

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 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.

Final Settlement System (FSS) Payer's Monthly Payment Advice

				•	euro	C	
A	Payer Information						
	Business Name			Payer P.E	E. No.		
	Business Address		A1				
				Payment	for Month o	of	
	House /No.		A2				
	Street			m m	у у	у	у
	Locality						
	Postcode		To	be cor	n <mark>plete</mark> d 2008 ar	in eu	ro for
	Telephone Number		Jai	iuai y <i>i</i>	2000 ai	iu aite	71.
	Fax Number						
В	Number of Payees		[T		
	Number of Payees (FSS Main or FSS Other Tax Deduction Method applies)		B1				
	Number of Payees (FSS Part time Tax Deduction Method applies)		B2			Ш	
С	Gross Emoluments			€			С
	Gross Emoluments (FSS Main or FSS Other applies)	C1					
	Gross Emoluments (FSS Part-time method applies)	C2					
	Taxable Fringe Benefits (Total of all Categories less any Non-Taxable Car Allowances)	C3				+	
	Total Gross Emoluments and Fringe Benefits	C4				Ш	
D	Tax Deductions and SSC due to IRD			€			С
	Tax Deductions (FSS Main or FSS Other applies)	D1			T		Ü
	Tax Deductions (FSS Part-time method applies)	D2					
	Tax Arrears Deductions (as per amount on PCU2(A))	D3					
	Total Tax Deductions	D4				П	
	Social Security Contributions	D5					
	Total Due to Inland Revenue	D6					
	P						
Е	Payment Details			€			С
	Date of Payment Total Payment	E1					
	d d m m y y y y			•			
	Details of Cheque (if applicable) Cheque No.		E2				
	Bank Account No).					
	Branch E3						
	Details of person making payment						
	Full Name Signature						
	For Official Use Only Receipt No:						
	To omoting recognitive.						
	Date						
	d d m m v v v v						

This form is to be sent to the Commissioner of Inland Revenue with the Monthly remittance.