholder is an individual the UNMIK Personal ID Number is to be entered in this box, i.e. **1445563478 (10 digits)**.

Box [4] Put the name of the employer, ex. Business Organization Ylli Peje

Box [5] Put the address of the employer, ex. Skenderbeu St., No. 22. Put the telephone number on the adjacent box.

Box [6] Put the name of the contact person, ex. Chief of Finance XY and also put the telephone number of this person on the adjacent box.

Put X on the appropriate box. {[7],[8],[9]} if not filing for the first time on that month this statement you can put X on one of the boxes: **Addition** – means additional filing within the same month. **Correction** – means you want to change the data that was reported before for the same calendar month. **Payment Only** – means you only want to make additional payment without changing any of the previous data that was reported for the same calendar month.

Box [10] Put the number of employees for the month, ex. 10.

Box [11] Put the gross wages for the month, ex. 2,500 €(based on wage of 250 € for each employee and total number of employee is 10)

Box [12] Put the contributions withheld from all the employees, ex. 125 € (250 € x 5% x 10 employees).

Box [13] Put the contributions paid by the employer on behalf of all the employees, ex. 125 € (250 € x 5% x 10 employees).

Box [14] Put the total contributions remitted, ex. 250 € (125 € employee contribution and 125 € employer contribution).

Box [15] If the “Payment only” box was checked, put the amount being remitted.

Statement should be signed and dated by the employer or person authorized by him/her. It should be submitted to an authorized bank by the 15th day of the month following the month when wage payments were made and contributions withheld.

**Section of the Bank** should be left blank to be filled by the bank tellers.