

LEMBAGA HASIL DALAM NEGERI MALAYSIA RETURN FORM OF AN INDIVIDUAL (RESIDENT WHO DOES NOT CARRY BUSINESS) JNDER SECTION 77 OF THE INCOME TAX ACT 1967

BE

YEAR OF ASSESSMENT 2021

UNDER SECTION 77 OF THE INCOME TAX ACT 1967
This form is prescribed under section 152 of the Income Tax Act 1967

COMPLETE THE FOLLOWING ITEMS									
Name	:								
Identification / passport no.* (*Delete whichever is not relevant)	:								
Income tax no.	:								
Correspondence address	:								
		Postcode		City					
		State				,			

FORM BE 2021

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 2022
- 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.
 - 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) 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 https://www.hasil.gov.my.
 - $c) \quad \textbf{Pos Malaysia Berhad} Counter \ only.$

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.

- 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



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

BE

YEAR OF ASSESSMENT

2021CP4B - Pin. 2021

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

				BASIC	PAR	TICULARS							
1	Name (As per identification document)											
2	Income tax no.	3 Identification no.											
4	Current passport no.	5 Passport no. registered with LHDNM											
PAR	T A:	PARTICULARS OF INDIVIDUAL Use country code Use Country Code											
A1	Citizen			y code '' if Malaysian citizen)		A2 Gender				1 = Male 2 = Fe			male
АЗ	Date of birth		(dd/mm/yyyy) A4 Status as at 31-12-2021							1 = Single 2 = Married 3 = Divorcee/widow/widower 4 = Decease			
A5	Date of marriage / divorce / demis	9	(dd/mm/yyyy)										
A6	Type of assessment		Joint in the I	name of husband 3 =		ate hose spouse has no	income	no source	of incor	me or has t	ev evemnt income		
					Self (S	Single / divorcee / wid	low / w	idower / dec	ceased)				
PAR	T B:			COMPUTA	TION	OF INCOME TA	X				RM		Sen
B1	Statutory income from employment B1 .00												
B2	,												
В3	Statutory income from interest, discounts, royalties, premiums, pensions, annuities, other periodical payments and other gains or profits												
 В4	AGGREGATE INCOME (B1 + I		unor gamo c	л рготко						B4	1		-00
B5	LESS: Approved investment u	inder ang	el investor	tax incentive (Restr	icted	to B4)				B5			-00
B6	TOTAL (B4 – B5) [Enter '0' if value is	negative]								B6			.00
B7	LESS: Approved donations / g	ifts / cont	ributions (A	Amount from E8)						B7			.00
B8	TOTAL INCOME (SELF) (B6 -	B7) [Enter	'0' if value is	negative]					7	В8			.00
 В9	TOTAL INCOME TRANSFERRI				ASS	FSSMFNT			\rightarrow	B9			.00
				1 = With business in	come			_	<i></i>				.00
 В10	* Type of income transferred from HUSBAND / WIFE 2 Without business income AGGREGATE OF TOTAL INCOME (B8 + B9) B10											.00	
B11	Total relief (Amount from F21)									B11			.00
B12		RGEABLE INCOME (B8 – B11) or (B10 – B11) [Enter '0' if value is negative]								B12			.00
 В13		ON (Refer to the tax rate schedule provided at the LHDNM Official Portal, https://www.hasil.gov.my)							 γγ)	B13			.00
	Tax on the first	.00								B13a			1.
B13b	Tax on the balance	.00 At rate %							B13b				
B14	TOTAL INCOME TAX (B13a +									B14			
B15	LESS: Total rebate - Se	If	-00	- Husband / wife		.00							
	- Departure levy for umrah religious travel for other re			■00 No. of trips		- Zakat and fitrah			_	B15			
	(Restricted to 2 trips in a									-			
B16	TOTAL TAX CHARGED [B14	– B15] <i>(E</i>	nter '0' if valu	e is negative)						B16			
B17	LESS: - Section 110 (others)		. 1	- Section 132 and	1133	-				B17			-
B18	TAX PAYABLE (B16 – B17)									B18			-
B19	OR: TAX REPAYABLE (B17	– B16)		7						B19			-
B20	Payment made for 2021 income	– SELF ar	nd HUSBAN	ND / WIFE for joint as:	sessn	nent					7		
	- Monthly Tax Deductions (MTD)		.	- Self installments / CF	P500	-				B20			
B21	Balance of tax payable (B18 – I	320) / Tax	paid in exc	ess (B20 – B18)						B21	▲ (Enter 'X' if tax	noid in over	-
				DE/	OL A F	ATION					▲ (Enter 'X' if tax	paid in exces	55)
7				DE	CLAF	RATION Ide	entifica	tion / pass	oort no	*			
I						(* E	Delete wi	hichever is n	ot relevai	nt)			
hereb	y declare that the information regard	ding the inc	ome and cla	im for deductions and I	reliefs	given by me in this	return	form and	in any o	document	attached is true, cor	rect and co	mplete.
	1 = This return form is made or	my own beh	nalf	2 = This return form is	s made	e on behalf of the ind	ividual i	in item 1					
	3 = As an executor of the dec				acc fi	nich Form CD57 (Not	fication						
	** This form is not a notification pursuant to subsection 74(3) of the ITA 1967. Please furnish Form CP57 (Notification of Taxpayer's Demise) which is available at the LHDNM Official Portal, https://www.hasil.gov.my.												
Date	(dd/mm	<i>(</i> уууу)								L			
PAR				PARTICULAR	S OF	HUSBAND / WIF	E						
C1	Name of husband / wife (As per identification document)				1								
C2	Identification no.												
СЗ	Date of birth		(de	d/mm/yyyy)	C4	Passport no.						· <u> </u>	

