								FOR OFFICIAL USE					
INLAND REVENUE DEPARTMENT									,,, o,,,	01/12/002			
	EMPLOYER'S RET	N AND PENSIONS											
			RIL 2017 TO 31				$\Box$	tional 			,		
	FOR THE YEA	IVIANCE ZUIO			Replacement of the form (sheet no) submitted on(DD/MM/YYYY)								
										applicable and fil			
PI	ease provide a copy of the co	mpleted Form IF	R56B to your empl	oyee and	retain a cop	y for i	reference.						
 1.	Employer's File No. (as show	wn at the top left	hand corner of th	e addres	s box on Fo	rm Bl	R56A)	_ 					
	Name of Employer	·					·						
	(The business name is required) _						Sh	eet No. (S	ee Note	2)   1	i I	1 1	
								001 1101 10	00 11010	-/			
2.	Name of Employee or Pe	nsioner <i>(See N</i>	ote 1(a))										
	Mr/Mrs/Ms/Miss #	Surname											
	# (Delete whichever is inapplicable)	Given Name											
		Full Name in	-									<del></del>	
3.	a) H.K. Identity Card Number (See Note 2(c))				(This field mu	ıst be	completed)	→	$\vdash \!\!\! \vdash$			] (	
	(b) Passport Number and	s no H.K. Identity Card)											
4.	Sex (Insert the appropriate code: M=Male, F=Female)(This box must be completed										<del>-</del>		
5.	Marital Status (Insert the	appropriate cod	de: 1=Single/Wid	lowed/Di	vorced/Livi	ng A	part, 2=N	larried)				[	
6. (a) If married, full name of spouse													
	(b) Spouse's H.K. Identity	pouse's H.K. Identity Card Number/Passport Number and place of issue (if known)											
7.	Residential Address		<u>'</u>										
8.	Postal Address (if differen												
	(a) Capacity in which em												
	(b) If part time, the name												
0.	Period of employment fo											1 1	
	,	,	•				_	ay Month	Year	Day N		Year	
1.	Particulars of Income acc	ruing for the ye	ear from 1 April	2017 to 3	31 March 2	018 (	See Note	3):-					
						Period	4			Amount (	UV¢\		
	Particulars			Day M	onth Year			nth Year		EXCLUDE (			
a)	Salary/Wages	alary/Wages		Day IVI	lontin rear	to	Day IVIO	iitii icai	<b>-</b>	1 , ,		0>0	
b)	Leave Pay					to						000	
c)	Director's Fee	virector's Fee				to						00	
d)	Commission/Fees (See I	Commission/Fees (See Note 4)				to						000	
e)	Bonus (See Note 5)					to				111		000	
f)	Back Pay, Payment in Lieu of Notice, Terminal Awards or Gratuities (See Note 6)					to			l , ,		1 1	0>0	
g)	Certain Payments from Retirement Schemes (See Note 7)					to						000	
h)	Salaries Tax paid by Employer					to							
i)	Education Benefits (See Note 8)					to						<b>D</b>	
j) !-\	Gain realized under Share Option Scheme (See Note 9)					to						000	
k)	Any other Rewards, Allowances or Perquisites (See Note 10) Nature Pensions (See Note 11)					to			l , ,		1 1	000	
1)						to					1 1	00	
					'		'	Total				00	
												. 1	
2.	Particulars of Place of Re	sidence provid	ed (See Note 12,	(0=Not	provided,	1=Pro	ovided)		(This bo	x must be comp	leted) -	<del>-</del>	
	Nature ( <i>e.g.</i> House, Flat, Serviced		Period Provided Re			nt Paid	Rent Pa	id Re	nt Refunded	Ren	t Paid		
			Flat, Serviced			to L	andlord.	to Landle	ord to	Employee	to Employer		
			Apartment, No. of Rooms	From	То		mployer (HK\$)	by Emplo (HK\$)		/ Employer (HK\$)		nployee IK\$)	
			in Hotel, etc.)					` ''			<u> </u>		
3.	Whether the employee was	s wholly or parth	y paid either in Ho	na Kona	or elsewhe	re bv	a non-Ho	na Kona co	mpany	(0=No, 1=Yes	 3)		
	If yes, please state:									x must be comp		<b>→</b>	
	Name of the non-Hong K	ong company .											
	Address												
	Amount (if known) (This		I1 (See Not	e 13)	))								
4.	Remarks (See Note 12(b)	"							-				
		Note 1(e	e))				_						
	Space for Employer's or												

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