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

| FOR OFFICIAL USE |  |
|------------------|--|
|                  |  |

|            | FOR 1  | THE YEAR FROM   | VI 1 APRIL 201                       | 1 TO 3   | 1 M/            | ARCH 20     | 12             |          |               | ement of t          |                        |                         |                        |           |        |         | 00             |               |  |
|------------|--|---|--------------------------------------|----------|-----------------|-------------|----------------|----------|---------------|---------------------|------------------------|-------------------------|------------------------|-----------|--------|---------|----------------|---------------|--|
|            |  |   |                                      |          |                 |             |                |          |               | ted on<br>ve box wh |                        |                         |                        |           |        |         | ,              | o.)           |  |
| PI         | ease provide a copy of the co                          | ompleted Form IR5   | 6B to your emplo                     | oyee and | d reta          | ain a copy  | for            |          |               |                     |                        |                         |                        |           |        |         |                | _             |  |
| 1.         | Employer's File No. (as show                           | wn at the top left h  | nand corner of th                    | ne addre | ess b           | ox on For   | m B            | BIR56A)  |               |                     |                        | _                       |                        |           |        |         |                |               |  |
|            | Name of Employer                                       |   |                                      |          |                 |             |                |          |               |                     |                        |                         |                        |           |        |         |                |               |  |
|            | (The business name is required) Sheet No. (See Note 2) |   |                                      |          |                 |             |                |          |               |                     |                        |                         | 1 1                    |           |        |         |                |               |  |
| _          |  |   |                                      |          |                 |             |                |          |               | (-                  |                        |                         |                        |           |        |         |                |               |  |
| 2.         | Name of Employee or Pe                                 |   |                                      |          |                 |             |                |          |               |                     |                        |                         |                        |           |        |         |                |               |  |
|            | Mr/Mrs/Ms/Miss #                                       | Surname   |                                      |          |                 | 1 1         |                |          | 1             |                     | 1 1                    |                         |                        |           |        |         | - 1            | _             |  |
|            | # (Delete whichever is inapplicable)                   | Given Name  | Nh in a a a                          |          |                 |             |                |          |               |                     |                        |                         |                        |           |        |         |                |               |  |
|            |  | Full Name in C  |                                      |          |                 |             |                |          |               | •                   |                        |                         |                        |           |        |         |                | _             |  |
| 3.         | (a) H.K. Identity Card Num                             | nber (See Note 2  | (c))                                 |          | (T              | his box mus | st be          | complete | e <b>d)</b> - | <b>▶</b>            | 廾                      | 1                       | Ĺ                      |           |        | Щ       | ] (L           | ╛             |  |
|            | (b) Passport Number and                                | d country of issu   | e (if Employee                       | has no   | H.K             | . Identity  | Cai            | rd)      |               |                     |                        |                         |                        |           |        |         |                |               |  |
| 4.         | Sex (Insert the appropriat                             | te code: M=Male   | , F=Female)                          |          |                 |             |                |          |               |                     | (This                  | box n                   | nust b                 | e com     | ıplete | :d) -   | <b>▶</b> _     |               |  |
| 5.         | Marital Status (Insert the                             | appropriate code  | e: 1=Single/Wid                      | dowed/[  | Divo            | rced/Livir  | ng A           | Apart, 2 | 2=Ma          | rried)              |                        |                         |                        |           |        |         |                |               |  |
| 6.         | (a) If married, full name                              | of spouse   |                                      |          |                 |             |                |          |               |                     |                        |                         |                        |           |        |         |                |               |  |
|            | (b) Spouse's H.K. Identity                             |   |                                      |          |                 |             |                |          |               |                     |                        |                         |                        |           |        |         |                |               |  |
| 7.         | Residential Address                                    |   |                                      |          |                 |             |                |          |               |                     |                        |                         |                        |           |        |         |                |               |  |
| 8.         | Postal Address (if differer                            | nt from item 7 ak   | oove)                                |          |                 |             |                |          |               |                     |                        |                         |                        |           |        |         |                | _             |  |
|            | (a) Capacity in which em                               |   |                                      |          |                 |             |                |          |               |                     |                        |                         |                        |           |        |         |                |               |  |
|            | (b) If part time, the name                             | e of his/her princ  | cipal employer                       | (if knov | vn)             |             |                |          |               |                     |                        |                         |                        |           |        |         |                |               |  |
| 10.        | Period of employment for                               | r the year from 1   | 1 April 2011 to                      | 31 Marc  | ch 2            | 012         |                |          | li            | 1 1 1               | -<br>                  | ıl                      | to                     | 1 1       | ı      | 1 1     | 1 1            |               |  |
|            | , ,  | ,   |                                      |          |                 |             |                |          |               | / Month             | Year                   |                         |                        | Day 1     |        | h       | Year           |               |  |
| 11.        | Particulars of Income acc                              | ruing for the yea   | ar from 1 April                      | 2011 to  | 31 I            | March 20    | 12             | (See N   | ote 3         | ):-                 |                        |                         |                        |           |        |         |                |               |  |
|            |  |   |                                      | l        |                 | Pe          | erio           | d        |               |                     |                        |                         | Δma                    |           | (HK    | <u></u> |                | _             |  |
|            | Pa   | articulars  |                                      | Dav      | Mon             | th Year     |                |          | Viont         | h Year              | Amount (FEXCLUDE (     |                         |                        |           | •      |         |                |               |  |
| (a)        | Salary/Wages   |   |                                      | . ,      |                 |             | to             | .,       |               |                     |                        | ı İ                     | 1                      | _         |        |         | <b>0</b> ×     | Q             |  |
| (b)        | Leave Pay  |   |                                      |          |                 |             | to             |          |               |                     |                        | 1                       | i                      | $\exists$ |        |         |                | ₹             |  |
