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இலங்கை உள்நாட்டு இறைவரி
Sri Lanka Inland Revenue

Form No. Asmt_PAYE_001_E

For Office Use

DLN	
Date	

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

YEAR OF ASSESSMENT : 2018 / 2019

PERIOD CODE : 1819

Taxpayer Identification Number (TIN)		
		Address
Date of Issue:		Due Date: 30.04.2019

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 Remuneration LKR	No. of Employees	Total Gross Remuneration LKR		Tax Deductions LKR	
		Rupees	Cents	Rupees	Cents
PRIMARY EMPLOYMENT					
Employees - Tax not deducted	A				
Employees - Tax deducted					
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					
Total (A+B+C)	D				
Once and for all Payments (Terminal Benefits)	E				
Total (D+E)	F				



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வரிகள் - வளமான எதிர்காலத்திற்காக
TAXES - FOR A BETTER FUTURE

PART II

Y/A: 2018/2019	Gross Remuneration during the year of Assessment				Once and for all Payments (Terminal Benefits)		
	Exempt/ Excluded Remuneration LKR	Total Gross Remuneration Liabile 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
	A	B	C	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

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

(A)

Full name of the Approved Accountant / Any other authorized person																					
Designation																					
National Identity Card Number												TIN									
Telephone Number												Mobile							E-Mail		
Signature												OFFICIAL FRANK									
Date	D	D	/	M	M	/	Y	Y	Y	Y											

(B)

Full Name of the Declarant																					
Designation																					
Telephone Number												Mobile							E-Mail		
Signature of Declarant												OFFICIAL FRANK									
Date	D	D	/	M	M	/	Y	Y	Y	Y											