



A PAYEE INFORMATION

Surname	Gatt
First Name	Michael
Address	
House No.	33, Coryphena Fl 2
Street	Sqaq Lourdes
Locality	SWIEQI
Postcode	
Tel. No.	-

For Year Ended 31 December	A1	2022
Payee's ID Card/IT Reg. No.	A2	340983M
Payee's Social Security No.	A3	B36879428
Spouse's ID Card / IT Reg. No.	A4	-

B PERIOD	B1 From	01.01.2022	B2 To	31.12.2022
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C GROSS EMOLUMENTS	€	€
Gross Emoluments (FSS Main or FSS Other applies)	C1	15,529.00
Overtime (Eligible for 15% tax deduction)	C1A	
Director's Fees	C1B	
Gross Emoluments (FSS Part-Time method applies)	C2	
Fringe Benefits - Excluding Share Options (Total of Boxes (C5+C6+C7)-C8)	C3	
Share Options fringe benefits taxed at 15%	C3A	
Total Gross Emoluments and Fringe Benefits	C4	15,529.00
Non Taxable Car Cash Allowance (50% of Allowance up to a maximum of €1170)		C8

D TOTAL DEDUCTIONS	€	€
Tax Deductions (FSS Main or FSS Other)	D1	2,329.00
Tax Deductions (Eligible Overtime)	D1A	
Tax Deductions (FSS Part-Time)	D2	
Tax Arrears Deductions	D3	
15% tax on Share Options	D3a	
Total Tax Deductions	D4	2,329.00

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
			€	€	€	€			
294.10	52	C	NIL - PAID ELSEWHERE			45.76			
Total			-	-	-	45.76	E1		
Voluntary Occupational Pension Scheme contribution or payment						€			

F Payer Information	
Business Name	Crowd Entertainment Ltd
Business Address	
House No.	2
Street	Spinola Road
Locality	St. Julians
Postcode	STJ3014
Telephone Number	
Principal's Full Name	Mr Michael Gatt
Principal's Position	Director
Principal's Signature	

F1 Payer PE Number 173893

F2 Date 31.12.2022

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