INLAND REVENUE DEPARTMENT

NOTIFICATION
OF REMUNERATION PAID TO PERSONS OTHER THAN EMPLOYEES

FOR THE YEAR ENDED 31 MARCH _____ *(See Note 1)*

Prepare a fresh form for another recipient for the same year

Prepare a fresh form for the same recipient but for another year

56M

☐ Additional

☐ Replacement

("✓" one of the above boxes if this is an amendment form)

Please use this form for reporting payments to **non-corporate local persons** *(see Note 6)*. This form should be submitted with a duly completed Form IR6036B if Form IR6036B has not been submitted for the relevant year.

All correspondence should be sent to: P.O. Box 28777 Gloucester Road Post Office, Hong Kong

Particulars of the payer: -

Sheet No. *[See Note 3]* 9

1. (a) Employer's File No. (as shown at the top left hand corner on Form BIR56A / IR6036B)
(State your Business Registration No./H.K. Identity Card Number if you do not have an Employer's File No.) ..... _____ – _____

(b) Name of Payer (State the business name, if the payer is a company) _____

(c) Address of Payer _____

Particulars of the recipient: -

2. For a partnership or an unincorporated body of persons *[See Note 7(a)]*

Name of Company		Business Registration No.	

3. For a sole-proprietorship or an individual *[See Note 7(b)]*

(a) Name of sole-proprietorship

Name of Company		Business Registration No.	

(b) (i) Name of individual / sole-proprietor (Surname first, followed by a comma and then Given Name. See Example at the bottom) *

Mr/Mrs/Ms/Miss # (Delete whichever is inapplicable)	Full Name in English	
	Full Name in Chinese	

(ii) H.K. Identity Card Number ..... **(If item 3(b) is applicable, this field must be completed)** → _____ – _____ (_____)

(iii) Sex (Insert the appropriate code: M=Male, F=Female) ..... **(If item 3(b) is applicable, this box must be completed)** → _____

(iv) Marital Status (Insert the appropriate code: 1=Single/Widowed/Divorced/Living Apart, 2=Married) ..... _____

(v) • If married, full name of spouse _____

• Spouse's H.K. Identity Card Number/Passport Number and place of issue (if known) _____

4. Postal Address _____

Tel. No. _____

5. Capacity engaged _____

6. Period for which service was rendered ..... _____ (Day Month Year) to _____ (Day Month Year)

7. Particulars of income accruing during the period of service *[See Note 8]* : -

Particulars	Amount (HK$) EXCLUDE CENTS	
Type 1: Subcontracting Fees		0 0
Type 2: Commission		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. Service Fees		0 0
e. Nature: _____		0 0
Total		0 0

8. 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: HK$ _____

9. Remarks _____ 0

Space for Company Chop

Signature _____

Designation _____

Date _____

* Example: Surname and Given Name of Recipient are "CHAN" and "TAI MAN" respectively, complete as C | H | A | N | , | T | A | I | M | A | N | | | | | |

Please provide a copy of the completed Form to the recipient