



Focus Business Services (Malta) Limited

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FS5

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

MTL

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.

A Payer Information

Business Name											
Business Address											
House /No.											
Street											
Locality											
Postcode											
Telephone Number											
Fax Number											

Payer P.E. No.

A1

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Payment for Month of

A2

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m m y y y y

To be completed in Lm and paid in euro for December 2007 and earlier.

B Number of Payees

Number of Payees (FSS Main or FSS Other Tax Deduction Method applies)

Number of Payees (FSS Part time Tax Deduction Method applies)

B1

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B2

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C Gross Emoluments

Gross Emoluments (FSS Main or FSS Other applies)

Gross Emoluments (FSS Part-time method applies)

Taxable Fringe Benefits (Total of all Categories less any Non-Taxable Car Allowances)

Total Gross Emoluments and Fringe Benefits

Lm c

C1									
C2									
C3									
C4									

D Tax Deductions and SSC due to IRD

Tax Deductions (FSS Main or FSS Other applies)

Tax Deductions (FSS Part-time method applies)

Tax Arrears Deductions (as per amount on PCU2(A))

Total Tax Deductions

Social Security Contributions

Total Due to Inland Revenue

Lm c

D1									
D2									
D3									
D4									
D5									
D6									

E Payment Details

Divide amount in D6 by 0.4293 and round to nearest euro cent.

Date of Payment

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d d m m y y y y

Total Payment E1

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Details of Cheque (if applicable)

Bank

Branch

Cheque No. E2

Bank Account No. E3

Details of person making payment

Full Name

Signature

For Official Use Only Receipt No:

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Date

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d d m m y y y y

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