

Serial No. STATEMENT OF REMUNERATION FROM EMPLOYMENT

Employer's No. E FOR THE YEAR ENDED 31 DECEMBER LHDNM Branch

THIS FORM EA MUST BE PREPARED AND PROVIDED TO THE EMPLOYEE FOR INCOME TAX PURPOSE

A PARTICULARS OF EMPLOYEE

- 1. Full Name of Employee/Pensioner (Mr./Miss/Madam)
- 2. Job Designation
- 3. Staff No./Payroll No.
- 4. New I.C. No.
- 5. Passport No.
- 6. EPF No.
- 7. SOCSO No.
- 8. Number Of Children
Qualified For Tax Relief
- 9. If the period of employment is less than a year, please state:
 - (a) Date of commencement
 - (b) Date of cessation

**B EMPLOYMENT INCOME, BENEFITS AND LIVING ACCOMMODATION
(Excluding Tax Exempt Allowances/Perquisites/Gifts/Benefits)**

RM

- 1. (a) Gross salary, wages or leave pay (including overtime pay)
- (b) Fees (including director fees), commission or bonus
- (c) Gross tips, perquisites, awards/rewards or other allowances (Details of payment:)
- (d) Income Tax borne by the Employer in respect of his Employee
- (e) Employee Share Option Scheme (ESOS) benefit
- (f) Gratuity for the period from to
- 2. Details of arrears and others for preceding years paid in the current year
 - Type of income (a)
 - (b)
- 3. Benefits in kind (Specify:)
- 4. Value of living accommodation provided (Address:)
- 5. Refund from unapproved Provident/Pension Fund
- 6. Compensation for loss of employment

C PENSION AND OTHERS

- 1. Pension
- 2. Annuities or other Periodical Payments

TOTAL

D TOTAL DEDUCTION

- 1. Monthly Tax Deductions (MTD) remitted to LHDNM
- 2. CP 38 Deductions
- 3. Zakat paid via salary deduction
- 4. Total claim for deduction by employee via Form TP1 in respect of:
 - (a) Relief RM
 - (b) Zakat other than that paid via monthly salary deduction RM
- 5. Total qualifying child relief

E CONTRIBUTIONS PAID BY EMPLOYEE TO APPROVED PROVIDENT/PENSION FUND AND SOCSO

- 1. Name of Provident Fund
- Amount of compulsory contribution paid (state the employee's share of contribution only) RM
- 2. SOCSO : Amount of compulsory contribution paid (state the employee's share of contribution only) RM

F TOTAL TAX EXEMPT ALLOWANCES / PERQUISITES / GIFTS / BENEFITS

RM

Name of Officer
Designation
Name and Address of Employer
Employer's Telephone No.

Date