

LEMBAGA HASIL DALAM NEGERI MALAYSIA RETURN FORM OF AN INDIVIDUAL (RESIDENT WHO DOES NOT CARRY ON BUSINESS)

UNDER SECTION 77 OF THE INCOME TAX ACT 1967

BE

YEAR OF ASSESSMENT 2022

This form is prescribed under section 152 of the Income Tax Act 1967

			COMPLETE THE FOL	LOWING ITE	EMS		
Name	:						
Identification / passport no.* (*Delete whichever is not relevant)	:						
Tax Identification No. (TIN)	:						
Correspondence address	:						
		Postcode		City			
		State					
			•			<u> </u>	

FORM BE 2022

RESIDENT INDIVIDUAL WHO DOES NOT CARRY ON BUSINESS

IMPORTANT REMINDER

- 1) Due date to furnish this form and pay tax or balance of tax payable: 30 April 2023
- 2) Submission through e-Filing (e-BE) can be made via https://mytax.hasil.gov.my.
- 3) Failure to furnish a return on or before the due date for submission:
 - Penalty under subsection 112(3) of the Income Tax Act 1967 (ITA 1967) shall be imposed.
- 4) Failure to pay the tax or balance of tax payable on or before the due date for submission:
 - An increase in tax of 10% under subsection 103(3) of the ITA 1967 shall be imposed.
- 5) Guidelines for completing this form:
 - a) Refer to the Explanatory Notes before filling up this form.
 - b) Complete all relevant items in BLOCK LETTERS and use black ink pen
- 6) Method of payment for tax or balance of tax payable:
 - a) Payment by Bill Number
 - i. Effective 1 January 2023, **Bill Number** will be the mandatory reference number for payment of tax or balance of tax payable. **Bill Number** can be obtained as follows:
 - e-Filing Acknowledgement Receipt for submission via e-Filing.
 - Generate Bill Number at MyTax portal at https://mytax.hasil.gov.my > ezHasil services > e-Billing > Generate Bill if return form is furnished manually.
 - Printed on Notice of Asssement and letter of demands from LHDNM
 - ii. Payment using Bill Number can be made as follows:
 - ByrHASiL service at https://byrhasil.hasil.gov.my
 - LHDNM Payment Centre counter
 - Appointed commercial banks by LHDNM Information is available at https://www.hasil.gov.my.
 - iii. For payment purposes, please make sure the correct **Bill Number** is used. Taxpayers may print the payment slips and scan the QR code on the payment slips as a reference when payment is made.
 - b) Payment by Tax Identification No. (TIN)
 - i. During the transition period, payment by **TIN** is still available as follows:
 - ByrHASiL service at https://byrhasil.hasil.gov.my
 - LHDNM Payment Centre counter
 - Virtual Account number (VA) generated through e-TT at https://ett.hasil.gov.my.
 - Appointed commercial banks by LHDNM Information is available at https://www.hasil.gov.my.
 - Pos Malaysia Berhad counter
 - ii. If payment is made over the bank counter or Pos Malaysia Berhad counter, write down the **name**, **address**, **telephone number**, **TIN**, **year of assessment**, **payment code 084** and **number of installments** on the reverse side of the financial instrument. Check the payment receipt(s) before leaving the payment counter
- 7) Pursuant to section 89 of the ITA 1967, a change of address must be notified to LHDNM within 3 months of the change. Notification can be made:
 - a) Online by using e-Kemaskini Personal Profile through MyTax. Please access via https://mytax.hasil.gov.my; or
 - b) Using Form CP600B (Change of Address Notification Form) which can be obtained at the LHDNM Official Portal, https://www.hasil.gov.my.
- 8) For further information, please contact Hasil Care Line:- 03-89111000 (Local) / 603-89111100 (Overseas)

FOR OFFICE USE	

Date received 1

Date received 2



С3

Date of birth

LEMBAGA HASIL DALAM NEGERI MALAYSIA RETURN FORM OF AN INDIVIDUAL (RESIDENT WHO DOES NOT CARRIES ON BUSINESS) UNDER SECTION 77 OF THE INCOME TAX ACT 1967 This form is prescribed under section 152 of the Income Tax Act 1967

