

NOTIFICATION OF CESSATION OF EMPLOYMENT
(PERSUANT TO SUBSECTION 83(3), INCOME TAX ACT 1967)

THIS FORM MUST BE SENT TO THE NEAREST OFFICE OF LEMBAGA HASIL DALAM NEGERI MALAYSIA

Employer's name and address

Employer's telephone No: _____

Employer's Reference No.

E [] - [] []

Officer's signature : _____

Officer's name: _____

Date: _____

A. PARTICULARS OF EMPLOYEE WHO WILL CEASE EMPLOYMENT

Full name
[] []

Type of employment / designation
[] []

Date of commencement of current employment. []

Date of cessation from employment []

Address
[]
[]
[]
[] []

Tax Reference No.
[] []

I.C. No.
[] []

Date of Birth []
Marital Status []

No. of children below 18 years of age []

For married woman, state:

a) Husband's full name
[] []

b) I.C. No.
[] []

c) Tax Reference No.
[] []

B. PARTICULARS OF REMUNERATION

Particulars of remuneration from the first day of this year until the date of cessation of employment	Period in this year		RM
	from	until	
1) Salary, remuneration and overtime			
1a) Benefit from Share Allocation Scheme from employer to employee such as ESOS, ESPP and others. Date of option given: [] [] [] [] [] [] Date of option exercised: [] [] [] [] [] [] Total Benefit (RM): [] [] [] [] [] []			
2) Leave pay			
3) Commission and bonus			
4) Gratuity			
5) Compensation for loss of employment			
6) Cash allowances (state the type of allowances)			
7) Pension from employer			
8) Annual value of accomodation provided by the employer			
9) Allowances other than cash such as food, clothing, lodging or housemaid provided or paid by the employer			
10) Car and driver			

C. OTHER PARTICULARS

- 1) Amount of money payable to the employee but withheld by the employer **RM** _____
- 2) If money is payable to the employee other than the above, please state:
 - i) Type of payment : _____
 - ii) Date of payment : _____
 - iii) Total payment **RM** _____
- 3) Amount of STD deduction remitted to LHDNM this year **RM** _____
- 4) Employee's contribution to EPF or other approved provident fund **RM** _____
- 5) Particulars of Share Allocation Scheme by the employer to the employee such as ESOS, ESPP and others.

Type of scheme: _____ Date of offer of option : _____
Amount of shares eligible: _____ Balance to be exercised: _____