

INLAND REVENUE DEPARTMENT

NOTIFICATION

BY AN EMPLOYER OF AN EMPLOYEE WHO COMMENCES TO BE EMPLOYED

(Under section 52(4) of the Inland Revenue Ordinance, Cap. 112)

FOR OFFICIAL USE

56E

To be completed and returned **within 3 months** from date of commencement of employment
☐ Replacement of the form submitted
on _____ (DD/MM/YYYY)

("✓" the above box if this is an amendment form)

All correspondence should be sent to: P.O. Box 28777 Gloucester Road Post Office, Hong Kong

Particulars of the employer: -

1. (a) Employer's File No. (If not available, state your Business Registration No.) _____

If you do not have Employer's File No./Business Registration No., state your H.K. Identity Card Number _____

(b) Name of Employer _____

(The business name is required) _____

(c) Address of Employer _____

Particulars of the employee: -

2. Name of Employee (Surname first, followed by a comma and then Given Name. See Example at the bottom) *

Mr/Mrs/Ms/Miss # # (Delete whichever is inapplicable)	Full Name in English	
	Full Name in Chinese	

3. (a) H.K. Identity Card Number _____ (This field must be completed) → _____

(b) Passport Number and place of issue (if Employee has no H.K. Identity Card) _____

4. Sex (Insert the appropriate code: M=Male, F=Female) _____ (This box must be completed) → ☐5. Marital Status (Insert the appropriate code: 1=Single/Widowed/Divorced/Living Apart, 2=Married) _____ ☐

6. (a) If married, full name of spouse _____

(b) Spouse's H.K. Identity Card Number/Passport Number and place of issue (if known) _____

7. Residential Address _____

8. Postal Address (if different from item 7 above) _____

9. Capacity in which employed _____

10. Date of Commencement of Employment _____ (This field must be completed) → _____
Day Month Year

11. Terms of Employment

(a) Monthly Rate of Fixed Income _____ (This field must be completed) → _____

(b) Monthly Rate of Allowance (e.g. Cost of Living) HK\$ _____ HK\$ [EXCLUDE CENTS]

(c) Fluctuating Income (e.g. Commission, Bonus, Gratuity) HK\$ _____

(d) Particulars of Place of Residence provided (0=Not provided, 1=Provided) _____ (This box must be completed) → ☐

Address	Nature (e.g. House, Flat, Serviced Apartment, No. of Rooms in Hotel, etc.)	Monthly Rent Paid to Landlord by Employer (HK\$)	Monthly Rent Paid to Landlord by Employee (HK\$)	Monthly Rent Refunded to Employee by Employer (HK\$)	Monthly Rent Paid to Employer by Employee (HK\$)

12. Whether the employee was wholly or partly paid either in Hong Kong or elsewhere by a non-Hong Kong company (0=No, 1=Yes)
(This box must be completed) → ☐

If yes, please state: Name of the non-Hong Kong company _____

Address _____

13. Whether the employee has been **conditionally** granted a share option prior to commencing to be employed in Hong Kong,
which can be exercised after rendering services in Hong Kong (0=No, 1=Yes) _____ (This box must be completed) → ☐

If yes, supply information, as an attachment, on details of the number and type of shares covered by the option, the consideration (if any)
paid for the grant of the option, the consideration required to exercise the option and the period within which the option must be exercised.

Space for Employer's official chop

Signature _____

Designation _____

Date _____

* Example: Surname and Given Name of Employee are "CHAN" and "TAI MAN" respectively, complete as

C | H | A | N | , | T | A | I | M | A | N |