

## A PAYEE INFORMATION

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

For Year Ended 31 December A1 

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

Gross Emoluments (FSS Main or FSS Other applies)

C1

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Number of Overtime Hours

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Overtime (Eligible for 15% tax deduction)

C1A

Director's Fees

C1B

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Breakdown of Fringe Benefits

Gross Emoluments (FSS Part-time method applies)

C2

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Cat 1 C5

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Fringe Benefits - Excluding Share Options (Total of Boxes (C5+C6+C7)-C8)

C3

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Cat 2 C6

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Share Options fringe benefits taxed at 15%

C3a

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Cat 3 C7

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Total Gross Emoluments and Fringe Benefits

C4

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C8

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Non Taxable Car Cash Allowance (50% of Allowance up to a maximum of €1170)

## D TOTAL DEDUCTIONS

Tax Deductions (FSS Main or FSS Other)

D1

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Tax Arrears Deductions

D3

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Tax Deductions (Eligible Overtime)

D1A

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15% tax on Share Options

D3a

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Tax Deductions (FSS Part-time)

D2

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Total Tax Deductions

D4

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NB: If part-time tax is less than the relative rate the whole emoluments will be charged at normal rates.

## E SOCIAL SECURITY AND MATERNITY FUND INFORMATION

Basic Weekly Wage				Social Security Contributions						Maternity Fund Contributions		Weeks Without Pay				
€	C	Number	Category	Payee		Payer		Total SSC		Payer		From	To	Number		
				€	C	€	C	€	C	€	C					
Total																
Voluntary Occupational Pension Scheme contribution or payment											€					

## F PAYER INFORMATION

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

F1 Payer PE Number 

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F2 Date 

d	d	m	m	y	y

This form is to be completed in quadruplicate. The original is to be sent to the Malta Tax and Customs Administration with the FS7, two copies are to be given to the Payee and the other copy is to be retained by the Payer.

