

LEMBAGA HASIL DALAM NEGERI MALAYSIA RETURN FORM OF A NON-RESIDENT INDIVIDUAL UNDER SECTION 77 OF THE INCOME TAX ACT 1967

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

Form

YEAR OF ASSESSMENT

		COM	MPLETE THE FOLLO	OWING ITE	EMS		
Name	:						
Identification / passport no.* (* Delete whichever is not relevant)	:						
Income tax no.	:						
Correspondence address	:						
		Postcode		City			
		State & country					
FORM M 2020 NON-RESIDENT INDIVIDUAL IMPORTANT REMINDER 1) Due date to furnish this form and pay tax or balance of tax payable: a) 30 April 2021 (Does not carry on any business); or							

- b) 30 June 2021 (Carries on business)
- 2) Submission through e-Filing (e-M) 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.
- Method of payment for tax or balance of tax payable:
 - a) ByrHASiL at the ByrHASiL Lembaga Hasil Dalam Negeri Malaysia (LHDNM) Portal, https://byrhasil.hasil.gov.my/.
 - Payment via FPX (Financial Process Exchange) at https://byrhasil.hasil.gov.my/fpx.php.
 - Payment via Visa, Mastercard & American Express credit cards at https://byrhasil.hasil.gov.my/creditcard/.
 - b) Appointed **banks** Information is available at http://www.hasil.gov.my.
 - c) Pos Malaysia Berhad Counter only.

If payment is made over the bank counter or Pos Malaysia counter, write down the name, address, telephone number, income tax number, year of assessment, payment code '084' and instalment no. '99' on the reverse side of the financial instrument. Check the receipt(s) / bank payment slip(s) before leaving the payment counter.

- 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
 - 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, http://www.hasil.gov.my.
- 8) For further information, please contact Hasil Care Line:-03-89111000 (Local) / 603-89111100 (Overseas)

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FOR OFFICE USE							
END NEELCE LIGE							

