

NEWSLETTER

Issue 4: April 12, 2020

COVID-19

EMPLOYMENT LAW GUIDANCE TO EMPLOYERS: COVID 19 PANDEMIC

On Thursday April 9, 2020 applications opened to access the Covid Allocation of Resources for Employees (CARE) programme previously announced by Minister of Finance and the Public Service, The Hon. Nigel Clarke, DPhil. M.P. in his presentation to Parliament, closing the 2020/21 Budget Debate. To facilitate the implementation of the programme, amendments were made to the Income Tax (Employments) Regulations and The Income Tax (Prescribed Forms) Order were both amended by The Income Tax (Employments) (Amendment) Regulations, 2020 and The Income Tax (Prescribed Forms) (Amendment) Order, 2020, as well as The Income Tax (Prescribed Forms) (Amendment) (No. 2)Order, 2020 respectively. The relevant provisions of these amendments are noted below.

The following data is being provided as generic guidance to employers with respect to employment related issues. This information does not constitute legal advice; should you require legal advice, please contact Carla-Anne Harris-Roper

at croper@employmentmatterscaribbean.com You can also visit us at www.employmentmatterscaribbean.com



THE INCOME TAX (EMPLOYMENTS) (AMENDMENT) REGULATIONS, 2020

A new Regulation 24A has been inserted which mandates the employer to no later than the first usual pay day on which no emoluments is paid to the employee, provide the Tax Administration Jamaica a prescribed certificate (P45). The provision of the P45 in this instance should be done because the employee is laid off without pay as defined by Section 5A (3) of the Employment (Termination and Redundancy) Act due to force majeure or Acts of God.

The employer must also make two copies of the P45 and deliver the copies to the employee on the day on which the employee is laid off without pay.

THE INCOME TAX (PRESCRIBED FORMS) (AMENDMENT) ORDER, 2020

This amendment adjusts the SO1 Form to include a Schedule which must be completed to capture details related to emoluments, deductions and PAYE taxes and statutory contributions for all employees. This will assist in the verification process to facilitate implementation of the CARE programme.

THE INCOME TAX (PRESCRIBED FORMS) (AMENDMENT) ORDER, 2020

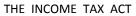
In this Order, the prescribed form (P45) has been amended to include the manner in which the employee is separated from employment. It now provides that the employer should advise if the separation is temporary



(as in the case of lay-off) or permanent (as in the cases where the employment has ceased completely via redundancy, resignation, dismissal etc.)

This change in the Form is designed to assist in the verification process to facilitate implementation of the COVID CARE programme.

Employers are encouraged commence using the changed forms as quickly as possible so that their employees will be able to access the applicable CARE programme as they seek to navigate to challenges brought on by the pandemic at this time.





PARTICULARS OF EMPLOYEE LEAVING

Section A: GENERAL INFORMATION							
1. Name			2. Taxpayer Registi	ration	Number (TRN) 3. NIS N	umber
				1	1 1 1		
4. Address			5. Nature of Emp	oloym	ent	6. Date of	of Leaving
7. Nature of Se		7. Nature of Sep					
Section B: PAYMENTS AND DEDUCTIONS					Temporary	Permar	lent
4. Decimand Francisco (VA) and the /Franks in both /A and both /	Thr	achal	d utilized to date		2		
Week Fortnightly Monthly		CSITO	—				
3. Indicate whether week 1/month 1 basis applies: · · · · · ·			Yes		No		
4. Number of weeks and months in employment since January 0	1.		Week(s)		Month(s)		
Total Gross Pay to date (Less Redundancy Payment,) .				5		
Redundancy Payment not included in Gross Pay	6						
Perquisites · · · · · · · · · · · · · · · · · · ·					7		
Deductions		T					
Total NIS deducted to date (since Jan 1)	8						
Total Superannuation deducted to date (since Jan 1)	9						
Total Approved Expenses deducted to date (since Jan 1)	10						
Total NHT deducted to date (since Jan 1)	11						
Total Ed Tax deducted to date (since Jan 1)	12						
Total PAYE Tax deducted to date (since Jan 1)	13						
Total Deductions					14		
Last Entries on Tax Deduction Card (week 1 or month 1 ba	asis	s app	lies).				
Total Gross Pay less National Insurance and Superannuation				15			
Tax Deducted in this employment				16			
Section C: DECLARATION	en	on th	is form are correct	t.			
Employer Address			Date				
INSTRUCTIONS FOR EMPLOYER					OF	FICIAL US	Ε
1. Complete this Part of the form in full when the employee leav	es.						
2. If you have been specially directed to deduct tax each week (or month) indicate same at Line 3, and complete Lines 15 to 16.							
3. In the case of an employee engaged during the year, include in items 5 to 13 the pay and tax notified to you in respect of previous employments.							
4. Hand Parts 2 & 3 to the employee when he leaves.							







