		F	FOR OFFICIAL USE					
	NOTIFI BY AN EMPLOYER OF AN EMPLOYEE	LOYED			56E			
	(Under section 52(4) of the Inland Revenue Ordinance, Cap. 112)							
То	To be completed and returned within 3 months from date of commencement of employment				Replacement – correcting the form submitted on (DD/MM/YYYY)			
L All correspondence should be sent to: P.O. Box 28777 Concorde Road Post Office, Kowloon, Hong Kong						$("\checkmark"$ the above box where applicable and fill in the date)		
Particulars of the employer: -								
1.	Employer's File No. (If not available, state	your Busi	ness Registration No.)					
	If you do not have Employer's File No./Business Registration No., state your H.K. Identity Card Number							
	Name of Employer (The business name is required)							
	Address of Employer							
Particulars of the employee: -								
2. Name of Employee (Surname first, followed by a comma and then Given Name. See Example at the bottom) *								
	Mr/Mrs/Ms/Miss # Full Name in	n English						
	# (Delete whichever is inapplicable) Full Name in Chinese							
3.	 3. (a) H.K. Identity Card Number							
4.	Sex (M=Male, F=Female) (This box must be completed) \rightarrow							
5.	Marital Status (1=Single/Widowed/Divorced/Living Apart, 2=Married)							
6.	(a) If married, full name of spouse							
_	(b) Spouse's H.K. Identity Card Number/Passport Number and place of issue (if known)							
7.	Residential Address							
8. 0	Postal Address (if different from item 7 above)							
9.	Capacity in which employed							
10.	Day Month Year							
11.	(a) Monthly Rate of Fixed Income							
	(b) Monthly Rate of Allowance (e.g. Cost of Living) HK\$ HK\$ [EXCLUDE CENTS]							
	(c) Fluctuating Income (e.g. Commission, Bonus, Gratuities) HK\$ (d) Particulars of Place of Residence provided (0=Not provided, 1=Provided) (This box must be completed) →							
	Address		Nature (e.g. House, Flat, Serviced Apartment, No. of Rooms in Hotel, etc.)	Monthly Rent Paid to Landlord by Employer (HK\$)	Monthly Rent Paid to Landlord by Employee (HK\$)	Monthly Ren Refunded to Emp by Employer (HK\$)	loyee Paid to Employer	
12.	Whether the employee was wholly or par	tly paid ei	ther in Hong Kong or else	where by a no	n-Hong Kong com	npany (0=No, 1	=Yes)	
	If yes, please state: Name of the non-Hong Kong company							
	Address							
13.	Whether the employee has been condition							
	which can be exercised after rendering services in Hong Kong ($0=No$, $1=Yes$) (This box must be completed) \rightarrow							
	If yes, supply information, as an attachment, on details of the number and type of shares covered by the option, the consideration (if any) paid for the grant of the option, the consideration required to exercise the option and the period within which the option must be exercised.							
[
	Signature							
	Name							
		Designatio	n			-		
* Fv>	Space for Employer's official chop	Date • "CHAN" a	nd "TAI MAN" respectively	complete as		-		
IR56E	(12/2022)	Please pro	vide a copy of the completed I	orm to your emp	loyee	FOI	R OFFICIAL USE	