



# FS4 Final Settlement System (FSS) Payee Status Declaration

(The Department's Data Protection Policy and further instructions are at the back of this page)

**SECTION 1 To be completed by the Payee and given to the Payer**  
Fill in Parts A and E and ONLY ONE of Parts B, C or D

**A General Information**

ID Card/IT Reg. No. <b>A1</b>																				
Spouse ID Card/IT No. <b>A2</b>																				
Date of Marriage (if applicable)		d	d	m	m	y	y	y	y											
Surname																				
First Name																				
Address	House /No.																			
	Street																			
	Locality																			
Postcode																				
Date of Birth <b>A3</b>		d	d	m	m	y	y	y	y											
Telephone No.																				

**B Main Source of Emolument Income**  
(See notes overleaf and tick the correct box)

"Single" rates of tax <b>B1</b>	<input type="checkbox"/>
"Married" rates of tax <b>B2</b>	<input type="checkbox"/>
Overseas Employment rate of tax (15%) <b>B3</b>	<input type="checkbox"/>
Exempt income for women resuming employment <b>B4</b>	<input type="checkbox"/>

**C Part-Time Employment (Qualifying)**  
(Tick the correct box)

Pensioner <b>C1</b>	<input type="checkbox"/>																			
Full-time student/apprentice <b>C2</b>	<input type="checkbox"/>																			
Employed full-time elsewhere <b>C3</b>	<input type="checkbox"/>																			
If employed full-time elsewhere, provide full-time employer's P.E. number																				
Married, not employed full-time elsewhere having a spouse being a full-time employee or pensioner <b>C4</b>	<input type="checkbox"/>																			
<b>NIL Tax Rate</b>	Tick box C5 ONLY if your projected income from all sources for the year is expected to be below the taxable limits																			
	Note: You may lose your right to benefit from the reduced rate of 15% if you tick this box incorrectly.																			
<b>15% Tax Rate</b>	Tick box C6 to instruct your employer to start deducting tax at 15%																			
	Note: ONLY tick box C6 if you have previously completed another FS4 for the same part-time work and indicated a "NIL" tax deduction rate.																			
Effective Date <b>C7</b>		d	d	m	m	y	y	y	y											

**D Other Emolument Income**  
(Tick either box D2 or D3)

Deduct at the prescribed rate (20%) <b>D1</b>	<input type="checkbox"/>
Deduct at a higher rate <b>D2</b> (You may indicate rate or leave blank and payor will calculate)	<input type="checkbox"/>
Deduct at a lower rate <b>D3</b> <input type="checkbox"/> if pensioner or full-time student, indicate rate	<input type="checkbox"/>
<input type="checkbox"/> if not a pensioner or full-time student, tick this box to request CIR's permission <b>D4</b>	<input type="checkbox"/>

**E Payee's Declaration**

I, the undersigned, certify that the information given on this form is true and correct.

Date

Signature

**SECTION 2 To be completed by the Payer**  
Fill in Parts A and E and ONLY ONE of Parts B, C or D

**A General Information**

P.E. Number <b>A4</b>																				
Business Name																				
Business Address																				
House /No.																				
Street																				
Locality																				
Postcode																				
Telephone No.																				

**B FSS Main Tax Deduction**  
(Tick the correct box)

Use "Single" Rates if payee ticked B1 <b>B5</b>	<input type="checkbox"/>
Use "Married" Rates if payee ticked B2 <b>B6</b>	<input type="checkbox"/>
Use overseas employment rate (15%) if payee ticked B3 <b>B7</b>	<input type="checkbox"/>
Do not withhold tax if payee ticked B4 <b>B8</b>	<input type="checkbox"/>

**C FSS Part-Time Tax Deduction**  
(Tick the correct box)

Effective Date for application of Part time rate

**C8**

Part time tax deduction rate  
(insert rate which is applicable)

**C9**  Rata ta' taxxa 0%

**C10**  Rata ta' taxxa 15%

**D FSS Other Emoluments Tax Deduction**

Tax deduction rate on other Emoluments **D5**  %  
(insert rate)

**E Payer's Name and Signature**

Full name and position

Signature

**PAYER'S COPY**

This copy of the completed FS4 is to be retained by the payer