

Salaries Tax.

FORM 2.

Return of Salary or Wages paid or payable by the Employer of Persons employed by him on the _____ Day of _____ 186_____ .

Name of Employer and Address in full.	Occupation or Calling.	Names and Addresses of Persons Employed in full.	Occupation or Employment of the Persons employed.	Times when Salary payable, whether by Year, Month, Day, or otherwise.	Amount for Year, Month, Day, or otherwise.

FORM 3.

To be attached to each of the Forms, Nos. 1 and 2.

I, A. B. hereby declare the above Return to be a faithful and true Return of the Matters therein set forth to the best of my Knowledge, Information and Belief.

(Signed,) A. B.

Or if a Marksman attach attested Mark.

Passed the Legislative Assembly the 22nd day of June, 1865.

R. W. TORRENS,
CLERK OF THE LEGISLATIVE ASSEMBLY.

Passed the Legislative Council this 27th day of June, 1865.

E. J. NESBITT,
CLERK OF THE LEGISLATIVE COUNCIL

I assent to this Act in the Name and on Behalf of Her Majesty, this 28th day of June, 1865.

A. E. KENNEDY,
GOVERNOR.

VICTORIA, VANCOUVER ISLAND :

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