Date received 1

Date received 2



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Form M

YEAR OF ASSESSMENT

2020

ИΑ	LAYSIA		Th	is form	<u> </u>					ne Tax Act 196	57					CP54 - Pin. 20)20
						BASI	C PAR	TICULARS									
	Name (As per identification documents)	ment)					-										
2 Income tax no.							;	3 Identification no.									
ļ 	Current passport no.							5 Expiry date of current passport							(dd/mm/yyyy)		
Passport no. registered with LHDNM								7 Date of b	oirth				(dd/mm/yyyy)			<i>(yyy</i>)	
PART A: PARTICULARS OF INDIVIDUAL																	
\1	Citizen		Use country cod (Enter 'MY' if Ma		citizen)		A	A2 Gender					1 = 1	Male 2 =	= Female	э	
43	1 - Single 2 - Diverges / widow / widower						ver /	A4 Date of n	narriag	e / divorce / d	emise		(dd/mm/yyyy)				ryyy)
 \5	Record-keeping			= No													
۸6	Type of assessment 1 = Joint in the name of husband 2 = Joint in the name of wife 3 = Separate 4 = Self whose spouse has no income, no source of inc 5 = Self (Single / divorcee / widow / widower / decease)										r has tax	exempt	income				
AR	RT B:				СОМ	PUT	ATION (OF INCOM	E TAX						RM		Sen
31	Statutory income from busine	sses			B1a	Numl	ber of bu	sinesses				B1					.00
32	Statutory income from partne	rships	······································		B2a	Numl	ber of pa	rtnerships				B2					.00
33	Aggregate statutory income fr	om b	usinesses (B1+	B2)								B3			-		.00
34	LESS: Business losses brou	ught fo	orward (Restricted	to B3)								B4					.00
35	TOTAL (B3 – B4)											B5					.00
36	Statutory income from employ	ymen	* / director's fees	 }	B6a	Num	ber of en	nployment				B6					.00
	* If there is a claim for exe	mptio	n of employment i	income	under:												00
	1 = Paragraph 21 S	Sched	ule 6														
	2 = Double Taxatio	n Agre	eement between Ma	alaysia	and		(Use co	untry code)									
	State: Amount exempte	ed					.00										
37	Statutory income from rents											B7					.00
Statutory income from discounts, premiums, pensions, annuities,									B8					.00			
39	other periodical payments, ot AGGREGATE INCOME (B5			additio	ns pursuan	t to pa	aragrapr	1 43(1)(c)				B9					
			, , , , , , , , , , , , , , , , , , ,	BO)													.00
	LESS: Current year business losses (Restricted to B9) 1 LESS: Qualifying prospecting expenditure – Schedule 4 B11 .00																
	1 LESS: Qualifying prospecting expenditure – Schedule 4 B11 .00																
					rom E8)												.00
	TOTAL [B9 – (B10 to B12)]		r o it value is nega	ative)								B13					.00
	TAXABLE PIONEER INCOM											B14					.00
	Gross income subject to tax at		,	lease sp	ecify:)	B15					.00
	TOTAL INCOME (SELF) (B											B16					.00
317	TOTAL INCOME TRANSFER				E * FOR JC			SMENT iness income				B17					.00
	* Type of income transferred			E				ousiness income									
	AGGREGATE OF TOTAL INC											B18					.00
	CHARGEABLE INCOME (Fr			r applie	s)							B19					.00
320	COMPUTATION OF TAX CH Division of Chargeable Income			licable													
	<u> </u>							Tax rate	(%)					I	Income	Тах	
	B20a			.00				30				B20a					<u> </u>
	B20b			.00								B20b	<u> </u>				<u> </u>
	B20c			.00								B20c					<u> </u>
321	TOTAL INCOME TAX (B20a	to B2	0c)			······			-			B21					<u> </u>
322	LESS: Section 110 (others)				Section 13	33						B22					<u> </u>
323	TAX PAYABLE (B21 – B22)										B23					<u> </u>
324	OR: TAX REPAYABLE (B	22 – E	321)									B24					
325	Payment made for 2020 incom	ne – S	ELF and HUSBAN	ND / WI	FE for joint a	asses	sment										
	- Monthly Tax Deductions (MTE	0)			- Self ins	talme	nts / CP	500									.
326	Balance of tax payable (B23 -	– B25) / Tax paid in exc	cess (E	325 – B23)							B26					
													•	(Enter 'X' i	if tax paic	d in excess)	

