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FS5

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

Α	Payer Information						
	Business Name						
	Business Address					Ш	
	House /No.				FS5W		
	Street			Payer P.E	. No.		
	Locality		A1				
	Postcode			Payment	or Month o	f	
	Telephone Number		A2				
	Fax Number			m m	у у	у	у
В	Number of Payees						
	Number of Payees (FSS Main or FSS Other Tax Deduction Method applies)		B1			\Box	
	Number of Payees (FSS Part time Tax Deduction Method applies)		B2				
С	Gross Emoluments			€			
	Gross Emoluments (FSS Main or FSS Other applies)	C1				\Box	
	Gross Emoluments (FSS Part-time method applies)	C2					
	Taxable Fringe Benefits (Total of all Categories less any Non-Taxable Car Allowances)	СЗ					
	Total Gross Emoluments and Fringe Benefits	C4					
D	Tax Deductions and SSC due to IRD			€			С
	Tax Deductions (FSS Main or FSS Other applies)	D1				\Box	
	Tax Deductions (FSS Part-time method applies)	D2					
	Tax Arrears Deductions (as per amount on PCU2(A))	D3					
	Total Tax Deductions	D4				П	
	Social Security Contributions	D5					
	Maternity Fund Contributions	D5a					
	Total Due to Inland Revenue	D6				\Box	
Ε	Payment Details						
	Date of Payment Total Payment			€			С
	Date of Payment d d m m y y y y Total Payment	E1					
	Details of Cheque (if applicable) Cheque No.		E2				
	Bank Account No	D.					
	Branch E3						
	Details of person making payment						
	Full Name Signature						
	- om						
	For Official Use Only Receipt No:						
	Date						
	d d m m y y y y						

This form is to be sent to the Director General (Inland Revenue Department) with the Monthly remittance.