For Office Use

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ANNUAL STATEMENT OF EMPLOYER - APIT

(Advance Personal Income Tax)

YEAR OF ASSESSMENT: 2020/2021

PERIOD CODE: 2021

DLN

Date

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

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

You are required to complete this form and return it to Central Document Management Unit (CDMU) at IRD Head Office or any Regional Office on or before **30th April**, **2021** 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. If the aggregate number of employees liable for APIT is greater than 20, it is compulsory to submit schedules through e-service

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

Activity Code (Please indicate, if the														
PART I														
Range of Annual Gross Remuneration	No. of	Total	Gross Rem	uneration		Tax Deductions LKR								
LKR	Employees		Rupees		Cents		Ruj		Cents					
Employees - Tax not deducted														
Not Liable (<3,000,000) A1					•									
Consent Not Given-Primary A2														
Consent Not Given-Secondary A3														
Employees - Tax deducted														
PRIMARY EMPLOYMENT														
0 - 3,000,000 i														
3,000,001 - 6,000,000 ii														
6,000,001 - 9,000,000 iii														
Above 9,000,000 iv														
Total (i to iv) B					•					•				
SECONDARY EMPLOYMENT C					•					•				
Total (A1+A2+A3+B+C) D										•				
Once and for all Payments (Terminal Benefits)					•					•				
Total (D+E) F					•					•				



		Gross Remuneration during the year of Assessment														Once and for all Payments (Terminal Benefits)											
Y/A: 2020/2021	Exempt/ Excluded Remuneration LKR	ration local Gross				Dedu LKR			Payments Made (Excluding Penalty & Interest) LKR			Be	Termin nefits .KR	Dec	Ta lucte	Payments Made (Excluding Penalty & Interest) LKR				Ÿ							
	Α	I	В				С				D								G								
Apr 2020																											
May 2020																											
Jun 2020																											
Jul 2020																							<u>_</u>				
Aug 2020																											
Sep 2020																											
Oct 2020																											
Nov 2020																											
Dec 2020																											
Jan 2021																											
Feb 2021										7							7										
Mar 2021													7														
Total																											
Declarat	ion under Section 1	26 of the Inl	land Reve	nue A	.ct, No.	.24 of	f 2017,	by t	he Co	mmis	sione	· Gen	ieral of	Inland	Reve	enue											
	Return or part of										YES	_				NO											
	ART A & PART B							o" of	nlv PA	RT B			illed)														
PART (A)		01 000 00000						,			Siloui)														
	d Accountant																										
Designat	ion																										
Telephor	ne Number												Μ	lobile													
E-Mail											•												•				
Signature	e			7																							
	nber/ Passpor	t No.														0	FFI	CIA	LFR	ANK							
	pplicable			-					\rightarrow			+															
Date			D D	/	/	М	М	/	/	Y	Y	Y	Y											 			
PART (B)																											

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, 02 and 03 are true, correct and complete. I am aware that making an incorrect or false statement or giving false information is an offenc

Full Name of the Declarant																							
Designation																							
	(Managing Director/Director/Secretary/Principal Officer/ Duly Authorized Agent)																						
Telephone Number													Mo	bile									
E-Mail																							
Signature																 							·
NIC Number / Pas port Nov	k				~~	vv	/.i	rd	l.g	50	v.	Ik					AIA	L F	BAN	g)V.		1
Date	D	D	/	/	М	M	/	/	Y	Y	Y	Y											
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