

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

m	m	y	y	y	y

B Number of Payees

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

B1

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

B2

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C Gross Emoluments

Gross Emoluments (FSS Main or FSS Other applies)

C1

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Gross Emoluments (FSS Part-time method applies)

C2

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

C3

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Total Gross Emoluments and Fringe Benefits

C4

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D Tax Deductions and SSC due to IRD

Tax Deductions (FSS Main or FSS Other applies)

D1

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Tax Deductions (FSS Part-time method applies)

D2

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

D3

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Total Tax Deductions

D4

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Social Security Contributions

D5

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Maternity Fund Contributions

D5a

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Total Due to Inland Revenue

D6

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E Payment Details

Date of Payment

✓		✓	✓	✓	✓		
d	d	m	m	y	y	y	y

Total Payment

E1

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Details of Cheque (if applicable)

Cheque No.

E2

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Bank

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Bank Account No.

Branch

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E3

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Details of person making payment

Full Name

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Signature

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For Official Use Only Receipt No:

✓	✓						
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Date

d	d	m	m	y	y	y	y