	T C:				PAF	RTICU	LARS OF	HUS	SBAND / WIFE									
C1	Name of husband / (As per identification of																	
C2	Identification no.																	
C3	Current passport no							C4 Expiry date of current passport								(dd/mm/yyyy)		
C5	Passport no. register	red with LHDNM						C6	Date of birth							(dd/mm/yyyy)		
PAR	T D:					OTI	HER PAR	ΓICU	ILARS									
D1	Telephone no.		Handph	none no.				D2	Employer's no.				Е					
D3	E-mail																	
D4	Permanent address																	
	of origin of individua of the deceased per																	
			Р	ostcode)								City					
			S	state & co	ountry													
	Details of bank accou	unt (NOTE: Enter the na	me of the	e bank aı	nd bank a	account	no. for the pu	ırpose	e of electronic refund	d of inc	ome ta	x)						
D5a	Name of bank						i		Bank account no.									
	Type of foreign curre	ency requested							SWIFT code									
D6a																		
	(If 'Yes', also complete	e item D6b)			1 = Yes	2 =	No	J6b	Website / blog add	dress								
D7	Has financial accoun outside Malaysia	t(s) at financial institut	on(s)		1 = Yes	2 =	No											
D8a	Disposal of asset un	nder the			1 = Yes	2 =	No	Doh	Disposal declared	1 to 1 L					1	= Yes	2 = No	
	Real Property Gains				i = res	2 = 1	NO	DOD	Disposal decialed	I IO LF	ואואוטר				′	= 168	2 = 100	
	(If 'Yes', also complete	e item D8b)																
PAR	T E:				DON	ATIO	NS / GIFT	S/C	ONTRIBUTION	IS								
E1	Gift of money to the	Government / State C	Governm	ent / loc	al autho	rity												.00
E2a	Gift of money to app	roved institutions / or	ganisatio	ons / fun	ds						.00)						
E2b Gift of money for any sports activity approved by the Minister of Finance																		
		t of contribution in kin	······································									>	Restricted at 10% of B9	to E2				.00
	of national interest a	pproved by the Minist	er of Fin	nance							.00		1070 07 20					
E2d		form of wakaf to religing noney in the form of e					public				.00	J						
E3	Gift of artefacts, mar	nuscripts or paintings	to the G	iovernme	ent or St	ate Go	vernment				•							.00
E4	Gift of money for the	provision of library fa	cilities o	or to libra	aries								Restricted	to 20,00	00			.00
E5	Gift of money or con	tribution in kind for the	provisi	ion of fac	cilities in	public	places for t	he be	enefit of disabled p	erson	ns							.00
E6	Gift of money / cost	/ value of gift of medic	al equip	ment to	any hea	althcare	facility app	rove	d by the Ministry of	f Heal	lth		Restricted t	 o 20,00	10			.00
E7	Gift of paintings to the	ne National Art Gallery	or any	state art	t gallery													.00
E8	Total approved dona	ations / gifts / contribu	tions [E1	1 to E7]	(Transfe	r this a	mount to B	12)										.00
PAR	T F:				PARTI	CULA	RS OF BU	JSIN	IESS INCOME									
Ente	r the amount without s	sen.																
F1	Losses																	
	LOSSES OF C	URRENT YEAR O	ASSE	ESSME	NT													
									(c)		al							
Current Year Of Assessment Amount Absorbed Business And Partnership Losses In The Current Year Of Ass										Баі		amed i = a – b		u				
	LOSSES OF PR	RIOR YEARS OF A	SSESS	SMENT	•													
						sregard	ed Until The	Year	Of Assessment		Losses	s Al	bsorbed / Di	sregard	led In			
	V 0/A			Pred			ent Year Of <i>I</i>		ssment				ent Year Of					
	Year Of Assessmen In Which Loss Is	(d) Amount of Loss	Amou	(e) Int Disreg	arded	A	(f) Amount		(g) Balance after		(h) Amount Disregarded				j) ount	E	(k) Balance C	arried
	Incurred	Incurred				bsorbed		Disregarded /			section 44(5F)] Absor					Forwa		
								Absorbed $(g = d - e - f)$								(k = g – l	n – j)	
	2018 and before								. ,									
	2019																	
F2	Business capital allo	owances				1		-3	Partnership capita	al allo	wance	s	<u>l</u>					
_	carried forward								carried forward	anot		_						

Income Tax No.:

Name:

