

Focus Business Services (Malta) Limited

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The Inland Revenue Department uses the information provided, to process this form in accordance with the Income Tax Acts and subsidiary legislation. We may check information provided by you, or information about you provided by a third party, with other information held by us. We will not disclose information about you to anyone outside the Inland Revenue Department unless permitted by law. The Inland Revenue Department treats your personal information in accordance with the Data Protection Act 2001 (Cap 440) to protect your privacy. Any queries may be addressed to The Data Controller, Inland Revenue Department,

This form is to be completed in quadruplicate. The original is to be sent to the Commissioner of Inland Revenue with the FS7, two copies are to be given to the Payee and the other copy is to be retained by the Payer

Floriana FRN 0170

Principal's Position

Principal's

Signature

Final Settlement System (FSS) Payee Statement of Earnings

MTL

Payee Infor	matio	on								For `	Year	End	ded 3	1 Dec	emb	er	A 1					
Surname												D	'- ID	01/	IT D.	NI		У	у	у	у	
First Name												Pay	ee's ID	Card/	II He	g. NO	· 		T			
Address											A2		'- C-	aial C		. NI=						
House /No												Pay	ee's So	Ciai S	ecurity	/ INO.	Τ	Т	Τ	Γ		
Street Locality													uoo'o li	Cor								
												Эрс	Spouse's ID Card/IT Reg. No.									
Postcode											A4	L										
Telephone N	lumb	er																				
Period			B Fror	n]	B2 To		al			Ī				
				d 	d	m	m	у	У	у	у			d	d	m	m	У	У	У	У	
Gross Emo	lume	nts									Lr	n					Br	eakdo	wn of F Lr	_	Benefits ————————————————————————————————————	
Gross Emolur	nents ((FSS Mai	n or FSS (Other a	pplies	s)		C1							Cat 1	C5						
Gross Emoluments (FSS Part-time method applies) C2															Cat 2	C6						
Fringe Benefit	Fringe Benefits ((Total of Boxes C5+C6+C7) - C8)														Cat 3	C7						
Total Gross E	molu	ments Er	molument	ts and	Fring	e Bei	nefits	C4							*							
		Non Taxa	able Car (Cash A	llowar	nce (5	50% (of Allo	owan	ce up	to a	max	imum	of Lm	500)	C8						
Tax Deduct	ions													Lm								
Tax Deduction	Tax Deductions (FSS Main or FSS Other applies)										1	T				T					is less molum	
Tax Deduction	ns (FS	S Part-tir	ne metho	d appli	es)					D	2								rhole er ged at r		ents wil rates.	
Tax Arrears D	educti	ons (as p	er amour	nt on P	CU2(A))				D	3											
Total Tax Dec	ductio	ns								D	4					I	*	•				
Social Secu	ırity l	nforma	tion																			
Basic Weekly V	_	Contributions												Weeks without pay								
Lm	С	Number	Category	Payee Lm		е	С		Pa Lm	yer	С	L	Lm	Total	С		From		То	Nu	Number	
			Total														E1 *					
Payer Infor	Payer Information															Paye	er P.E.	No.				
Business Na												F1										
Business	House	No																				
Address	Str	eet												; C4 €		se e	euro	values	are fo	or info	mation	
Postcode		<u> </u>												D4 (\vdash	+	+		+	-		
Telephone N	lumb	er												E1 (\vdash	+	+		+	╣.		
Principal's Full Name							i .	1	1	1	1	1			-	- 1	- 1	- 1	- 1			

Date

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