(C.P.8C - Pin. 2023)

MALAYSIA

INCOME TAX

PUBLIC SECTOR Employee's Statement of Remuneration **EC**

Employee's Tax Identification No. (TIN) .....

Serial No. .....

STATEMENT OF REMUNERATION FROM EMPLOYMENT

Employer's No. E .....

FOR THE YEAR ENDED 31 DECEMBER .....

LHDNM State .....

THIS FORM EC MUST BE PREPARED AND PROVIDED TO THE EMPLOYEE FOR INCOME TAX PURPOSE

A PARTICULARS OF EMPLOYEE

1. Full Name of Employee / Pensioner (Mr./Miss/Madam) .....
2. Department .....
3. Job Designation ..... 4. Staff No. / Payroll No. .....
5. Identity Card / Police / Army / Passport No. .....
6. EPF No. ..... 7. SOCSO No. .....
8. Number of children qualified for tax relief .....
9. If the period of employment is less than a year, please state:
   (a) Date of commencement .....
   (b) Date of cessation .....

B EMPLOYMENT INCOME AND BENEFITS

(Excluding Tax Exempt Allowances / Perquisites / Gifts / Benefits) **RM**

1. **Salary / Emoluments**
   (a) Salary, including Leave Pay, Bonus, Taxable Allowances and others .....
   (b) Gratuity for the period from ..... to ....
2. **Benefits In Kind** (State details: .....) .....
3. **Benefit of Leave Passage for Travel** (if applicable) .....
4. **Details of arrears and others for preceding years paid in the current year**
   Type of income (a) .....
   (b) ....

TAXABLE INCOME (B1 + B2 + B3 + B4) .....

C TOTAL DEDUCTION

1. Monthly tax deductions (MTD) remitted to LHDNM .....
2. CP38 deductions remitted to LHDNM .....
3. *Zakat* paid via salary deduction .....
4. Approved donations / gifts / contributions via salary deduction .....
5. Total claim for deduction by employee via Form TP1 in respect of:
   (a) Relief RM .....
   (b) *Zakat* other than that paid via monthly salary deduction RM .....
6. Total qualifying child relief .....

D CONTRIBUTION TO EMPLOYEES PROVIDENT FUND AND SOCSO

Amount of compulsory contribution paid (state the employee's share of contribution only)

1. EPF: RM ..... 2. SOCSO: RM .....

E LIST OF TAX EXEMPT ALLOWANCES / PERQUISITES / GIFTS / BENEFITS WITH RESPECTIVE AMOUNT

Type of Allowance/Perquisite/Gift/Benefit	Exempted Amount (RM)	Type of Allowance/Perquisite/Gift/Benefit	Exempted Amount (RM)
1.	.....	3.	.....
2.	.....	4.	.....

Name of Officer .....

Designation .....

Name and Address of Employer .....

.....

Employer's Telephone No. .....

Date .....