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This form is to be sent to the Commissioner of Inland Revenue with the Monthly remittance

# FS5

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

### A Payer Information

Business Name	
Business Address	
House No	
Street	
Locality	
Postcode	
Telephone Number	
Fax Number	

Payer P.E. No.  
A1

Payment for Month of  
A2   
m m y y y

### B Number of Payees

Number of Payees (FSS Main or FSS Other Tax Deduction Method applies) B1

Number of Payees (FSS Part time Deduction Method applies) B2

### C Gross Emoluments

€

Gross Emoluments (FSS Main and FSS Other applies) C1

Gross Emoluments (FSS Part-time method applies) C2

Taxable Fringe Benefits (Total of all Categories less any Non-Taxable Car Allowances) C3

**Total Gross Emoluments and Fringe Benefits** C4

### D Tax Deductions and SSC due to IRD

€ c

Tax Deductions (FSS Main or FSS Other applies) D1

Tax Deductions (FSS Part-time method applies) D2

Tax Arrears Deductions (as per amount on PCU2(A)) D3

**Total Tax Deductions** D4

Social Security Contributions D5

Maternity Fund Contributions D5a

**Total Due to Inland Revenue** D6

### E Payment Details

€ c

Date of Payment  Total Payment E1

d d m m y y y y

#### Details of Cheque (if applicable)

Bank  Cheque No. E2

Branch  Bank Account No. E3

#### Details of person making payment

Full Name  Signature

#### For Official Use Only

Receipt No:

Date   
d d m m y y y y