

**INLAND REVENUE DEPARTMENT  
EMPLOYER'S RETURN OF REMUNERATION AND PENSIONS  
FOR THE YEAR FROM 1 APRIL 2017 TO 31 MARCH 2018**

Sheet No.:

1. Employer's File No.:  
Name of Employer:
2. Surname of Employee or Pensioner:  
Given name in Full:  
Full name in Chinese:
3. (a) H.K. Identity Card Number:  
(b) Passport Number and place of issue:
4. Sex (M=Male, F=Female):
5. Marital status (1=Single/Widowed/Divorced/Living Apart, 2=Married):
6. (a) If married, full name of spouse:  
(b) Spouse's H.K. Identity Card Number:  
Spouse's Passport Number and place of issue (if known):
7. Residential Address:
8. Postal Address (if different from 7 above):
9. (a) Capacity in which employed:  
(b) If part time, the name of his/her principal employer (if known):
10. Period of employment for the year from 1 April 2017 to 31 March 2018:
11. Particulars of income accruing for the year from

to

<u>Particulars</u>	<u>Period</u>	<u>Amount (HK\$)</u> <u>EXCLUDE CENTS</u>
(a) Salary/Wages		
(b) Leave Pay		
(c) Director's Fee		
(d) Commission/Fees		
(e) Bonus		
(f) Back Pay, Payment in Lieu of Notice, Terminal Awards or Gratuities		
(g) Certain Payments from Retirement Schemes		
(h) Salaries Tax Paid by Employer		
(i) Education Benefits		
(j) Gain realized under Share Option Scheme		
(k) Any other Rewards, Allowances or Perquisites		
Nature:		
Nature:		
Nature:		
(l) Pensions		

Total:

12. Particulars of Place of Residence provided: (0=Not provided, 1=Provided)

- (a) Address 1:  
Nature: Period Provided:  
Rent Paid to Landlord by Employer:  
Rent Paid to Landlord by Employee:  
Rent Refunded to Employee by Employer:  
Rent Paid to Employer by Employee:
- (b) Address 2:  
Nature: Period provided:  
Rent Paid to Landlord by Employer:  
Rent Paid to Landlord by Employee:  
Rent Refunded to Employee by Employer:  
Rent Paid to Employer by Employee:

13. Whether the employee was wholly or partly paid either in Hong Kong or elsewhere  
by a non-Hong Kong company: (0=No, 1=Yes)

If yes, please state:

Name of the non-Hong Kong company:

Address:

Amount (if known) (This amount must also be included in item 11):

14. Remarks:

Space for Employer's official chop

Signature: \_\_\_\_\_  
Designation: \_\_\_\_\_  
Date: \_\_\_\_\_

For Official Use