

INCOME TAX

Serial No. A0001 STATEMENT OF REMUNERATION FROM EMPLOYMENT Employee's Tax Identification No. (TIN) XXXXXXXXXX
Employer's No. E 0094077007 FOR THE YEAR ENDED 31 DECEMBER 2024 LHDNM Branch

THIS FORM EA MUST BE PREPARED AND PROVIDED TO THE EMPLOYEE FOR INCOME TAX PURPOSE

A PARTICULARS OF EMPLOYEE

- Full Name of Employee / Pensioner (Mr./Miss/Madam) 101531
- Job Designation AMGT-SPSB--CRAD-D0507-SECA-KLOF
- Staff No. / Payroll No. 101531
- New I.C. No. XXXXXXXX
- Passport No. XXXXXXXX
- EPF No. 0
- SOCISO No. XXXXXXXXXX
- Number of children
qualified for tax relief 2
- If the period of employment is less than a year, please state:
(a) Date of commencement
(b) Date of cessation

B EMPLOYMENT INCOME, BENEFITS AND LIVING ACCOMMODATION

(Excluding Tax Exempt Allowances / Perquisites / Gifts / Benefits)

RM

- Gross salary, wages or leave pay (including overtime pay) 11,500.00
 - Fees (including director fees), commission or bonus 0.00
 - Gross tips, perquisites, awards / rewards or other allowances (Details of payment:) 0.00
 - Income tax borne by the employer in respect of his employee 0.00
 - Employee Share Option Scheme (ESOS) benefit 0.00
 - Gratuity for the period from to 0.00
- Details of arrears and others for preceding years paid in the current year
Type of income (a) (b) 0.00
- Benefits in kind (Specify:) 175.00
- Value of living accommodation provided (Address:) 0.00
- Refund from unapproved Provident / Pension Fund 0.00
- Compensation for loss of employment 0.00

C PENSION AND OTHERS

- Pension 0.00
 - Annuities or other periodical payments 0.00
- TOTAL** 11,675.00

D TOTAL DEDUCTION

- Monthly tax deductions (MTD) remitted to LHDNM 0.00
- CP38 deductions remitted to LHDNM 0.00
- Zakat paid via salary deduction 0.00
- Approved donations / gifts / contributions via salary deduction 0.00
- Total claim for deduction by employee via Form TP1 in respect of:
(a) Relief RM 0.00
(b) Zakat other than that paid via monthly salary deduction RM 0.00
- Total qualifying child relief 4,000.00

E CONTRIBUTIONS PAID BY EMPLOYEE TO APPROVED PROVIDENT / PENSION FUND AND SOCISO

- Name of Provident Fund Kumpulan Wang Simpanan Pekerja
Amount of compulsory contribution paid (state the employee's share of contribution only) RM 0.00
- SOCISO: Amount of compulsory contribution paid (state the employee's share of contribution only) RM 0.00

F TOTAL TAX EXEMPT ALLOWANCES / PERQUISITES / GIFTS / BENEFITS

RM 200.00

Name of Officer	KELLY MAH PEK WAN
Designation	HEAD, REWARDS & ANALYTICS
Name and Address of Employer	S P SETIA BERHAD S P SETIA BHD CORPORATE HQ, NO 12, PERSIARAN SETIA DAGANG, SETIA ALAM, SEKSYEN U13, 40170 SHAH ALAM, SELANGOR
Employer's Telephone No.	03-3348 2255

Date: 02-02-2024