



FS3

Final Settlement System (FSS) Payee Statement of earnings

For Year Ended 31 December

A1
y y y y

A Payee Information

Name	
Address	
House No	
Street	
Locality	
Telephone Number	

Payee's ID Card/IT Reg No.
A2

Payee's Social Security No.
A3

Spouse's ID Card/IT Reg No.
A4

B Period

B1 From
d d m m y y y y

B2 To
d d m m y y y y

C Gross Emoluments

Breakdown of Fringe Benefits

	€		€
Gross Emoluments (FSS Main or FSS Other applies)	C1 <input type="text"/>	Cat 1	C5 <input type="text"/>
Gross Emoluments (FSS Part-time method applies)	C2 <input type="text"/>	Cat 2	C6 <input type="text"/>
Fringe Benefits ((Total of Boxes C5+C6+C7)-C8)	C3 <input type="text"/>	Cat 3	C7 <input type="text"/>
Fringe Benefits ((Total of Boxes C5+C6+C7)-C8)	C3a <input type="text"/>		
Total Gross Emoluments and Fringe Benefits	C4 <input type="text"/>	*	
Non Taxable Car Cash Allowance (50% of Allowance up to a maximum of €1170)			C8 <input type="text"/>

D Tax Deductions

	€
Tax Deductions (FSS Main or FSS Other applies)	D1 <input type="text"/>
Tax Deductions (FSS Part-time method applies)	D2 <input type="text"/>
Tax Arrears Deductions (as per amount on PCU2(A))	D3 <input type="text"/>
15% tax on Share Options	D3a <input type="text"/>
Total Tax Deductions	D4 <input type="text"/>

NB: If part-time tax is less than 15% of part-time Emoluments the whole emoluments will be charged at normal rates.

E Social Security and Maternity Fund Information

Basic Weekly Wages			Social Security Contributions						Maternity Fund Contribution		Weeks without pay			
€	c	Number	Category	Payee		Payer		Total		Payer		From	To	Number
				€	c	€	c	€	c	€	c			
Total														E1 *

Voluntary Occupational Pension Scheme contribution or payment €

F Payer Information

Business Name	
Business Address	House No <input type="text"/>
	Street <input type="text"/>
	Locality <input type="text"/>
Postcode <input type="text"/>	
Telephone Number <input type="text"/>	
Principal's Full name <input type="text"/>	
Principal's Position <input type="text"/>	
Principal's Signature <input type="text"/>	

Payer P.E. No.
F1

Date
F2
d d m m y y y y

Inland Revenue Department -

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.

This form is to be completed in quadruplicate. The original is to be sent to the Commissioner of Inland Revenue with the FS7, two copies are to be given to the Payee and the other copy to be retained by the Payer.