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**OFFICE OF THE INLAND REVENUE**  
**Floriana - Malta**  
**FSS SECTION BLOCK 1**  
**TEL: 22962296, 22962124, 22962126**

**PE** FOR OFFICE USE ONLY

**APPLICATION FOR THE REGISTRATION OF AN EMPLOYER**

(This form is to be completed in duplicate and sent to the IRD)

BUSINESS NAME	<input type="text"/>	MAILING ADDRESS	<input type="text"/>
BUSINESS ADDRESS	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
TRADING ACTIVITY	<input type="text"/>	TEL NO	<input type="text"/>
STARTING DATE OF EMPLOYMENT ACTIVITY	<input type="text"/>	FAX NO	<input type="text"/>
		E-MAIL	<input type="text"/>
RESPONSIBLE DIRECTOR/OWNER	<input type="text"/>	I.D. CARD NO	<input type="text"/>
CONTACT PERSON	<input type="text"/>	MOBILE NO	<input type="text"/>

Related Information (Company/Individual/Partnership) LTD COMPANY  INDIVIDUAL  PARTNERSHIP

Write below any related PE numbers

ID/IT REF NO	<input type="text"/>	PE	<input type="text"/>
VAT NO	<input type="text"/>	PE	<input type="text"/>
COMPANY ROC NO (if any)	<input type="text"/>	PE	<input type="text"/>
		PE	<input type="text"/>
		PE	<input type="text"/>

IN CASE OF PARTNERSHIP TICK HERE IF PARTNERSHIP IS NOT REGISTERED

The following part should be filled in case of a partnership OR a limited liability company

NAME OF PARTNERS OR DIRECTORS	ID/IT REF NO	VAT NO (IF ANY)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

NUMBER OF EMPLOYEES FULL TIME  PART-TIME

DO YOU EMPLOY ON A SEASONAL BASIS? YES  NO

DO YOU HAVE INTERNET FACILITIES? YES  NO

ARE YOU INTERESTED IN USING INTERNET TO (tick box): PAY MONTHLY FS5  SUBMIT FS4  SUBMIT FS3'S

DO YOU HAVE A PAYROLL SYSTEM? YES  NO

If YES please write the name of your Software Provider

**I declare that the above details are correct**

NAME	<input type="text"/>	ID CARD NO	<input type="text"/>
SIGNATURE	<input type="text"/>	DESIGNATION	<input type="text"/>
DATE	<input type="text"/>	TELEPHONE NO	<input type="text"/>

**Notes:**

- This application should be made by:
  - (a) The employer himself in case of an individual;
  - (b) The Managing Director in case of a Company;
  - (c) The Principal Partner in the case of a Partnership;
  - (d) The Principal Officer in the case of any other body of persons.

Monthly FS5 forms together with FSS tax/SSC remittances should be received at the Inland Revenue by the end of the following month.

Yearly reconciliation FS7 and FS3 forms are to be received at the Inland Revenue by the end of January of each year. Electronic lodgement of such forms is mandatory where indicated by the Commissioner of Inland Revenue.

**THE EMPLOYER IS RESPONSIBLE TO INFORM THE DEPARTMENT OF ANY CHANGES ESPECIALLY WHEN NO MORE EMPLOYEES ARE ON HIS PAYROLL**