BE

YEAR OF ASSESSMENT **2022**

CP4B - Pin. 2022

МА	LAYSIA			r is prescribed di		. 102 01 1110 1110		an 7101 1007					
					BASIC PA	RTICULARS							
1	Name (As per identification document)										1		
2	Tax Identification No. (TIN)					3 Identific	cation	no.					
4	Current passport no.					5 Passpo	rt no.	registered	with I	HDNM			
PART	A:				RTICULA	RS OF INDIV	IDUAI	L					
A1	Citizen		Use country (Enter 'MY'	y code ' if Malaysian citize	en)	A2 Gende	er				1 = Male	2 = F	emale
A3	Date of birth			(dd/mm/yyyy)		A4 Status	as at	31-12-2022	2		1 = Single 3 = Divorce	2 = N /widow/widower $4 = D$	larried eceased
A5	Date of marriage / divorce / demise			(dd/mm/yyyy)							<u> </u>	Water Macros 4 - 2	Docuded
Λ.C.	Time of accomment				nd						of income		
A6	Type of assessment		2 = JOINT IN U	ne name oi wile								e or rias tax exempt income	
PART	ГВ:			COM	PUTATIO	N OF INCO	ME T	AX				RM	Sen
B1	Statutory income from sources o	f employ	ment in Ma	laysia	B1a	Number of	emplo	oyment			B1		.00
B2	Statutory income from sources o	f rents ir	n Malaysia								B2		.00
B3						sions, annuiti	es, ot	her periodio	al pa	yments	В3		.00
B4		me from	sources ou	utside Malaysia	received i	n Malaysia ef	fective	from 01.07	7.202	2	В4		.00
B5		2 + B3 -	+ B4)							_	B5		.00
B6	LESS: Approved investment u	nder an	igel investo	or tax incentive	e (Restricte	ed to B5)			4		B6		.00
B7	TOTAL (B5 – B6) [Enter '0' if val	ue is neg	gative]					_		7	В7		.00
B8	LESS: Approved donations / g	ifts / cor	ntributions	(Amount from F8	3)					/	B8		.00
B9									<u> </u>		В9		.00
B10	MALAYSIA AND OUTSIDE MAL	AYSIA F	RECEIVED	IN MALAYSIA 1 = Carries	EFFECTIVE on busines.	E FROM 01.0			S IN		B10		.00
B11		ИЕ (B9	+ B10)			_1					B11		.00
B12	Total relief (Amount from G22)										B12		.00
B13	CHARGEABLE INCOME [(B9 -	B12)o	r (B11 – B1	12)] [Enter '0' if	value is ne	gative]					B13		.00
B14		SIDE N	IALAYSIA F	RECEIVED IN N	MALAYSIA	FOR THE PE	RIOD	FROM 01.	.01.2	022 -	B14		.00
B15	TOTAL INCOME TRANSFERRE						FROI	M SOURCE	S O	JTSIDE	B15		.00
B16							Portal,	https://www.	hasil	gov.my)			
B16a	Tax on the first (Amount from B24)				35,000	.00				B16a	60	00.00
B16b	Tax on the balance					10,500	.00	At rate	8	%	B16b	84	00. 00
B16c						25,000	.00	At rate	3	%	B16c	75	.00
B17	TOTAL INCOME TAX (B16a + I	316b + E	316c)								B17	2,19	.00
B18	LESS: Total rebate - Self		.00	- Husband / wife		.00					_		
	religious travel for other relig	ions		.00 No. of	trips	- Zakat and	fitrah				B18		
B19	Type of assessment 1 = Joint in the name of husband 2 = Joint in the name of wile 3 = Separate 4 = Self whose spouse has no income, no source of income or has tax exempt income 5 = Self (Single / Aboracee / widow / widower / deceased) 1			一 .									
B20											B20		† <u>:</u>
B21	Section 132 tax relief							Postric	tad				
	Section 133 tax relief										B21		١.
B22	TAX PAYABLE [B19 – (B20 + 1	321)]				U.					B22		٠.
B23			– B19]								B23		
B24	Payment made for 2022 income	- SELF	and HUSBA	AND / WIFE for	joint asses	ssment							
	- Monthly Tax Deductions (MTD) /	Section	107D		- Self ins	stallments / CF	500			.]	B24		
B25	Balance of tax payable (B22 – B	24) / Ta	ax paid in ex	cess (B24 – B	22)						B25		
												▲ (Enter 'X' if tax paid in	excess)
PART	C:			PARTIC	CULARS C	F HUSBAND) / WII	FE					
C1	Name of husband / wife												
C2	(As per identification document)												

C4

Passport no.

