



The Inland Revenue Department uses the information department 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.

# FS7

## Final Settlement System (FSS) Payer's Annual Reconciliation Statement

### A Payer Information

Telephone Number	
Principal's Full Name	
Principal's Position	
Principal's Signature	

Have you paid or reimbursed the cost of Childcare Facility to the benefit of the Employees?  Yes  No

If yes insert amount paid and number of Employees

€ <input style="width: 80%;" type="text"/>	No. of Employees <input style="width: 80%;" type="text"/>
--	---

For Year Ended 31 December

A1   
y y y y

Payer P.E. No.

A2

IT Reg No.

A3

ETC Reg No.

Date   
d d m m y y y y

A4

### B Number of FSS FS3s Issued

B1

### C Gross Emoluments

Gross Emoluments (FSS Main or FSS Other applies)

Gross Emoluments (FSS Part-time method applies)

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

**Total Gross Emoluments and Fringe Benefits**

€

C1	
C2	
C3	
C4	

### D Tax Deductions due as per FS3s attached

Tax Deductions (FSS Main or FSS Other applies)

Tax Deductions (FSS Part-time method applies)

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

**Total Tax Deductions**

€

D1	
D2	
D3	
D4	

### E1 Social Security Contributions due to IRD as per FS3s attached

€ c

E1

### E2 Maternity Fund Contributions due to IRD as per FS3s attached

€ c

E2

### F Payments made to IRD 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 FS5 form. In the case of overpayment please enclose a letter with this form explaining why the amounts differ.

F1	TOTAL PAID JAN-DEC			
F2	TOTAL DUE AS PER ABOVE (D4,E1)			
F3	AMOUNT UNDERPAID/OVERPAID			
	FSS Tax	SSC	Maternity Fund	