

# FS7 FINAL SETTLEMENT SYSTEM (FSS)

Payer's Annual Reconciliation Statement

## A PAYER INFORMATION

Telephone Number		For Year Ended 31 December A1 <input type="text"/> y y y y	
Principal's Full Name		Payer P.E. No. A2 <input type="text"/>	
Principal's Position		IT Reg. No. A3 <input type="text"/>	Jobsplus Reg No. <input type="text"/>
Principal's Signature		Date A4 <input type="text"/> d d m m y y y y	

Have you paid or reimbursed the cost of Childcare Facility to the benefit of the Employees?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes insert amount paid and number of Employees	€ <input type="text"/>	Employees <input type="text"/>
Are you reporting any share options / awards Income taxed at 15% in the FS3s for this year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If "Yes", insert total amount of income reported and the number of employees	€ <input type="text"/>	Employees <input type="text"/>

## B NUMBER OF FS3s ISSUED

B1	<input type="text"/>
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## C GROSS EMOLUMENTS

Gross Emoluments (FSS Main or FSS Other applies)	C1	<input type="text"/>
Overtime (Eligible for 15% tax deductions)	C1A	<input type="text"/>
Director's Fees	C1B	<input type="text"/>
Gross Emoluments (FSS Part-time method applies)	C2	<input type="text"/>
Fringe Benefits - Excluding Share Options <small>(Total of all Categories less any Non-Taxable Car Allowances)</small>	C3	<input type="text"/>
Share Options fringe benefits taxed at 15%	C3a	<input type="text"/>
<b>Total Gross Emoluments and Fringe Benefits</b>	C4	<input type="text"/>

## D TAX DEDUCTIONS DUE AS PER FS3s ATTACHED

Tax Deductions (FSS Main or FSS Other) D1	<input type="text"/>	Tax Arrears Deductions D3	<input type="text"/>
Tax Deductions (Eligible Overtime) D1A	<input type="text"/>	15% tax on Share Options D3a	<input type="text"/>
Tax Deductions (FSS Part-time) D2	<input type="text"/>		
<b>Total Tax Deductions D4</b>		<input type="text"/>	

## E1 SOCIAL SECURITY CONTRIBUTIONS DUE TO CFR AS PER FS3s ATTACHED

E1	<input type="text"/>
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## E2 MATERNITY FUND CONTRIBUTIONS DUE TO CFR AS PER FS3s ATTACHED

E2	<input type="text"/>
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## F PAYMENTS MADE TO CFR 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	€	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 FSS form. In the case of overpayment please enclose a letter with this form explaining why the amounts differ.	F1	<b>TOTAL PAID JAN-DEC</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	F2	<b>10% of Covid-19 Wage Supplement</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	F3	<b>TOTAL DUE AS PER ABOVE (D4,E1,E2)</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	F4	<b>AMOUNT UNDERPAID/OVERPAID</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			FSS Tax	SSC	Maternity Fund

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