



OFFICE OF
THE COMMISSIONER
FOR REVENUE

FS5

FINAL SETTLEMENT SYSTEM (FSS)

Payer's Annual
Reconciliation Statement

A PAYER INFORMATION

Business Name			
Business Address			
House No			
Street			
Locality			
Postcode			
Telephone Number			
Fax Number			

Payer P.E. No.

A1

Payment for Month of

A2

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B NUMBER OF PAYEES

Number of Payees (FSS Main or FSS Other Tax Deduction Method applies)	B1	<input type="text"/>
Number of Payees (FSS Part time Deduction Method applies)	B2	<input type="text"/>

C GROSS EMOLUMENTS

Gross Emoluments (FSS Main and FSS Other applies)	C1	<input type="text"/>
Overtime (Eligible for 15% tax deduction)	C1A	<input type="text"/>
Gross Emoluments (FSS Part-time method applies)	C2	<input type="text"/>
Taxable Fringe Benefits (Total of all Categories less any Non-Taxable Car Allowances)	C3	<input type="text"/>
Total Gross Emoluments and Fringe Benefits	C4	<input type="text"/>

D TAX DEDUCTIONS AND SSC DUE TO THE COMMISSIONER FOR REVENUE

Tax Deductions (FSS Main or FSS Other applies)	D1	<input type="text"/>
Tax Deductions (Eligible overtime income)	D1A	<input type="text"/>
Tax Deductions (FSS Part-time method applies)	D2	<input type="text"/>
Tax Arrears Deductions (as per amount on PCU2(A))	D3	<input type="text"/>
Total Tax Deductions	D4	<input type="text"/>
Social Security Contributions	D5	<input type="text"/>
Maternity Fund Contributions	D5a	<input type="text"/>
Total Due to the Commissioner for Revenue	D6	<input type="text"/>

E PAYMENT DETAILS

Date of Payment	<input type="text"/>	Total Payment	E1	<input type="text"/>
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Details of Cheque (if applicable)				
Bank	<input type="text"/>	Cheque No.	E2	<input type="text"/>
Branch	<input type="text"/>	Bank Account No.	E3	<input type="text"/>
Details of Cheque (if applicable)				
Full Name	<input type="text"/>	Signature	<input type="text"/>	
For Official Use Only				
Receipt No:	<input type="text"/>			
Date	<input type="text"/>			
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