- ,		MALAYSIA NCOME TAX		Statement of Remuneration Employee's Tax Identification No. (T	
No.	STATEMENT OF REMUNERAT	OF REMUNERATION FROM EMPLOYMENT			
oyer's No. E FOR THE YEAR END		ED 31 DECEMBER		LHDNM Branch	
	THIS FORM EA MUST BE PREPARED AND PROVIDE	D TO	THE EMPLOYEE FOR	INCOME TAX PURF	POSE
PART	ICULARS OF EMPLOYEE				
1. F	rull Name of Employee / Pensioner (Mr./Miss/Madam)				
2. J	ob Designation	3.	Staff No. / Payroll No.		
4. N	lew I.C. No	5.	Passport No.		
6. E	PF No	7.	SOCSO No.		
8. N	lumber of children	9.	If the period of employn	nent is less than a yea	r, please state:
q	ualified for tax relief		(a) Date of commenc(b) Date of cessation	ement	
	OYMENT INCOME, BENEFITS AND LIVING ACCOMMO	DAT	ON		RM
-	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 allowand	ces ([Details of payment:)	
•	d) Income tax borne by the employer in respect of his employ	•		4	
•	e) Employee Share Option Scheme (ESOS) benefit				
(f	f) Gratuity for the period fromt	to		NU	
2. D	Details of arrears and others for preceding years paid in the				
	Type of income (a)	ourio	in your	,	
'	(b)		NU		
3. B	Benefits in kind (Specify:	1		,	
	/alue of living accommodation provided (Address:				
	Refund from unapproved Provident / Pc ns on Func.)	•••••
	Compensation for loss of emplo, ment				•••••
	ION AND OTHERS				
	Pension				
	annuities or other periodical payments				
	OTAL				
TOTA	L DEDUCTION				
1. N	Nonthly tax deductions (MTD) remitted to LHDNM				
2. C	P38 deductions remitted to LHDNM				
3. <i>Z</i>	Takat paid via salary deduction				
	approved donations / gifts / contributions via salary deduction				
	otal claim for deduction by employee via Form TP1 in respect	t of:	5		
`	a) Relief				
	b) Zakat other than that paid via monthly salary deduction		KM		
6. T	otal qualifying child relief				
CONT	RIBUTIONS PAID BY EMPLOYEE TO APPROVED PROVIDE	NT / F	PENSION FUND AND SO	cso	
1. N	lame of Provident Fund				
	amount of compulsory contribution paid (state the employee's		• ,		
2. S	SOCSO: Amount of compulsory contribution paid (state the en	nploy	ee's share of contribution	n only) RM	

	Name of Officer	
	Designation	
	Name and Address of Employer	
	Traine and ridardes or Employer	
Date:	Employer's Telephone No.	