

A Payee Information

Surname Kazmierska
First Name Ewa
Address 14, Flat 3
Triq il-Creche
Locality Sliema
Post Code
Telephone Number 0035679278873

For year ended 31st December

A1 2023
Payee's ID Card/IT Reg. No.
A2 70513A
Payee's Social Security No.
A3 B47496203
Spouse's ID Card/IT Reg. No.
A4

B PeriodFrom **B1** 01/01/2023To **B2** 31/05/2023**C Gross Emoluments**

	€	€
Gross Emoluments (FSS Main or FSS Other applies)	C1 40,884	Number of Overtime Hours
Overtime (Eligible for 15% tax deduction)	C1A 0	0.00
Director's Fees	C1B 0	Breakdown of Fringe Benefits
Gross Emoluments (FSS Part-time method applies)	C2 0	Cat 1 C5 0
Fringe Benefits - excl. Share Options ((Total of boxes C5+C6+C7)-C8)	C3 0	Cat 2 C6 0
Share Options fringe benefits taxed at 15%	C3a 0	Cat 3 C7 0
Total Gross Emoluments & Fringe Benefits	C4 40,884	
Non Taxable Car Cash Allowance (50% of Allowance up to a maximum of €1170)	C8 0	

D Tax Deductions

	€	
Tax Deductions (FSS Main or FSS Other applies) D1	10,538	Tax Arrears Deductions D3 0
Tax Deductions (Eligible Overtime) D1A	0	15% tax on Share Options D3a 0
Tax Deductions (FSS Part-time method applies) D2	0	
Total Tax Deductions D4		10,538

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		
€	Number	Category	Payee €	Payer €	Total SSC €	Payer €	From	To	Number
1,742.42	22.00	D	1,135.20	1,135.20	2,270.40	34.10			
Total			1,135.20	1,135.20	2,270.40	34.10	E1		

Voluntary Occupational Pension Scheme contribution or payment € 0

F Payer Information

Business Name Fairload Limited
Address House No. 115B
House name LV BET, Suite 3
Street Old Mint Street
Locality Valletta
Post Code VLT 1515
Telephone Number
Principal's Full Name Shirley Borg
Principal's Position Head of HR
Principal's Signature

Payer P.E. Number

F1 492702
Date
F2 02/06/2023