INLAND REVENUE DEPARTMENT		FOR OFFICIAL USE		56M		
	NOTIFICATION OF REMUNERATION PAID TO PERSONS OTHER THAN EMPLOYEES			56M		
	(See Note 1)					
	FOR THE YEAR ENDED 31 MARCH	Addition	al			
	rase use this form for reporting payments to non-corporate local persons (see Note 6). This form should be	pe Replacen	nent			
	omitted with a duly completed Form IR6036B if Form IR6036B has not been submitted for the relevant year. orrespondence should be sent to: P.O. Box 28777 Gloucester Road Post Office, Hong Kong	("✓" one of the a	bove boxes	if this is an amendmen	t form)	
All C	orrespondence should be sent to. 1.0. Box 20777 Glodicester Hoad 1 ost Office, Hong Kong					
Par	ticulars of the payer: -	Sheet No. [See	Note 3]	9		
1.	(a) Employer's File No. (as shown at the top left hand corner on Form BIR56A / IR6036B) (State your Business Registration No./H.K. Identity Card Number if you do not have an Employer's File N	No.)				
	(b) Name of Payer (State the business name, if the payer is a company)					
	(c) Address of Payer					
Par	ticulars of the recipient: -					
2.	For a partnership or an unincorporated body of persons [See Note 7(a)]					
	Name of Company E	Business Registration	ı No.			
3.	For a sole-proprietorship or an individual [See Note 7(b)]					
	(a) Name of sole-proprietorship					
	Name of Company E	Business Registration	ı No.			
	(b) (i) Name of individual / sole-proprietor (Surname first, followed by a comma and then Giv	en Name. See Exa	mple at 1	the bottom) *		
	Mr/Mrs/Ms/Miss # Full Name in English		Ш			
	Full Name in Chinese					
	(ii) H.K. Identity Card Number (If item 3(b) is applicable, this field must be completed) →					
	(iii) Sex (Insert the appropriate code: M=Male, F=Female) (If item 3(b) is applicable, this box must be completed) →					
	(iv) Marital Status (Insert the appropriate code: 1=Single/Widowed/Divorced/Living Apart, 2=Married)					
	(v) • If married, full name of spouse					
	Spouse's H.K. Identity Card Number/Passport Number and place of issue (if known)					
4.	Postal Address	Tol No.				
5.	Capacity engaged	Tel. No				
5. 6.	Period for which service was rendered		to l			
0.	Day Mon		Day	Month Year	r	
7.	Particulars of income accruing during the period of service [See Note 8]: -	-	Amou	n+ (ΠΙΚ¢)		
	Particulars			int (HK\$) DE CENTS		
	Type 1: Subcontracting Fees	1 1			0/0	
	Type 2: Commission	1 1			0/0	
	Type 3: Writer's / Contributor's Fees				9 /0	
	Others: a. Artiste's Fees	1 1			DY0	
	b. Copyright / Royalties				0 0	
	c. Consultancy / Management Fees d. Service Fees	1 1		+	0 ∀0 0 ∀0	
	e. Nature:					
	To	tal l			0 /0	
8.	Whether a sum has been withheld from the above payment to settle the tax due by the recipie	nt (0=No, 1=Yes)	(This box m	nust be completed) $ ightarrow$	٠	
9.	If yes, please state the amount withheld: HK\$ Remarks				Ιo	
٦.						
	Signature					

Space for Company Chop * Example: Surname and Given Name of Recipient are "CHAN" and "TAI MAN" respectively, complete as C|H|A|N|, |T|A|I| |M|A|N| | | | | | |

Date

Designation ___