EMPLOYEE LEAVING COPY OF EMPLOYER'S CERTIFICATE

Section A: GENERAL INFORMATION							
1. Name		2. Taxpayer Registration Number (TRN)			3. NIS Number		
				1 1	1 1	1 1 1 1 1 1	
4. Address		5. Nature of Employ	ymen	t	6. Date of Leaving		
			7.11.				
			7. Nature of Separa	_	(TICK Approp	riate Box): Permanent	
Section B: PAYMENTS AND DEDUCTIONS				Tenn	porary	j remanent	_
Payment Frequency (Weekly/Fortnightly/Monthly)	Thr	eshold	utilized to date	2			_
Week Fortnightly Monthly							
3. Indicate whether week 1/month 1 basis applies:			Yes	No			
4. Number of weeks and months in employment since January 01. Week(s)					nth(s)		
Total Gross Pay to date (Less Redundancy Payme	nt) .			5			
Redundancy Payment not included in Gross Pay	6						
Perquisites				7			
Deductions							
Total NIS deducted to date (since Jan 1)	8						
Total Superannuation deducted to date (since Jan 1)	9						
Total Approved Expenses deducted to date (since Jan 1)	10						
Total NHT deducted to date (since Jan 1)	11						
Total Ed Tax deducted to date (since Jan 1)	12						
Total PAYE Tax deducted to date (since Jan 1)	13						
Total Deductions				14			
Last Entries on Tax Deduction Card (week 1 or month 1	basi	s appli	es).				
Total Gross Pay less National Insurance and Superannuation			15				
Tax Deducted in this employment			16				
Section C: DECLARATION I certify that the particulars a	given	on thi	s form are correct.		•		
, , , ,							
Employer Address						 Date	-
INSTRUCTIONS	: E0	R EV	IDI OVEE			Dute	
INSTRUCTIONS	, ru	'IX EIV	IF LOTEL				
Give both parts of this form to your new Emplo	yer						
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PARTICULARS OF EMPLOYEE LEAVING



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Section A: GENERAL INFORMATION				I		
1. Name		2. Taxpayer Registrat	ion Number (TRN)	3. NIS Number		
			1 1 1 1			
4. Address		5. Nature of Emplo	yment	6. Date of Leaving		
				k Appropriate Box):		
Section B: PAYMENTS AND DEDUCTIONS			Temporary	Permanent		
1. Payment Frequency (Weekly/Fortnightly/Monthly)						
Week Fortnightly Monthly	Threshold	utilized to date	2			
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3. Indicate whether week 1/month 1 basis applies · · · · ·		Yes	No			
4. Number of weeks and months in employment since January	/ 01.	Week(s)	Month(s)			
Total Gross Pay to date (Less Redundancy Payme	nt)		5			
Redundancy Payment not included in Gross Pay	6					
Perquisites			7			
Deductions			1			
Total NIS deducted to date (since Jan 1)	8					
Total Superannuation deducted to date (since Jan 1)	9					
Total Approved Expenses deducted to date (since Jan 1)	10					
Total NHT deducted to date (since Jan 1)	11					
Total Ed Tax deducted to date (since Jan 1)	12					
Total PAYE Tax deducted to date (since Jan 1)	13					
Total Deductions			14			
INSTRUCTIONS						
The new Employer should complete the following items and	d forward th	is form immediatel	y to the Tax Admir	nistration Jamaica		
PARTICULARS	OF NEW	FMPI OVER				
Private Address of Employee	OI IVEV	LIVIFLOTEIX				
Tivate Address of Employee						
Date Employment Commenced Branch/Department		Nature of Em	ınlovment			
Bate Employment commenced		Natare of Em	рюутет			
Rate of Salary	Annual Super	annuation	Perquisites (fre	re house etc if any)		
(\$)	· ····································		(\$)	e nease etc., a,		
DECLARATION I have prepared A* tax deduction card in accordance with the particulars given above.						
	2.25.00	partic	2 2 0.1 2.1 440701			
Employer Address			Date			
* STATE WHETHER "WEEKLY" OR "	'MONTHLY"					