

Serial No. .... STATEMENT OF REMUNERATION FROM EMPLOYMENT .....  
Employer's No. E ..... FOR THE YEAR ENDED 31 DECEMBER ..... LHDNM Branch .....

**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. CP 38 Deductions .....
- 3. *Zakat* paid via salary deduction .....
- 4. 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 .....
- 5. 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 .....

**CUKAI PENDAPATAN**

No. Siri .....

PENYATA SARAAN DARIPADA PENGGAJIAN .....

No. Cukai Pendapatan Pekerja .....

No. Majikan E .....

BAGI TAHUN BERAKHIR 31 DISEMBER .....

Cawangan LHDNM .....

**BORANG EC INI PERLU DISEDIAKAN UNTUK DISERAHKAN KEPADA PEKERJA BAGI TUJUAN CUKAI PENDAPATAN**

**A BUTIRAN PEKERJA**

- 1. Nama Penuh Pekerja/Pesara (En./Cik/Puan) .....
- 2. Jabatan .....
- 3. Jawatan .....
- 4. No. Kakitangan / No. Gaji .....
- 5. No. Kad Pengenalan / Polis / Tentera / Pasport .....
- 6. No. KWSP .....
- 7. No. PERKESO .....
- 8. Bilangan Anak Yang Layak Untuk Pelepasan Cukai .....
- 9. Jika bekerja tidak genap setahun, nyatakan:
  - (a) Tarikh mula bekerja .....
  - (b) Tarikh berhenti kerja .....

**B PENDAPATAN PENGGAJIAN DAN MANFAAT**

(Tidak Termasuk Elaun/Perkuisit/Pemberian/Manfaat Yang Dikecualikan Cukai)

RM

- 1. **Gaji/Emolumen**
  - (a) Gaji, termasuk Gaji Cuti, Bonus, Elaun Kena Cukai dan lain-lain .....
  - (b) Ganjaran bagi tempoh dari ..... hingga .....
- 2. **Manfaat Berupa Barangan** (Nyatakan butiran: .....) .....
- 3. **Manfaat Tambang Percutian** (jika berkenaan) .....
- 4. **Butiran bayaran tunggakan dan lain-lain bagi tahun-tahun terdahulu dalam tahun semasa**
  - Jenis pendapatan (a) .....
  - (b) .....

**PENDAPATAN BOLEH DICUKAI ( B1 + B2 + B3 + B4 )**

**C JUMLAH POTONGAN**

- 1. Potongan Cukai Bulanan (PCB) yang dibayar kepada LHDNM .....
- 2. Arahan Potongan CP 38 .....
- 3. Zakat yang dibayar melalui potongan gaji .....
- 4. Jumlah tuntutan potongan oleh pekerja melalui Borang TP1 berkaitan:
  - (a) Pelepasan RM .....
  - (b) Zakat selain yang dibayar melalui potongan gaji bulanan RM .....
- 5. Jumlah pelepasan bagi anak yang layak .....

**D CARUMAN KEPADA KUMPULAN WANG SIMPANAN PEKERJA DAN PERKESO**

**Amaun caruman yang wajib dibayar** (nyatakan bahagian pekerja sahaja)

- 1. KWSP: RM .....
- 2. PERKESO: RM .....

**E SENARAI ELAUN / PERKUISIT / PEMBERIAN / MANFAAT YANG DIKECUALIKAN CUKAI SERTA AMAUN MASING-MASING**

Jenis Elaun/Perkuisit/Pemberian/Manfaat	Jumlah Dikecualikan (RM)	Jenis Elaun/Perkuisit/Pemberian/Manfaat	Jumlah Dikecualikan (RM)
1. ....	.....	3. ....	.....
2. ....	.....	4. ....	.....

Tarikh .....

Nama Pegawai	.....
Jawatan	.....
Nama dan Alamat Majikan	.....
No. Telefon Majikan	.....