Date 20/03/2019

Employer's No. E 9114442210

MALAYSIA

PRIVATE SECTOR Employee's Statement of Remuneration

Serial No.

INCOME TAX

STATEMENT OF REMUNERATION FROM EMPLOYMENT SG 20537049070
FOR THE YEAR ENDED 31 DECEMBER 2018 LHDNM Branch

 ${\it Employee's\ Income\ Tax\ No}.$ LHDNM Branch

PARTICULARS OF EMPLO		` D				
1. Full Name of Employee/Pens						
 Job Designation Software E. New I.C. No. 			. Staff No. /Payroll No. . Passport No.	_MJ021 F1532937		
		7	SOCSO No			
8. Number Of Children		9.	. If the period of employn	ment is less than a year	, please state:	
Qualified For Tax Relief 2	2		(a). Date of commencer (b). Date of cessation			
EMPLOYMENT INCOME, B			/ODATION			
(Excluding Tax Exempt Allow						RM
1 . (a) Gross salary, wages or le						119,645.75
(b) Fees (including director fe(c) Gross tips, perquisites, av	,.		etails of payment: Ho	ouse)		8,989.15
(d) Income Tax borne by the I						
(f) Gratuity for the period from	n	to				
2. Details of arroars and others	for proceeding years pair	d in the ourren	tunor		-	
Details of arrears and othersType of income		a in the current				
Mr						
3. Benefits in kind (Specify:	` ′)	
					<u>/</u>	
4. Value of living accommodatio5. Refund from unapproved Pro	·				-)	
Retund from unapproved Pro Compensation for loss of employed pro						
	,					
PENSION AND OTHERS 1. Pension						
Annuities or other Periodical Particular	ayments					
TOTAL						128,634.90
TOTAL DEDUCTION					-	
1 . Monthly Tax Deductions (MTD)) remitted to LHDNM					11,534.90
2. CP 38 Deductions						
3. Zakat paid via salary deduction4. Total claim for deduction by em		ı respect of:				
(a) Relief			RM			
(b) Zakat other than that paid v	ia monthly salary deduc	tion	RM			1 000 00
5. Total qualifying child relief						4,000.00
CONTRIBUTIONS PAID BY I		ROVED PRO	OVIDENT/PENSION !	FUND AND SOCSO		
Name of Provident Fund KWS Amount of compulsory contributions		olovoo's share	of contribution only)			
Amount of compulsory contribution paid (state the employee's share of contribution only) 2. SOCSO: Amount of compulsory contribution paid (state the employee's share of contribution only)						0.00
2. 30030 . Amount of compaiso	Ty Continuation paid (San	e the employe	essiale of continuation	it Offig)	K IVI	0.00_
TOTAL TAX EXEMPT ALLOV	NANCES /PERQUIS	ITES /GIFT!	S /BENEFITS		RM	5,300.00
Name of O)fficer k	Khadijah Binti Nik	k Taib			
Designation	-	Office Manager				
	-					
Name and	Address of Employer S					
	-		2, 6th Floor, Block B, Phileo I 			
	-		sala, 4030 Petaling Jaya 3			
Employer's	s Telephone No.	03-79312910				