## INLAND REVENUE DEPARTMENT EMPLOYER'S RETURN OF REMUNERATION AND PENSIONS

FOR OFFICIAL USE	

	FOR <sup>-</sup>	THE YEAR FROM	/I 1 APRIL 2009	9 TO 3	1 MA	RCH 20	10			ement of t		-						
										ted on ve box wh								
Ple	ease provide a copy of the co	ompleted Form IR5	6B to your emplo	yee and	d retai	n a copy	for					· _						
	Employer's File No. (as sho	wn at the top left l	nand corner of th	e addre	ess bo	x on For	m B	BIR56A)										
	Name of Employer	·																
	(The business name is required)										Soo M	oto '	21	ı	ı		ı	
	(The business name is required)							•••••	Sne	et No. (3	see m	ote 2	2) L	- 1	<u> </u>		<u> </u>	
<u>?</u> .	Name of Employee or Pensioner (See Note 1(a))																	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Surname					ı		ı	1 1						1		
	Mr/Mrs/Ms/Miss #	Other Names i	n Full															
		Full Name in C	Chinese															
ł	(a) H.K. Identity Card Nun	nher (See Note 2)			(Th	is field mu	ıst be	e comple	eted)-		$\mathbb{H}$	1	ı		ı		,	
	(b) Passport Number an					Identity	Ca	rd)		•							,	
	Sex (Insert the appropria														omplet			
	Marital Status (Insert the																	
	(a) If married, full name																	
	(b) Spouse's H.K. Identit	•																
	· · · •	•	•			,		-	-									
	Residential Address																	
	Postal Address (if different		-															
	(a) Capacity in which en	•																
	(b) If part time, the name	•																
	Period of employment fo	r the year from 1	April 2009 to 3	31 Mar	ch 20	10	• • • • • • • • • • • • • • • • • • • •		. Lav	Month	Vear	Ш	to	Day	Mont	1	Year	
	Dankias Inc.		1	2000 +-	24 14	1b 20	110	/C A	-		rear			Day	TVIOTIC		roui	
•	Particulars of Income acc	cruing for the yea	ar from 1 April 2	2009 to	31 10				iote 3	):-								
	Pa		_			erio			.1		_			t (HKS				
	Particulars			Day	Montl	n Year		Day	Mont	h Year		E	EXCLUDE (					
)	Salary/Wages						to				<u> </u>	1	L	Ĺ	1	Ĺ	010	
)	Leave Pay					1	to			+							0/0	
)	Director's Fee	Commission/Fees (See Note 4)					to										0/0	
) )	Bonus (See Note 5)						to to			+							010	
, )	Back Pay, Terminal Awards or Gratuities (See Note 6)  Certain Payments from Retirement Schemes (See Note 7)  Salaries Tax paid by Employer						to					1			+ +		0 0	
)							to					1			<del>                                     </del>	<u> </u>	010	
)							to							1	1 ;	1	0 0	
)		ucation Benefits (See Note 8)					to						i	1	1 1	1	000	
)	Gain realized under Share Option Scheme (See Note 9) Any other Rewards, Allowances or Perquisites (See Note 10)					to					i	ı	i		l	010		
)						to												
	Nature															1	010	
)	Pensions (See Note 11)						to			Tabal							0\0	
										Total							JU YQ	
	Particulars of Place of Re	esidence provide	d <i>(See Note 12)</i>	(0=No	t prov	vided 1:	=Pro	ovided	)		(Thi	s box	mus	t be c	omplet	ed)→		
		a a a a a a a a a a a a a a a a a a a	Nature				1					ا ما ، ،	rin -	+b -				
		(e.g. House,				Period Provided							S) paid during the year					
	Address	Address Apartment,			1			To Landlord by				Refunded				Paid to		
			No. of Rooms in Hotel, etc.)	Fre	om	То	Employer			Emplo	E	to Employee			Employer by Employee			
	Whether the employee was	s wholly or partly p		eas con	npany	either in	Hoi	ng Kon	g or d	overseas	(0=Nc	), 1=	Yes)				1	
		s wholly or partly p		eas com	npany	either in	Ног	ng Kon	g or d	overseas	(0=Nc	), 1= s box	Yes) must	: be co	omplet	ed) <b>→</b>		
	If yes, please state:		paid by an overse								(Thi:	s box	must	be c	-		L	
	If yes, please state: Name of the overseas co	ompany	paid by an overse								(This	s box	must	be co				
	If yes, please state:	ompany	paid by an overse								(This	s box	must	be co				
	If yes, please state: Name of the overseas co Address	ompanyamount must als	paid by an overse	in item	 11 <i>(S</i>	ee Note		 ))			(Thi	s box	must	be co				
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	If yes, please state: Name of the overseas co Address	ompanyamount must als	paid by an overse	in item	11 (S 	ee Note	 2 13,  See	)) Note	1(e))		(Thi	s box	must	: be co				
	If yes, please state: Name of the overseas co Address	ompanyamount must als	paid by an overse	in item	11 (S Sigr	ee Note	 2 13 /  See	)) Note	1(e))		(This	s box	must					