

For Offic	ce Us
DLN	
Date	

## **ANNUAL STATEMENT OF EMPLOYER - P.A.Y.E.**

Date of Issue:	Due Date: 30.04.2019
	Address
Taxpayer Identification Number (TIN)	
YEAR OF ASSESSMENT : 2018 / 2019	PERIOD CODE : 1819

## Annual Statement of Employer under Section 86 of the Inland Revenue Act, No. 24 of 2017

You are required to complete this form and return it to the Central Document Management Unit (CDMU) at IRD Head Office or any Regional Office on or before 30th April, 2019 or in case where the employer has ceased to carry on the trade, business, profession or vocation; in a particular month, on or before the last day of the succeeding month.

Only one consolidated Statement is required to be furnished for all categories of employees of the institution.

Activity Code (Please indicate, if the nature of business has been changed)																			
PART I																			
Range of Annual Gross	No. of	Total Gross Remuneration LKR								Tax Deductions LKR									
Remuneration LKR	Employees	Rupees Cents						Rupees					(	Cents					
PRIMARY EMPLOYMENT																			
Employees - Tax not deducted A																			
<b>Employees - Tax deducted</b>																			
0 - 1,200,000 i																			
1,200,001 - 1,800,000 ii																			
1,800,001 - 2,400,000 iii																			
2,400,001 - 3,000,000 iv																			
3,000,001 - 3,600,000 v																			
3,600,001 - 4,200,000 vi																			
Above 4,200,000 vii																			
Total ( i to vii ) B																			
SECONDARY EMPLOYMENT C																			
Total (A+B+C)																			
Once and for all Payments (Terminal Benefits)																			
Total (D+E)																			



 PART II

		Gross Remuneration de	uring the year of Asse	Once and for all Payments (Terminal Benefits)						
Y/A: 2018/2019	Exempt/ Excluded Remuneration LKR	Total Gross Remuneration Liable for P.A.Y.E LKR	Tax Deducted LKR	Payments Made (Excluding Penalty & Interest) LKR	Total Terminal Benefits LKR	Tax Deducted LKR	Payments Made (Excluding Penalty & Interest) LKR			
	Α	В	С	D	E	F	G			
Apr 2018										
May 2018										
Jun 2018										
Jul 2018										
Aug 2018										
Sep 2018										
Oct 2018										
Nov 2018										
Dec 2018										
Jan 2019										
Feb 2019										
Mar 2019										
Total										

## Declaration

Signature of Declarant

Date

I declare to the best of my knowledge and belief that all particulars in Part I & II of the Statement and the attached Schedule 01 and Schedule 02 are true and correct and complete. I am aware that making an incorrect or false statement or giving false information is an offence.

Information under Section 126 of the Inland Revenue Act, No. 24 of 2017

DD/M

M / Y

YYY

(A)	
Full name of the Approved Accountant / Any other authorized person	
Designation	
National Identity Card Number	
Telephone Number	Mobile E-Mail
Signature	
	OFFICIAL FRANK
Date	D D / M M / Y Y Y Y
<u>(B)</u>	
Full Name of the Declarant	
Designation	
[	
Telephone Number	Mobile E-Mail

**OFFICIAL FRANK** 

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