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FSS3 Final Settlement System (FSS) Payee Statement of Earnings



Inland Revenue Department - Malta

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, Floriana FRN 0170.

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

A Payee Information

Surname									
First Name									
Address	House /No.								
	Street								
	Locality								
Postcode									
Telephone Number									

For Year Ended 31 December A1

y	y	y	y	y

Payee's ID Card/IT Reg. No. A2

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Payee's Social Security No. A3

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Spouse's ID Card/IT Reg. No. A4

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B Period

B1 From

d	d	m	m	y	y	y	y

 B2 To

d	d	m	m	y	y	y	y

C Gross Emoluments

				€				Breakdown of Fringe Benefits					
				€				€					
Gross Emoluments (FSS Main or FSS Other applies)	C1							Cat 1	C5				
Gross Emoluments (FSS Part-time method applies)	C2							Cat 2	C6				
Fringe Benefits ((Total of Boxes C5+C6+C7) - C8)	C3							Cat 3	C7				
Total Gross Emoluments Emoluments and Fringe Benefits	C4												
Non Taxable Car Cash Allowance (50% of Allowance up to a maximum of €1170)	C8												

D Tax Deductions

				€			
Tax Deductions (FSS Main or FSS Other applies)	D1						
Tax Deductions (FSS Part-time method applies)	D2						
Tax Arrears Deductions (as per amount on PCU2(A))	D3						
Total Tax Deductions	D4						

NB: If part-time tax is less than 15% of part-time Emoluments the whole emoluments will be charged at normal rates.

E Social Security Information

Basic Weekly Wages		Contributions								Weeks without pay			
		Payee		Payer		Total		From	To	Number			
€	c	Number	Category	€	c	€	c				€	c	
Total													E1

F Payer Information

Business Name									
Business	House No								
Address	Street								
	Locality								
Postcode									
Telephone Number									
Principal's Full Name									
Principal's Position									
Principal's									
Signature									

Payer P.E. No. F1

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Date F2

d	d	m	m	y	y	y	y