



# Inland Revenue Department - Malta

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This form is to be completed in quadruplicate. The original is to be sent to the department 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.

## FS3

## Final Settlement System (FSS) Payee Statement of Earnings

### A Payee Information

For Year Ended 31 December

A1

y	y	y	y

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

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


Gross Emoluments (FSS Part-time method applies)

C2

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

C3

Total Gross Emoluments Emoluments and Fringe Benefits

C4

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Cat 1


Cat 2


Cat 3

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Non Taxable Car Cash Allowance (50% of Allowance up to a maximum of €1170 ) C8

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### 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

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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												E1		

### F Payer Information

Payer P.E. No.

F1

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

Date

F2

d	d	m	m	y	y	y	y