

**GOVERNMENT OF BELIZE  
DEPARTMENT OF GENERAL SALES TAX**

Form GST 113



**P.O. Box 1887, Belize City  
Tel: 501-222-5574/5579  
Fax: 501-222-5495/5513  
Email: salestaxoffice@stx.gov.bz**

**INDEMNITY PAYMENT REMITTANCE FORM**

Name of Insurance Company: \_\_\_\_\_

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

Date: \_\_\_/\_\_\_/\_\_\_ Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Enclosed are all deductions withheld from indemnity paid in the month of  
\_\_\_\_\_ 20\_\_\_\_ in the amount of \$ \_\_\_\_\_

<b><u>Name of Registered Person</u></b>	<b><u>TIN</u></b>	<b><u>Indemnity Paid</u></b>	<b><u>GST withheld</u></b>
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Form **GST 112**