



The Inland Revenue Department uses the information provided, to process this form in accordance with the Income Tax Acts and subsidiary legislation. We may check information provided by you, or information about you provided by a third party, with other information held by us. We will not disclose information about you to anyone outside the Inland Revenue Department unless permitted by law. The Inland Revenue Department treats your personal information in accordance with the Data Protection Act 2001 (Cap 440) to protect your privacy. Any queries may be addressed to The Data Controller Inland Revenue Department, Floriana FRN 0170.

FS7

Final Settlement System (FSS) Payer's Annual Reconciliation Statement

A Payer Information

Telephone Number									
Principal's Full Name									
Principal's Position									
Principal's Signature									

For Year Ended 31 December

A1

y	y	y	y	y

Payer P.E. No.

A2

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IT Reg. No.

A3

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ETC Reg. No.

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Date

A4

d	d	m	m	y	y	y	y	y	y

Have you paid or reimbursed the cost of Childcare Facility for the benefit of Employees

Yes No

If "Yes" insert amount paid and number of Employees

Amount

--	--	--	--	--	--	--	--	--	--

 Employees

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Are you reporting any share options / awards income taxed at 15% in the FS3s for this year?

Yes No

If "Yes", insert total amount of income reported and the number of employees

Amount

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 Employees

--	--	--	--	--	--	--	--	--	--

B Number of FS3s Issued

B1

--	--	--	--	--	--	--	--	--	--

C Gross Emoluments

Gross Emoluments (FSS Main or FSS Other applies)

C1

--	--	--	--	--	--	--	--	--	--

Gross Emoluments (FSS Part-time method applies)

C2

--	--	--	--	--	--	--	--	--	--

Fringe Benefits - Excluding Share Options (Total of all Categories less any Non-Taxable Car Allowances)

C3

--	--	--	--	--	--	--	--	--	--

Share Options fringe benefits taxed at 15%

C3a

--	--	--	--	--	--	--	--	--	--

Total Gross Emoluments and Fringe Benefits

C4

--	--	--	--	--	--	--	--	--	--

D Tax Deductions due as per FS3s attached

Tax Deductions (FSS Main or FSS Other applies)

D1

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Tax Deductions (FSS Part-time method applies)

D2

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Tax Arrears Deductions (as per amount on PCU2 (A))

D3

--	--	--	--	--	--	--	--	--	--

15% tax on Share Options

D3a

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Total Tax Deductions

D4

--	--	--	--	--	--	--	--	--	--

E1 Social Security Contributions due to IRD as per FS3s attached

E1

E2 Maternity Fund Contributions due to IRD as per FS3s attached

E2

F Payments Made to IRD During the Year

Month	Receipt No.	Date	FSS Tax			SSC		Maternity Fund		Month	Receipt No.	Date	FSS Tax			SSC		Maternity Fund	
			€	€	c	€	€	c	€				€	c	€	€	c	€	€
Jan										Jul									
Feb										Aug									
Mar										Sep									
Apr										Oct									
May										Nov									
Jun										Dec									

If the Total paid (F1) is less than total due (F2) please enclose outstanding payment with FS5 form. In the case of overpayment please enclose a letter with this form explaining why the amounts differ.

F1	TOTAL PAID JAN – DEC				
F2	TOTAL DUE AS PER ABOVE (D4, E1, E2)				
F3	AMOUNT UNDERPAID/OVERPAID				
		FSS Tax	SSC	Maternity Fund	