

INCOME TAX

Employee's Tax Identification No. (TIN)
SG 2555555555

Serial No. B000001

STATEMENT OF REMUNERATION FROM EMPLOYMENT

Employer's No. E9000000005

FOR THE YEAR ENDED 31 DECEMBER 2023

LHDNM Branch

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

A PARTICULARS OF EMPLOYEE

1. Full Name of Employee/Pensioner (Mr./Miss/Madam) Employee 8

2. Job Designation Chief Executive Officer

3. Staff No./Payroll No. 001

4. New I.C. No.

5. Passport No. K333333333

6. EPF No.

7. SOCSO No. 202302860713

8. Number Of Children

Qualified For Tax Relief 4

9. If the period of employment is less than a year, please state:

(a) Date of commencement 01/05/2023

(b) Date of cessation

B EMPLOYMENT INCOME, BENEFITS AND LIVING ACCOMMODATION

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

RM

1. (a) Gross salary, wages or leave pay (including overtime pay)

1,185,484.20

(b) Fees (including director fees), commission or bonus

(c) Gross tips, perquisites, awards/rewards or other allowances (Details of payment ALLOWANCES.....)

206,770.50

(d) Income Tax borne by the Employer in respect of his Employee

(e) Employee Share Option Scheme (ESOS) benefit

(f) Gratuity for the period from to

2. Details of arrears and others for preceding years paid in the current year

Type of income (a)

(b)

3. Benefits in kind (Specify:)

4. Value of living accommodation provided (Address:)

5. Refund from unapproved Provident/Pension Fund

6. Compensation for loss of employment

C PENSION AND OTHERS

1. Pension

2. Annuities or other Periodical Payments

TOTAL

1,392,254.70

D TOTAL DEDUCTION

1. Monthly Tax Deductions (MTD) remitted to LHDNM

350,111.35

2. CP 38 Deductions

0.00

3. Zakat paid via salary deduction

0.00

4. Approved donations / gifts / contributions via salary deduction

0.00

5. Total claim for deduction by employee via Form TP1 in respect of:

(a) Relief RM0.00

(b) Zakat other than that paid via monthly salary deduction RM0.00

6. Total qualifying child relief

20,000.00

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

1. Name of Provident Fund KUMPULAN WANG SIMPANAN PEKERJA (KWSP)

Amount of compulsory contribution paid (state the employee's share of contribution only)

RM 0.00

2. SOCSO : 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 0.00

Name of Officer

XXXXX

Designation

MANAGER

Name and Address of Employer

ABC Berhad

ADDRESS 1

BANDAR UTAMA

47800 PETALING JAYA, MALAYSIA Poskod 47800

Employer's Telephone No.

012-9876543

Date 19/02/2024