NOTIFICATION

OF REMUNERATION PAID TO PERSONS OTHER THAN EMPLOYEES

FOR THE YEAR ENDED 31 MARCH [ ]

(See Note 1)

INLAND REVENUE DEPARTMENT,
Revenue Tower,
5 Gloucester Road,
Wan Chai, Hong Kong.

ALL CORRESPONDENCE SHOULD BE ADDRESSED TO:
COMMISSIONER OF INLAND REVENUE,
G.P.O. Box 132, Hong Kong.

Payer's Employer's Return File No. [ ] — [ ]

Name of Payer .....
(State name of business)
.....
.....

THE FOLLOWING ARE THE PARTICULARS OF THE RECIPIENT: —

Sheet No. (See Note 3) 9

1. For a person other than an individual or a corporation ***[See Note 7(a)]***

Name of Company	
Business Registration No.	

2. For an individual ***[See Note 7(b)]***

(a) Name of Recipient (Surname first, followed by a comma and then other names. See Example at the bottom)**

Mr / Mrs / Ms / Miss #	Full Name in English	
	Full Name in Chinese	

(b) H.K. Identity Card Number (This field must be completed per his / her H.K. Identity Card) ..... [ ] — [ ] ([ ])

(c) Sex (Insert the appropriate code: M = Male, F = Female) ..... [ ]

(d) Marital Status, if known (Insert the appropriate code: 1 = Single / Widowed / Divorced / Living Apart, 2 = Married) ..... [ ]

(e) (i) If married, full name of spouse .....

(ii) Spouse's H.K. Identity Card Number / Passport Number and Country of issue (if known) .....

3. Postal Address .....
..... Tel .....

4. Capacity engaged .....

5. Period for which service was rendered ..... [ ] (Day Month Year) to [ ] (Day Month Year)

6. Particulars of income accruing during the period of service : —

Particulars	Amounts (HK$) EXCLUDE CENTS
Type 1: Subcontracting Fees	0 0
Type 2: Commission (See Note 8)	0 0
Type 3: Writer's / Contributor's Fees	0 0
Others: a. Artiste's Fees	0 0
b. Copyright / Royalties	0 0
c. Consultancy / Management Fees.....	0 0
d.	0 0
e.	0 0
Total	0 0

7. Whether a sum has been withheld from the above payment to settle the tax due by the recipient
(0 = No, 1 = Yes) ..... (This box must be completed) → [ ]

If yes, please state the amount withheld $ _____

8. Remarks 0

Space for company's official chop

Signature .....

Designation .....

Date .....

**Example: Name of Recipient Chan, Tai Man

Important Notes
1. This form should be returned to the Inland Revenue Department with Form IR6036B.
2. Please provide a copy of the completed IR56M to the recipient to assist him / her in completing his / her tax return and retain a copy for reference.

Delete whichever is inapplicable