(dd/mm/yyyy)

Name	9:						7	Tax Identifi	ication	n No. (TIN):					
PAR	T D:					OTHER PA	ARTICU	JLARS							
D1	Telephone	e no.	Handphone	no.			D2	E-mail							
D3	Employer's	s no. (complete item D4	4)	Е			D4	Tax borne	e by e	mployer	1 =	Yes	2 = No		
D5		cial account(s) at finan (s) outside Malaysia	cial		1 = Yes	2 = No									
D6	Method of	payment for tax refun	d							ete information formation in D8					
D7	Informatio	on of bank account					D8	Informati	ion of	DuitNow (As	per regis	terea	with the bank	k)	
	D7a Nam	e of bank						D8a Ind	dentific	cation type (Se	lf)		1 = Identifica	ation card 2 = Pass	port
		c account no.						D8b Pas	ssport	no. (If D8a = 2	r)		1		
	Tax Act 19	of asset under the Rea 1976 (If 'Yes', also compl			1 = Yes	2 = No	D9b	Disposal	decla	red to LHDNM			1 = Yes 2	? = No	
D10	Correspon	ndence address													
				Do	ataa da	1				:4					
				Sta	stcode				C	ity					
DAD		OTATUTODY	INCOME EDOM			TOIDE MAI	AVOLA	DECENTE	D 141 A	AAL AVOLA EE	EEOTIVE	FDO	M 04 07 0000		
PAR [®]		nt without sen.	INCOME FROM	500	IRCES OU	ISIDE MAL	AYSIA	RECEIVE	יו או ט	MALAYSIA EF	FECTIVE	FRU	VIVI 01.07.2022		
	No.	Country			Туре	Of Income '		Ar		Of Tax Charg		е	St	atutory Income	
-	E1	(Use country of	code)							(RM)				(RM)	
F	E2														
F	E3														
F		OTAL (Transfer this mod	unt to B4)												
*Tvpc	Of Income	a) Employment	b) Dividends		c) Interests	4/ [Discount	•	e) Rer	oto f)	Royalties		g) Premiums	h) Other Inc	nomo
PAR		a) Employment	b) Bividerius			ONS / GIFT					rtoyanics		g) i iciliums	ii) Guiei iii	Some
F1		ney to the Governmen	t / State Governm	ent /			0,00								.00
F2a	Gift of mo	ney to approved institu	utions / organisation	ons /	funds						.00				
F2b	Gift of mo	ney for any sports acti	vity approved by t	he M	linister of Fi	inance					.00	_/	1		
F2c		ney or cost of contribu									.00		stricted to % of B5 F2		.00
F2d		I interest approved by ney in the form of wak				body / publi	C						l l		
	×	or gift of money in the													
F3		efacts / manuscripts / p				ate Governr	nent								.00
F4		ney for the provision of I	······································)	Res	stricted to 20,000		.00
F5		ney or contribution in kir	•		•	•									.00
F6		ney / cost / value of gif			······································	althcare faci	lity app	proved by th	he Min	nistry of Health		Res	stricted to 20,000		.00
F7	······································	ntings to the National							—) 					.00
F8		roved donations / gifts	/ CONTRIBUTIONS [F	1 10 F	- I] (Transi										.00
PAR C1		and dependent valetive				RELI	<u>EF</u>	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\					1	0.000	
G1		and dependent relative eatment, special need		ses f	for parents		\overline{a}	()						9,000	.00
G2		condition certified by m			ioi paronto							Res	stricted to 8,000		.00
G3	Basic sup	porting equipment for	disabled self, spo	use, o	child or par	ent	<u> </u>					Res	stricted to 6,000		.00
G4	Disabled i	ndividual										Res	stricted to 6,000		.00
G5	(i) Other accou	fees (Self): than a degree at master nting, islamic financing, e at masters or doctorat e of study undertaken fo	tehcnical, vocation te level – Any cours	al, inc	dustrial, scie study	ntific or tech	0.	ed to 2,000)			.00	> Res	stricted to 7,000		.00
G6	(i) Seriou (ii) Fertilit	xpenses on: us diseases for self, spoor y treatment for self or sponation for self, spouse a	oouse	0 1.00	00)						.00				
G7	Expenses (i) Compl (ii) COVII	(Restricted to 1,000) of lete medical examination D-19 detection test include the letter of the lett	on: n for self, spouse o ding purchase of se	r child	d tection test l		ouse o	r child	 }_		stricted to 8,000		.00		
G8	(i) Purcha materi (ii) Purcha (iii) Purcha	Expenses for the use ase or subscription of bo ials) ase of personal compute ase of sports equipment fo ent of monthly bill for inte	ooks / journals / ma er, smartphone or t or sports activity defi	Igazin ablet ned ur	nes / newspa (Not for bus nder the Spo	apers / other iness use) rts Developm	similar	•	·		ship	≻ Res	stricted to 2,500		.00
G9a	Lifestyle – (i) Purcha (ii) Payme (iii) Payme	- Additional relief for the ase of sports equipment for entrance ent of rental or entrance ent of registration fee for sunder the Sports Deve	e use / benefit of or any sports activity fee to any sports f r any sports compe	self, s as de acility	spouse or of the spouse	child in response	velopme		ed by t	the Commission	ner of	Res	stricted to 500		.00
G9b		Purchase of personal of		ne or	tablet for o	wn use / ben	efit or fo	or spouse or	r child	and not for busi	iness use	Res	stricted to 2,500		.00