PAR	T D·	OTHER PA	RTICULARS								
D1	Telephone no. Handphone no.	D2 E-mail									
D3	Employer's no. (complete item D4)			Tax borne by employer $1 = \text{Yes } 2 = \text{No}$							
D5	Has financial account(s) at financial										
	institution(s) outside Malaysia	hard account (County is 1977)									
D6	Method of payment for tax refund		bank account (Complete information in D7) DuitNow (Complete information in D8)								
D7	Information of bank account		D8 Information	of DuitNow (As pe	with the ban	k)					
	D7a Name of bank		D8a Identii	fication type (self)	1 = Identific	ation card 2 = Passp	oort				
	D7b Bank account no.		D8b Passp	ort no. (if D8a = 2)							
D9a	Disposal of asset under the Real Property Gains Tax Act 1976 (If 'Yes', also complete item D9b)		1 = Yes 2	2 = No							
PAR	T E:	DONATIONS / GIFTS	S / CONTRIBUTION	NS							
E1	Gift of money to the Government / State Government /	local authority						.00			
E2a	Gift of money to approved institutions / organisations /	funds		.0	00	1					
E2b	Gift of money for any sports activity approved by the M			tricted to							
E2c	Gift of money or cost of contribution in kind for any pro of national interest approved by the Minister of Finance			.0	6 of B9 E2	.00					
E2d	Gift of money in the form of wakaf to religious authority university or gift of money in the form of endowment to	/ religious body / public)	.0	00						
E3	Gift of artefacts / manuscripts / paintings to the Govern	ment or State Governm	ent					.00			
E4	Gift of money for the provision of library facilities or to library	aries			Res	tricted to 20,000		.00			
E5	Gift of money or contribution in kind for the provision of fa	cilities in public places for	r the benefit of disable	ed persons				.00			
E6	Gift of money / cost / value of gift of medical equipmen	t to any healthcare facili	ity approved by the !	Ministry of Health	Res	tricted to 20,000		.00			
E7	Gift of paintings to the National Art Gallery or any state			.00							
E8	, , , , , , , , , , , , , , , , , , , ,										
PAR	T F:	RELIE	F					.00			
F1	Individual and dependent relatives	KLLIL	- A \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				9,000	.00			
F2	Medical treatment, special needs and carer expenses (Medical condition certified by medical practitioner)	for parents			Res	tricted to 8,000	3,000	.00			
F3											
F4								.00			
F5								.00			
F6	Medical expenses on: (i) Serious diseases for self, spouse or child (ii) Fertility treatment for self or spouse (iii) Vaccination for self, spouse and child <i>(restricted to 1,00</i>) Expenses (Restricted to 1,000) on: (i) Complete medical examination for self, spouse or chil (ii) COVID-19 detection test including purchase of self-de	d	buse or child		.00	tricted to 8,000		.00			
F8								.00			
F9a	· · · · · · · · · · · · · · · · · · ·							.00			
F9b	Lifestyle – Purchase of personal computer, smartphone of	tablet for own use / bene	efit or for spouse or ch	ild and not for busine	ss use Res	tricted to 2,500		.00			
F10	Purchase of breastfeeding equipment for own use for a (Deduction allowed once in every 2 years of assessment)	a child aged 2 years and	below		Res	tricted to 1,000		.00			
F11	Child care fees to a registered child care centre / kinder	ergarten for a child aged	6 years and below	tricted to 3,000		.00					
F12	Net deposit in Skim Simpanan Pendidikan Nasional (Total deposit in 2021 minus total withdrawal in 2021)			tricted to 8,000		.00					
F13	Husband / wife / payment of alimony to former wife			Restricted to 4,000							
F14	Disabled husband / wife					5,000		.00			

