

**FOURTH SCHEDULE**

(regulation 22(1)(a))

**STATEMENT OF EMOLUMENTS AND TAX DEDUCTION FOR INCOME YEAR ENDED 30 JUNE....**

(To be given in duplicate by an employer to his employee not later than 15 August in the year of assessment)

**1. IDENTIFICATION OF EMPLOYER**

Full Name .....  
PAYE Employer Registration Number .....  
Business Registration Number .....

**2. IDENTIFICATION OF EMPLOYEE**

Full Name of employee .....  
Employed from ..... to .....  
National Identity Card No. .... Tax Account No. ....

**3. EMOLUMENTS**

Rs

Salary, wages, leave pay, fee, overtime pay, perquisite, allowance, gratuity, commission or other reward or remuneration .....  
Bonus including end-of-year bonus .....  
Rent or housing allowance .....  
Entertainment allowance .....  
Transport, travelling, petrol or driver's allowance, travel grant, commuted travelling allowance (please specify) .....  
Reimbursement of travelling expenses .....  
Any other allowance or sum by whatever name called (please specify) .....  
Reimbursement of the cost or payment of personal and private expenses (please specify) .....  
Reimbursement of the cost or payment of passages, by sea, air or land between Mauritius and another country on behalf of the employee, his spouse and dependents .....  
Fringe benefits (please specify) .....  
Lump sum by way of commutation of pension, death gratuity, consolidated compensation for death or injury, retiring allowance, severance allowance, compensation for loss of office, superannuation .....  
Retirement pension, annuity or other reward (please specify) .....

**TOTAL**

Deduct: Exempt income in accordance with Sub-Part A of Part II of the Second Schedule to the Act (please specify).....

**EMOLUMENTS NET OF EXEMPT INCOME**

Income Exemption Threshold claimed by employee in his/her Employee Declaration Form .....

**4. TAX DEDUCTION**

Tax withheld and remitted to the Mauritius Revenue Authority .....

**DECLARATION BY EMPLOYER**

.....  
(Full name of signatory in **BLOCK LETTERS**)

do hereby declare that the information I have given in this statement is true and correct.

Date : ..... Signature .....



Capacity in which acting .....