

Serial No. STATEMENT OF REMUNERATION FROM EMPLOYMENT
Employer's No. E FOR THE YEAR ENDED 31 DECEMBER LHDNM Branch

THIS FORM EC 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. Department
- 3. Job Designation 4. Staff No. / Payroll No.
- 5. Identity Card / Police / Army / 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 AND BENEFITS

(Excluding Tax Exempt Allowances / Perquisites / Gifts / Benefits)

RM

- 1. **Salary / Emoluments**
(a) Salary, including Leave Pay, Bonus, Taxable Allowances and others
- (b) Gratuity for the period from to
- 2. **Benefits In Kind** (State details:)
- 3. **Benefit of Leave Passage for Travel** (if applicable)
- 4. **Details of arrears and others for preceding years paid in the current year**
Type of income (a)
(b)

TAXABLE INCOME (B1 + B2 + B3 + B4)

C 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

D CONTRIBUTION TO EMPLOYEES PROVIDENT FUND AND SOCSO

Amount of compulsory contribution paid (state the employee's share of contribution only)

- 1. EPF: RM
- 2. SOCSO: RM

E LIST OF TAX EXEMPT ALLOWANCES / PERQUISITES / GIFTS / BENEFITS WITH RESPECTIVE AMOUNT

Type of Allowance/Perquisite/Gift/Benefit	Exempted Amount (RM)	Type of Allowance/Perquisite/Gift/Benefit	Exempted Amount (RM)
1.	3.
2.	4.

Name of Officer
Designation
Name and Address of Employer
Employer's Telephone No.

Date