Name	e:				Tax ld	Tax Identification No. (TIN):										
G10	10 Purchase of breastfeeding equipment for own use for a child aged 2 years and below (Deduction allowed once in every 2 years of assessment) Restricted to 1,000															
G11					ergarten for	a child aged 6	years and b	elow	Re	estricted to 3,000		.00				
G12									Re	estricted to 8,000		.00				
G13	Husban	nd / wife / payment of al	imony to forme	r wife					Re	estricted to 4,000		.00				
G14	Disable	d husband / wife								5,000		.00				
G15	Child			No.		100% Eligibilit	y No.		50% Eligibility							
G15a	O Purchase of breastfeeding equipment for own us (Deduction allowed once in every 2 years of assess) 1 Child care fees to a registered child care centre of the control of		,	X 2,000 =			X 1,000 =		G15a		.00					
G15h	Child -	18 years and above and	studvina	;	X 2,000 =			X 1,000 =								
			Studying		X 8,000 =			X 4,000 =		G15b		.00				
G15c	Purchase of breastfeeding equipment (Deduction allowed once in every 2 year Child care fees to a registered child of Net deposit in Skim Simpanan Pendic (Total deposit in 2022 minus total with Husband / wife / payment of alimony Disabled husband / wife Child a Child – Under the age of 18 years of Child – 18 years and above and studying Child – 18 years and above and studying Child – Disabled child a Child – Disabled child be considered in the constant of Child Post of Child			X 6,000 =			X 3,000 =		7		_					
					X 14,000 =			X 7,000 =		G15c		.00				
G16	Life ins	urance and EPF							7							
	` '	•		o not con	tribute to EPI	F /approved sch	eme	.00 Res	tricted to 7,000							
									,	G16		.00				
										0.0		.00				
	(i)	·			(Restricted				tricted to 7,000							
	(ii)	Contribution to EPF / a	approved schem	е	(Restricted	d to 4,000)	1	.00 J		J						
G17	Private	retirement scheme and	deferred annu	ity			1		Res	stricted to 3,000		.00				
G18	Educati	on and medical insuran	ice				177		Res	stricted to 3,000		.00				
G19				on (SOCS	SO) accordir	ng to Employee	s Social Se	curity Act 1969	or Res	stricted to 350		.00				
G20			I ACL ZUIT						`							
				gistered w	ith the Commi	ssioner of Touris	m under the 1	Tourism Industry A		stricted to 1,000		00				
	(iii) Pur	chase of domestic tour pac		censed tra	avel agent reg	istered with the (Commissioner	r of Tourism under		ariciea io 1,000		.00				
			purchase inclu	dina hire	-purchase o	f equipment or	subscription	n for use of elec	tric							
G21						r oquipmont or	Caboonpho		Res	stricted to 2,500		.00				
G22	Total re	lief [G1 to G21] (Trans	efer this amount to	B12)								.00				
PAR	г н:					INCENTIVE	CLAIM									
Refer	to Expla	anatory Notes for the list	of incentive clair	n code. P	lease use ad	Iditional sheet s	eparately in	case of insufficie	nt space.							
H1	Claim S	Special Deduction(s) / F	urther Deduction	n(s) / Do	uble Deduc	tion(s) / Incenti	ve(s) under	paragraph 127((3)(b) of Incom	e Tax Act 19	67					
		Claim Cod	de		Balance Br	ought Forward	Amour	nt Claimed	Amount Al	osorbed	Balance Carried	Forward				
	i.															
	ii.															
H2	Claim fo	or incentive(s) under su	bsection 127(3	A) of Inco	ome Tax Act	1967										
		Incentive Appro	val No.		Balance Bro	ought Forward	Amour	nt Claimed	Amount Al	osorbed	Balance Carried	Forward				
	i.															
PAPT				NC	N-EMPLOY	MENT INCOME	OF PRECE	DING YEARS N	OT DECLARED)						
AR	J.	Time	of Income	140	ZIA-LIMF LOT	EIT INCOME		Assessment	O I DEGLARED		Amount (DM)					
		туре с	oi incoine				rear of A	10000001110111			Amount (RM)					
J1												.00				
J2												.00				
PART	K:		TAX EXEMPT	INCOM	E FROM SO	URCES OUTS	SIDE MALA	YSIA RECEIVE	D IN MALAYS	IA						
Enter	the amo	unt without sen.														
	Bil		Type Of Inco	me *	Count	Paid In The ry Of Origin Yes 2 = No)		ne Tax Rate buntry Of Origin (%)	Amount Of Tail In The Count (RM	ry Of Origin	Amount C Income Rem (RM)					
	<1					,					, ,					
Ī	< 2															
ļ	< 3															
ļ	< 4															
F	< 5						1		1	TOTAL						
L	Of Incon	ne a) Employment I	b) Dividends	c) Inter	oete d') Discounts	e) Rents	f) Royaltie	s g) Pren		Other Income					
, ype	IIICOII	a, Employincia l	~, Dividonus	<i>oj</i> 1111.01	u,	, 2100001110	<i>o,</i>	i) Noyaille	g/ i i eli		CHIOLITICOLLIC					

