

RETURN FORM OF AN INDIVIDUAL (RESIDENT WHO DOES NOT CARRY ON BUSINESS) UNDER SECTION 77 OF THE INCOME TAX ACT1967 This form is prescribed under section 152 of the Income Tax Act 1967

Form

FOR OFFICE USE

YEAR OF ASSESSMENT

	FOR REFERENCE ONLY												
	TONN				. \ _	JI							
Date										ed (1)	Date Received (2)		
Date			BA	ASIC INFOR	RMATI	ON		Date Received (1)			Date Received (2)		
1	Name (as per identification document)	document)											
2	Income Tax No.	3 Identification No.											
4	Current Passport No.	ort No. 5 Passport No. Registered with L											
PART	A:												
A1	Citizen	Use Country Code (Enter 'MY' if Malaysian Citizen) A2 Sex							1 = 1		2 = Female		
A3	Date of Birth	A4 Status as at 31-12-2016							1 = Single 2 = Married 3 = Divorcee/Widow/Widower 4 = Deceased				
A5	Date of Marriage / Divorce / Demise												
A6	Type of Assessment 1 = Joint in the name of husband 2 = Joint in the name of wife 3 = Separate 4 = Self whose spouse has no income / no source of Income / has tax exempt income 5 = Self (single/divorcee/widow/widower/deceased)												
PART	В:	STATUTORY INCOME,						OF TAX			RM	Sen	
B1	Statutory income from employr	ment							B1			. 00	
B2	Statutory income from rents								B2			. 00	
B3	Statutory income from interest annuities, other periodical pays		B3			. 00							
B4	AGGREGATE INCOME (B1 + E		B4			. 00							
B5	LESS: Approved Donations, Git		B5			. 00							
B6	TOTAL INCOME (SELF)(B4 -		B6			. 00							
B7	TOTAL INCOME TRANSFERR		B7			. 00							
	* Type of income transferred from Hus	sband / Wife 2 =		siness income t business inco								1 1	
B8	AGGREGATE OF TOTAL INCOM		B8			. 00							
B9	Total Relief (Amount from F20)		B9			. 00							
B10		B9) or (B8 – B9) (Enter "0" if value	<u>-</u>						B10			. 00	
B11	,	(Refer to the tax rate schedule provided		_HDNM Offica.	I Portal	http://www	.hasil.gov.my)		B11a				
B11a	Tax on the balance	n the first .00											
B110	TOTAL INCOME TAX (B11a + B								B11b B12			-	
B13	LESS: Total Rebate Self	Husband /		1,		Zakat			B13			-	
B14	TOTAL TAX CHARGED (B12 – I	B13 \ (Enter "0" if value is percetive)		.0	00	and Fitrah		-	B14			-	
B15	LESS: Section 110 (others)	Section			<u> </u>				B15			-	
B16	, ,	' 132 driu 133 -							B16			-	
B17	TAX PAYABLE (B14 – B15) OR: TAX REPAYABLE (B15 – B14)											•	
B18	Instalments / Monthly Tax Deductions paid for 2016 income – SELF and HUSBAND / WIFE for joint assessment											1	
B19	Balance of Tax Payable (B16 – B18) / Tax Paid in Excess (B18 – B16)									1	"V".TT . D : / :	Ļ	
				DECLARA	TION					(Enter	"X" if Tax Paid in Exce	ess)	
ı				DECLARAT	IION	lc.	dentification / Pas	ssport No					
hereby	declare that the information rega	arding the income and claim for de	eductio	ns and relie	efs give				any doo	cument at	tached is true, corr	ect and	
comple	2 = This return form is made on my own behalf 2 = This return form is made on behalf of the individual in item 1 3 = As an executor of deceased person's estate (if A4 = 4)* * This form is not a notification pursuant to subsection 74(3) of the Income Tax Act 1967. Please furnish Form CP57 (Notification of Taxpayer's Demise) which is available from the LHDNM Official Portal, http://www.hasil.gov.my												
ı	Date												
PART	C:	PART	ICULA	ARS OF HU	ISBAN	ID / WIFE							
C1	Name of Husband / Wife (as per identification document)												
C2	Identification No.												
C3	Date of Birth				C4	Passport	No.						