Name:					Inco	ome Tax No:			
F15 Child	No.		100% Eligibility	No.		50% Eligibili	у		
F15a Child – Under the age of 18 year	ars	X 2,000 =			X 1,000	=	F15a		.00
E4E 0111 40 11		X 2,000 =			X 1,000	=			
F15b Child – 18 years and above and	d studying	X 8,000 =			X 4,000	=	F15b		.00
F15c Child – Disabled child		X 6,000 =			X 3,000	=			
		X 14,000 =			X 7,000	=	F15c		.00
F16 Life insurance and EPF)		
(a) Pensionable public servant	t category								
 Life insurance premiun 	n				.00	Restricted to 7,000			,
OR (b) Other than pensionable put	blic convent estageny						F16		.00
(b) Other than pensionable pul (i) Life insurance premiun		(Restricted	1 to 2 000)						
(ii) Contribution to EPF / a		(Restricted				Restricted to 7,000			
(ii) Contribution to E11 7 a	approved scrience	(1103110100	110 4,000)		.00 J		J		,
F17 Private retirement scheme and	d deferred annuity						Restricted to 3,000		.00
F18 Education and medical insurar	nce					<i>I</i>	Restricted to 3,000		.00
F19 Contribution to the Social Sec	urity Organization (SC	DCSO)				<i>I</i>	Restricted to 250		.00
F20 Domestic tourism expenses on: (i) Payment of accommodation a (ii) Payment of entrance fee to a (iii) Purchase of domestic tour pa Tourism Industry Act 1992	tourist attraction					` } <i>t</i>	Restricted to 1,000		.00
F21 Total relief [F1 to F20] (Trans	fer this amount to B11)								.00
PART G:			INCENTIVE	CLAIM					
Refer to Explanatory Notes for the list	of incentive claim cod	e. Please use a	dditional sheet	separately in	case of insu	fficient space.			
G1 Claim Special Deduction(s) / F	urther Deduction(s) /	Double Deduc	tion(s) / Incent	ive(s) under	paragraph	127(3)(b) of Inc	ome Tax Act 1	967	
Claim Cod	de	Balance Br	ought Foward	Amount	Claimed	Amount	Absorbed	Balance Carried F	orward
i.									
ii.							1		
G2 Claim for incentive(s) under su	ubsection 127(3A) of I	ncome Tax Act	t 1967						
Incentive Appro	oval No.	Balance Bro	ought Forward	Amount Claimed Amour			Absorbed	Balance Carried Forward	
i.						- Ay			
ii.									
PART H:		NON-EMPLO	YMENT INCOM			RS NOT DECLA	RED		
Туре	e of Income			Year of A	Assessmen	ıt		Amount (RM)	1
H1				1					.00
H2									.00
PART J:	PARTICULARS OF	TAX AGENT W	VHO COMPLE	TES THIS R	ETURN FO	RM			
J1 Name of tax agent									
-	1 1,1			Τ, Ι	ΙΙ,				
J2 Tax agent's approval no.	/			/	/				***************************************
J3 Name of firm									
J4 Firm's address									
<u> </u>									
<u> </u>			01:						
	ostcode		City						
J5 Firm's income tax no.				J8 Tax ag	ent's signati	ıre			
				9	J				
J7 Firm's e-mail				J9 Date o	of signature	(dd/mm/yyy	()		