PAR	ΓL:	PAF	RTICL	JLAR	S OF	TAX	AGEI	NT WI	но с	OMF	LET	ES T	HIS R	RETU	JRN	FO	RM								
L1	Name of tax agent																								
L2	Tax agent's approval no.			1								1				1									
L3	Name of firm		•					•	•													-			
L4	Firm's address																						1		
		Postco	Postcode City											1											
		State																							
L5	Firm's Tax Identification No. (TIN)											L8	Tax ag	gent's	s sig	natu	re) >					
L6	Firm's telephone no.															_									
L7	Firm's e-mail											L9	Date	of sig	gnat	ure		dd/m	m/yy	yy)					
										O. 4	D 4 7	1011		4											
									DE	CLA	RAT	ION					,								
I																	n / pa: ever is								
herel	by declare that the information	regardin	g the i	ncome	and cl	aim fo	or ded	uctions	and re	eliefs	give	n by m	e in th	is ret	urn f	orm	and ii	any	doc	umen	t attac	che	ed is true, corr	ect and o	omplete.
	1 = This return form is							his retu	rn form	is ma	ade oi	n beha	If of the	indiv	ridual	l in ite	m 1			Г					
	3 = As an executor of the state								1967. F	Please	furnis	h Form	CP57 ((Notifi	catio	n		٥.							
	of Taxpayer's																	Sigi	natu	re					
Date		(dd/mm/	′уууу)																						
						1																			
				G'																					
					,																				
			~	Q.		3		7																	