PART		I				THER PAR	1	1							
D1	Telephone No.		Н	landphone No.			D2 e-Mail				1				
D3	Name of Bank*				D4 Bank Account No.*										
* NOTE: Enter the Name of the Bank and Bank Account No. for the purpose of electronic Refund of income tax. Refund will be notified by e-mail.															
D5	D5 Employer's No.														
D6a	Disposal of ass	et under the Rea	1 = Yes				= Yes 2	= No							
D6b	Disposal declar	ed to LHDNM (if			1 = Yes 2 = No										
PART	E:			NON-EMPL	OYMENT INC	OME OF PRECEDING YEARS NOT DECLARED									
		Туре	Year of Assessment					Amount (RM)							
E1															
E2	.00													. 00	
PART	F:					RELIE	FS								
F1	Individual and dependent relatives 9,000												. 00		
F2a	Medical treatment, special needs and carer expenses for parents (certified by medical practitioner)														
OR															
F2b	Parent :		Eligible	No. of Inc.	dividuale	Amount									
	Identification/ Passport No. Amount Who Claim =					Claimable						F2		. 00	
	i. Mother	Passport No.	1,500	÷	=	.00	Restricted to 1,5	00 for	only one	mother		-			
	ii. Father		1,500	÷	=	.00	Restricted to 1,5		•	≻R	estricted to 3,000				
	ii. i atilei		1,500		-	.00	restricted to 1,50	<i>70 101</i>	Offig Offic	lauter		<u>) </u>			
F3	Basic supportin	g equipment for	disabled s	elf, spouse, chi	ild or parent					R	estricted to 6,0	000		. 00	
F4	Disabled individ	dual									6,0	000		. 00	
F5	Education fees (self): (i) other than a degree at Masters or Doctorate level - for acquiring law, accounting, Islamic financing, technical, vocational, industrial, scientific or technological skills or qualifications (ii) degree at Masters or Doctorate level - for acquiring any skill or qualification											. 00			
F6	Medical expenses on serious diseases for self, spouse or child											. 00			
F7	Complete medical examination for self, spouse or child (restricted to 500)											. 00			
F8		oks/magazines/jo								F	Restricted to 1,0	000		. 00	
		d banned reading				· 0 · · -	>								
F9 F10												. 00			
1 10	Net deposit in Skim Simpanan Pendidikan Nasional (total deposit in 2016 minus total withdrawal in 2016) **Restricted to 6,000** **Incomparison of the deposit in Skim Simpanan Pendidikan Nasional (total deposit in 2016 minus total withdrawal in 2016)											. 00			
F11													. 00		
F12	Interest on housing loan (Conditions for eligibility to claim must be fulfilled)											. 00			
		Purchase Agree			d within 10/03	/2009 - 31/12/	/2010				-				
F13		/ Payment of ali		imer wire							Pestricted to 4,0			. 00	
F14	Disabled husba	ind / wife								500/ 51	3,5	00		. 00	
F15	Child:			No.	T v	100% Elig	ibility No.		4 000	50% EI	-			T 1	
F15a	Child - Under the age of 18 years			X 2,000			X	1,000		F15a	i		. 00		
F15b	Child - 18 years & above and studying Child - Disabled child			X 2,000			X	1,000	-				T 1		
				X 8,000			-	4,000		F15k	,		. 00		
F15c				X 6,000			Х	,	-						
				X 14,000	=		Х	7,000	=	F150	:		. 00		
F16	Life insurance a	and provident fun	nd							F	Restricted to 6,0	00		. 00	
F17	Private Retirer	nent Scheme ar	nd Deferre	ed Annuity							Restricted to 3,0			. 00	
F18											.00				
F19	Contribution to	the Social Sec	urity Orga	nization (SOC	CSO)							50		.00	
F20		1 to F19] (Tran	, , ,											.00	
					0.05.71	OFNE	00115: 5==5) F T ! ! = !	LEODIC					
PART G1	G: Name of Firm			AKTICULAR	S OF TAX A	GENI WHO	G2 Tolophono		KETURN	IFURM					
G1 Name of Firm G2 Telephone No. G4 Signature															
	Toy Agent's An	proval No					G4 Signature								
G3	Tax Agent's Ap	provar No.													
2)	IMPORTANT REMINDER Please complete all relevant items in BLOCK LETTERS and use black ink pen. Due date to furnish and pay the balance of tax payable: 30 April 2017 Penalty under subsection 112(3) of the Income Tax Act 1967 (ITA 1967) shall be imposed for failure to furnish this return form before or on the due date for submission An increase in tax of 10% under subsection 103(3) of ITA 1967 shall be imposed for failure to pay the tax or balance of tax payable before or on the due date for submission. Any balance remaining unpaid upon the expiration of 60 days from the date of such increase, shall be further increased by 5% of the balance unpaid under												ate for		
5)	subsection 103(4) of ITA 1967 METHOD OF PAYMENT a) Payment can be made as follows: i) Bank - Information regarding payment via bank is available at the LHDNM Official Portal, http://www.hasil.gov.my . ii) LHDNM - ByrHASiL via FPX (Financial Process Exchange) at the LHDNM Official Portal, http://www.hasil.gov.my . - ByrHASiL via Visa, Mastercard & American Express Credit Card at https://byrhasil.hasil.gov.my/creditcard/ . - Payment counters of LHDNM in Peninsular Malaysia (Kuala Lumpur Payment Centre), Sabah and FT Labuan (LHDNM Kota Kinabalu Branch) and Sarawak (LHDNM Kuching Branch) or by mail. Cheques, money orders and bank drafts must be crossed and made payable to the Director General of														

FOR REFERENCE ONLY Income Tax No.:

The use of e-Fling (e-BE) is encouraged. Please access https://ez.hasil.gov.my

(Notification of Change of Address) which can be obtained at the LHDNM Official Portal, http://www.hasil.gov.my.

iii) Pos Malaysia Berhad - counter dan Pos Online

Name :

If sent by post, payment must be sent separately from the form. Payment by CASH must not be sent by post.

b) Write down the name, address, telephone number, income tax number, year of assessment, payment code '084" and instalment no. '99' on the reverse side of the financial instrument. Check the receipts / bank payment slips before leaving the payment counter. Pursuant to section 89 of ITA 1967, a change of address must be furnished to LHDNM within 3 months of the change. Notification can be made via e-Kemaskini or by using Form CP600B

Inland Revenue. When making payment, use the Remittance Slip (CP501) which can be obtained at the LHDNM Official Portal, http://www.hasil.gov.my.