

For Office	ce Use	
DLN		
Date		

PERIOD CODE · 1920

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

YEAR OF ASSESSMENT: 2019 / 2020	PERIOD CODE: 1920	
Taxpayer Identification Number (TIN)		
	Address	
Date of Issue:	Due Date:	

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, 2020 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.

Range of Annual Gross Remuneration	No. of		То	tal	Gro	ss F	Rem	une	rat	ion	LK	R				Tax	De	duc	etio	ns]	LKR	.	
LKR	Employees	s	Rupces Cents					nts	Rupees						Cents								
PRIMARY EMPLOYMENT							$\overline{}$																
Employees - Tax not deducted A		N																					
Employees - Tax deducted			7				•																
0 - 1,200,000 i																							
1,200,001 - 1,800,000 ii		Ь																					
1 900 001 — 2 400 000 ;;;																							

Above 4,200,000 Total (i to vii) \mathbf{B} SECONDARY EMPLOYMENT \mathbf{C} Total (A+B+C) \mathbf{D} Once and for all Payments B (Terminal Benefits) Total (D+E)



PART I

2,400,001

3,000,001

3,600,001

3,000,000

3,600,000

4,200,000

iv

 \mathbf{v}

vi

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Activity Code (Please indicate, if the nature of business has been changed)

PART	. 11						
		Gross Remuneration de	uring the year of Asso	essment	Once and fo	r all Payments (Termi	nal Benefits)
Y/A: 2019/2020	Exempt/ Excluded Remuneration LKR	luded Remuneration Liable for PAVE Tax Deducted (Excluding Penalty & Interest) Benefits & LKR				Tax Deducted LKR	Payments Made (Excluding Penalty & Interest) LKR
	A	В	C	D	E	F	\mathbf{G}
Apr 2019							
May 2019							
Jun 2019							
Jul 2019							
Aug 2019							
Sep 2019							
Oct 2019							
Nov 2019							
Dec 2019							
Jan 2020							
Feb 2020							
Mar 2020							
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 In	nland Revenue Act, No. 24 of 201	.7		
(A)				
Full name of the Approved Accountant / Any other authorized person				
Designation		V		
National Identity Card Number		TIN		
Telephone Number	Mob	ile	E-Mail	
Signature	Moo	OFFICIAL FRANK	E-IVIAII	
Date D	D / M M / Y Y Y Y			
(B)				
Full Name of the Declarant				
Designation				
Telephone Number	Mob	ile	E-Mail	
Signature of Declarant		OFFICIAL FRANK		
Date D	D / M M / Y Y Y Y			