| (c)        | Director's Fee   |   |                                      |          |                 |             | to             |          |               |                     |                        | i                       |                        |           |        | ī       |                | Q             |  |
| (d)        | Commission/Fees (See N                                 | Vote 4)   |                                      |          |                 |             | to             |          |               |                     |                        | i                       | j                      |           |        | Ĺ       | O <sub>1</sub> | Q             |  |
| (e)        | Bonus (See Note 5)                                     |   |                                      |          |                 |             | to             |          |               |                     |                        |                         |                        |           |        |         | D <sub>T</sub> | Q             |  |
| (f)        | Back Pay, Terminal Awards                              |   |                                      |          |                 |             | to             |          |               |                     |                        |                         |                        |           | 丄      | 止       | <b>D</b> T     | $\rightarrow$ |  |
| (g)        | Certain Payments from Re                               |   | es (See Note 7)                      |          |                 |             | to             |          |               |                     |                        |                         |                        |           |        |         | <b>D</b> T     | $\rightarrow$ |  |
| (h)        | Salaries Tax paid by Emp                               | -   |                                      |          |                 |             | to             |          |               |                     |                        | Щ                       |                        |           |        |         | Q <sub>1</sub> | $\rightarrow$ |  |
| (i)<br>(j) | Education Benefits (See Gain realized under Share      |   | na (Saa Nata 0)                      |          |                 |             | to<br>to       |          |               |                     |                        |                         |                        | ᆚᅦ        |        |         | <u> </u>       | $\rightarrow$ |  |
| (k)        | Any other Rewards, Allowa                              |   |                                      |          |                 |             | 10             |          |               |                     |                        | 1                       |                        | $\perp$   |        |         | المو           | <u>ų</u>      |  |
| (//)       | Nature   | unices of 1 erquisite   |                                      |          |                 |             | to             |          |               |                     | l i                    | ı                       | ı                      |           | ı      | ı       | O <sub>T</sub> | Q             |  |
| (1)        | Pensions (See Note 11)                                 | Pensions (See Note 11)  |                                      |          |                 |             | to             |          |               |                     |                        | i                       | Ī                      |           |        | ī       |                | Q             |  |
|            |  |   |                                      |          |                 |             |                |          |               | Total               |                        |                         |                        |           |        |         |                | Q             |  |
|            |  |   |                                      |          |                 |             | _              |          |               |                     | (This                  | hav 10                  |                        |           |        |         | . I            |               |  |
| 12.        | Particulars of Place of Re                             | ) (0=No   | (0=Not provided, 1=Provided)(This bo |          |                 |             |                |          |               |                     | oox must be completed) |                         |                        |           |        |         |                |               |  |
|            | Nature<br>(e.g. House                                  |   |                                      |          | Period Provided |             |                |          | Rent (HK\$    |                     |                        |                         | ) paid during the year |           |        |         |                |               |  |
|            | Address  | Flat, Serviced<br>Apartment,  | 1                                    | om       |                 | Т           | o landl        | ord      | To land       | llord               | Refunded to            |                         |                        | Employer  |        |         |                |               |  |
|            |  | No. of Rooms  | >                                    |          | То              | ١,          | by<br>Employer |          | by<br>Emplo   | )<br>DVEE           | Ei                     | Employee<br>by Employer |                        |           |        | r h     | <u>م</u> د     |               |  |
|            |  |   | in Hotel, etc.)                      |          |                 |             | <u> </u>       |          | -             | Linpic              | - Joo                  | Dy                      | шр                     | loyci     | - 2    | ,       | рюу            | _             |  |
|            |  |   |                                      |          |                 |             |                |          |               |                     |                        |                         |                        |           | _      |         |                |               |  |
|            |  |   |                                      |          |                 |             |                |          |               |                     |                        |                         |                        |           |        |         |                |               |  |
|            |  |   |                                      |          |                 |             |                |          |               |                     |                        |                         |                        |           |        |         |                |               |  |
| 13.        | Whether the employee was                               | Whether the employee was wholly or partly paid either in Hong Kong or overseas by an overseas company (0=No, 1=Yes) |                                      |          |                 |             |                |          |               |                     |                        |                         |                        |           |        |         |                |               |  |
|            | If yes, please state:                                  | , , , , ,   |                                      |          |                 |             |                |          |               |                     |                        |                         |                        | e com     | plete  | :d) -   | ▶ _            | _             |  |
|            | Name of the overseas co                                | mnany   |                                      |          |                 |             |                |          |               |                     |                        |                         |                        |           |        |         |                |               |  |
|            | Address  |   |                                      |          |                 |             |                |          |               |                     |                        |                         |                        |           | _      |         |                |               |  |
|            | Amount (if known) (This                                |   | so be included                       | in item  | 11 (            | See Note    | 13             | )) _     |               |                     |                        |                         |                        |           |        |         |                |               |  |
| 14.        | Remarks (See Note 12(b))                               |   |                                      |          | ,               |             | -,             |          |               |                     |                        |                         |                        |           |        |         |                |               |  |
|            |  |   |                                      |          | <i>C'</i>       |             | •              | N=+ -    | (c))          |                     |                        |                         |                        |           |        |         |                | _             |  |
|            |  |   |                                      |          | _               | nature (S   |                |          |               |                     |                        |                         |                        |           |        |         |                |               |  |
|            |  |   |                                      |          | Des             | signation   |                |          |               |                     |                        |                         |                        |           |        |         |                | _             |  |
|            | Space for Employer's                                   | official chop   |                                      |          | Dai             | te          |                |          |               |                     |                        |                         |                        |           |        |         |                | _             |  |