



A PAYEE INFORMATION

Surname	Schembri
First Name	Adrian
Address House No.	7A, Binja Gebel id-Dwejra Triq San David
Street	
Locality	Mtarfa
Postcode	
Telephone Number	7 9 2 1 1 1 2 4

For Year Ended 31 December	A1	2	0	2	2					
		y	y	y	y					
Payee's ID Card/IT Reg. No.	A2	3	4	3	7	8	5	m		
Payee's Social Security No.	A3									
Spouse's ID Card/IT Reg. No.	A4									

B PERIOD	B1 From	0	1	0	1	2	0	2	2	B2 To	3	1	1	2	2	0	2	2
		d	d	m	m	y	y	y	y		d	d	m	m	y	y	y	y

C GROSS EMOLUMENTS

Gross Emoluments (FSS Main or FSS Other applies)	C1	3	5	9	0	2	0	€
Overtime (Eligible for 15% tax deduction)	C1A	0						
Director's Fees	C1B	0						
Gross Emoluments (FSS Part-time method applies)	C2	0						
Fringe Benefits - Excluding Share Options (Total of Boxes (C5+C6+C7)-(C8))	C3	0						
Share Options fringe benefits taxed at 15%	C3a	0						
Total Gross Emoluments and Fringe Benefits	C4	3	5	9	0	2	0	€
Non Taxable Car Cash Allowance (50% of Allowance up to a maximum of €1170)	C8							

Number of Overtime Hours

	0		0		0
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Breakdown of Fringe Benefits

Cat 1 C5	0
Cat 2 C6	0
Cat 3 C7	0
	0

D TOTAL DEDUCTIONS

Tax Deductions (FSS Main or FSS Other)	D1	1	1	6	6	0	7	€
Tax Deductions (Eligible Overtime)	D1A	0						
Tax Deductions (FSS Part-time)	D2	0						
Tax Arrears Deductions	D3	0						
15% tax on Share Options	D3a	0						
Total Tax Deductions	D4	1	1	6	6	0	7	€

NB: If part-time tax is less than the relative rate the whole emoluments will be charged at normal rates.

E SOCIAL SECURITY AND MATERNITY FUND INFORMATION

Basic Weekly Wage				Social Security Contributions						Maternity Fund Contributions		Weeks Without Pay		
€	C	Number	Category	Payee		Payer		Total SSC		Payer		From	To	Number
				€	C	€	C	€	C	€	C			
Total				0	00	0	00	0	00	0	00	E1		
Voluntary Occupational Pension Scheme contribution or payment										€				

F PAYER INFORMATION

Business Name	Excitable gaming ltd
Business Address House No.	7A Binja Gebel id-Dwejra Triq San David
Street	
Locality	M t a r f a
Postcode	
Telephone Number	9 9 6 6 0 0 6 6
Principal's Full Name	
Principal's Position	
Principal's Signature	

F1 Payer PE Number	3	7	4	2	4	6		
F2 Date	1	3	0	2	2	0	2	3
	d	d	m	m	y	y	y	y

This form is to be completed in quadruplicate. The original is to be sent to the Office of the Commissioner for Revenue with the FS7, two copies are to be given to the Payee and the other copy is to be retained by the Payer.