



FS5

Final Settlement System (FSS) Payer's Monthly Payment Advice

Payer Information			_			
Business Name				Payer P.E.	No.	
			- 4	A1		
Business Address				Payment for	or Month of	
House /No.			ļ.	A2		
Street				m m	уу	у у
Locality						
Postcode						
Telephone Number						
Fax Number						
Number of Payees						
-	 Other Tax Deduction Metho	nd applies)	В	1		–
Number of Payees (FSS Main or FSS Other Tax Deduction Method applies) Number of Payees (FSS Part time Tax Deduction Method applies)				2		-
- Turnson or Tuyooo (i Go i air aino iair						
Gross Emoluments				l m		٥
Gross Emoluments (FSS Main or FS	S Other applies)		C1	Lm		o c
Gross Emoluments (FSS Part-time n			C2			
Taxable Fringe Benefits (Total of all Categories less any Non-Taxable Car Allowances)						
Total Gross Emoluments and Fring	ge Benefits		C4			7
Tax Deductions and SSC due				Lm		c
Tax Deductions (FSS Main or FSS Other applies) D1 Tax Deductions (FSS Part time method applies)						-
Tax Deductions (FSS Part-time method applies) D2 Tax Arrears Deductions (as per amount on PCU2(A)) D3						-
Total Tax Deductions	TILOTI PCO2(A))		D3			\dashv
Social Security Contributions			D5			
Total Due to Inland Revenue			D6			
Payment Details				Lm		С
Date of Payment		Total Payment	E1			
d d m	m y y y			'		
Details of Cheque (if applicable))	Cheque No.	Е	2		
Bank		Bank Account N	No.			
Branch		E3				
Details of some some lines were						
Details of person making payn Full Name	ient		_			
ruii Name		Signature				
For Official Use Only Receipt N	lo:					
. c. ciniciai coc ciny receipti						
Dat	e d d m m	у у у у				

This form is to be sent to the Commissioner of Inland Revenue with the Monthly remittance.