

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. CP38 deductions remitted to LHDNM
- 3. Zakat paid via salary deduction
- 4. Approved donations / gifts / contributions via salary deduction
- 5. 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
- 6. 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: