

L.N. 323 of 2012

**INCOME TAX MANAGEMENT ACT
(CAP. 372)**

Final Settlement System (FSS) (Amendment) Rules 2012

IN EXERCISE of the powers conferred by articles 23 and 58 of the Income Tax Management Act, the Minister of Finance, the Economy and Investment has made the following rules:-

1. (1) The title of these rules is the Final Settlement System (FSS) (Amendment) Rules, 2012, and these rules shall be read and construed as one with the Final Settlement System (FSS) Rules, hereinafter referred to as "the principal rules".

Title and
commencement.
S.L. 372.14

(2) These rules shall come into force as from the year of assessment 2013.

2. Schedule A to the principal rules shall be substituted by the Schedule to these rules.

Substitutes
Schedule A to
the principal
rules.

3. In item 1(i) of Part II of Schedule B to the principal rules, the words "(i.e. "Single" or "Married")" shall be deleted.

Amends
Schedule B to
the principal
rules.

4. In Schedule C to the principal rules, for the words "Subject to a maximum of €465" which occur in the heading of the Table thereof, there shall be substituted the words "Subject to a maximum of €1000"; and for the words "€465 or an amount equivalent to the value" which occur under the sub-heading "Fringe Benefits" of the Table thereof, there shall be substituted the words "€1000 or an amount equivalent to the value".

Amends
Schedule C to
the principal
rules.

B 2894

Schedule A

(Rule 3)

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Inland Revenue Department - Malta

FS4 Final Settlement System (FSS) Payee Status Declaration
(The Department's Data Protection Policy and further instructions are at the back of this page)

1 To be completed by the Payee and given to the Payer
Fill in Parts A and B and ONLY ONE of Parts C, D or E

A General Information

ID Card/IT Reg. No. A1

Spouse ID Card/IT No. A2

Date of Marriage (Month/Day/Year)

Surname

First Name

Address: House No. Street Locality

Postcode

Date of Birth A3

Telephone No.

B Main Source of Emolument Income
(See notes opposite and tick the correct box)

"Single" rates of tax B1 ☐

"Married" rates of tax B2 ☐

"Parent" rates of tax B3 ☐

Overseas Employment rate of tax (15%) B4 ☐

Women returning to Employment B5 ☐

Highly Qualified Persons rate of tax (15%) B6 ☐

C Part-Time Employment (Qualifying)
(Tick the correct box)

Pensioner C1 ☐

Full-time student/apprentice C2 ☐

Employed full-time elsewhere C3 ☐

If employed full-time elsewhere, provide full-time employer's P.E. number

Married, not employed full-time elsewhere having a spouse being a full-time employee or pensioner C4 ☐

NIL Tax Rate This box C5 ONLY if your projected income from all sources for the year is expected to be below the taxable limit.
Note: You may lose your right to benefit from the reduced rate of 0% if you tick this box incorrectly. C5 ☐

15% Tax Rate Tick box C6 to indicate your employer is not deducting tax at 15%.
Note: Only tick box C6 if you have previously completed an FS4 for the same part-time work and indicated a full-time deduction rate. C6 ☐

Effective Date

D Other Emolument Income
(Tick other box D2 or D3)

Deduct at the prescribed rate (20%) D1 ☐

Deduct at a higher rate D2 ☐
(You may indicate rate or leave blank and payer will calculate)

Deduct at a lower rate D3 ☐
If personal or full-time student, indicate rate:

If not a pensioner or full-time student, tick this box to request CR to permission D4 ☐

E Payee's Declaration

I, the undersigned, certify that the information given on this form is true and correct. Date

Signature

2 To be completed by the Payer
Fill in Parts A and E and ONLY ONE of Parts B, C or D

A General Information

P.E. Number A4

Business Name

Business Address

House No. Street Locality

Postcode

Telephone No.

B FSS Main Tax Deduction
(Tick the correct box)

Use "single" rates if payee ticked B1 B7 ☐

Use "married" rates if payee ticked B2 B8 ☐

Use "parent" rates if payee ticked B3 B9 ☐

Withhold 10% tax if payee ticked B4 B10 ☐

Do not withhold tax if payee ticked B5 B11 ☐

Withhold 15% tax if payee ticked B6 B12 ☐

C FSS Part-Time Tax Deduction

Effective Date for application of Part time rate C8

Part time tax deduction rate
(Insert rate which is applicable)

C9 ☐ 0% tax rate

C10 ☐ 15% tax rate

D FSS Other Emoluments Tax Deduction

Tax deduction rate on other Emoluments D5 %
(If 20% or 0%)

E Payer's Name and Signature

Full name and position

Signature

PAYER'S COPY

This copy of the completed FS4 is to be retained by the payer

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