Name	:			Income Tax N	No.:					
PART	T G: NO	DN-EMPLOYMENT INCOME	E OF P	RECEDING YEARS	NOT DECLARED					
	Type of I	ncome		Year of As	ssessment	Amount (RM)				
G1						.00				
G2								.00		
PART	TH:	INC	ENTIV	E CLAIM						
	to Explanatory Notes for the list of inc	centive claim code. Please u	ıse add	itional sheet separat	ely in case of insuffi	cient spa	ace.			
	Claim for Special Deduction(s) / Furth				-	-		967		
		Balance Brought Forward		nount Claimed	Amount Absor		Balance Carried Forwa			
	i.	-								
	ii.									
H2	Claim for incentive(s) under subsection	on 127(3A) of the Income Ta	x Act 1	967			•			
		Balance Brought Forward		nount Claimed	Amount Absor	bed	Balance Carried F	orward		
	i.									
	ii.									
PART	ſ.l· FIN	IANCIAL PARTICULARS C	F INDI	VIDUAL (MAIN RUS	SINESS ONLY)					
	Name of business	1,410,712 1,711(11002),1110 0		7150712 (III7 III 7 500						
	Business code									
	Type of business activity									
				BALANCE SHEET				I		
TRAD	DING, PROFIT AND LOSS ACCOUNT	_		FIXED ASSETS:						
J3	Sales or turnover		.00	J28 Land and bui	ldings			.00		
	LESS:		•	J29 Plant and ma	chinery			.00		
J4	Opening stock		.00	J30 Motor vehicle	es			.00		
J5	Purchases and cost of production		.00	J31 Other fixed as				.00		
J6	Closing stock	.00	J32 TOTAL FIXE (J28 to J31)		.00					
J7	Cost of sales (J4 + J5 - J6)		.00	J33 Investments				.00		
J8	GROSS PROFIT / LOSS (J3 – J7)	.00	CURRENT ASSET	rs:						
		▲ (Enter 'X' if negative)		J34 Stock				.00		
OTHE	ER INCOME:			J35 Trade debtors	S			.00		
J9	Other business income		.00	J36 Sundry debto	rs			.00		
	Dividends		.00	J37 Cash in hand				.00		
	Interest and discounts		.00	J38 Cash at bank				.00		
	Rents, royalties and premiums		.00			▲ (E	Enter 'X' if negative)			
	Other income		.00	J39 Other current J40 TOTAL CUR	assets			.00		
J14	TOTAL (J9 to J13)		.00	(J34 to J39)				.00		
EXPE	ENSES:			J41 TOTAL ASSI (J32 + J33 +				.00		
J15	Loan interest		.00	LIABILITIES:						
J16	Salaries and wages		.00	J42 Loans and ov	verdrafts			.00		
J17	Rental / lease		.00	J43 Trade credito	rs			.00		
J18	Contracts and subcontracts		.00	J44 Sundry credit				.00		
J19	Commissions		.00	J45 TOTAL LIAB (J42 to J44)				.00		
J20	Bad debts		.00	OWNER'S EQUITY	r :					
J21	Travelling and transport		.00	J46 Capital accou				.00		
J22	Repairs and maintenance		.00	J47 Current accord				.00		
	Promotion and advertisement		.00			▲ (E	Enter 'X' if negative)			
	Other expenses		.00	J48 Current year	profit / loss			.00		
J25	TOTAL EXPENDITURE		.00			▲ (E	Enter 'X' if negative)			
	(J15 to J24)		1	J49 Drawings / ac	dvance (Net)		Tatou (V) if an and ()	.00		
J26	NET PROFIT / LOSS	▲ (Enter 'V' if negative)	.00	J50 Current accor	unt	▲ (E	Enter 'X' if negative)			
127	Non-allowable expenses	▲ (Enter 'X' if negative)	.00	balance carrie		▲ /F	Enter 'X' if negative)	.00		
J27	וייטוו־מווטייימטוב באףבווסבט		.00			– 14				

Name:	Income Tax No.:									
	DECLARATION									
	DECLARATION									
I	Identification / passport no.* (* Delete whichever is not relevant)									
	hereby declare that the information regarding the income and claim for deductions and reliefs given by me in this return form and in any document attached is true, correct and complete.									
This return form is made	his return form is made: 1 = on my own behalf 2 = on behalf of the individual in item 1 3 = as an executor of the deceased person's estate (If A3 = 4) **									
	tion pursuant to subsection 74(3) of the Income Tax Act 1967. 7 (Notification of Taxpayer's Demise) which is available at the LHDNM Official Portal, http://www.hasil.gov.my.									
	Signature:									
Date:	(dd/mm/yyyy)									
PART K:	PARTICULARS OF TAX AGENT WHO COMPLETES THIS RETURN FORM									
K1 Name of firm	K2 Telephone no.									
	K4 Signature									
K3 Tax agent's approv	al no.									