



PE NUMBER DE-ACTIVATION FORM

(In terms of the Final Settlement System Rules LN88/98)

DETAILS OF EMPLOYER

Name	
Income Tax No.:	
PE Number:	
ETC Reg No.:	
Telephone No.:	

BUSINESS DETAILS

Business Name:	
Locality:	

I, the undersigned, on my behalf or as representative of the above-mentioned payer, hereby declare that the last day I employed personnel was on _____ and I never employed anyone as from that date.

I also declare that:

- I have furnished all the relevant FS3 documents to all my employees; and
- I have remitted to the Office of the Commissioner for Revenue all outstanding tax deductions together with the monthly FS5 documents, the annual re-conciliation statement (FS7) and the statement of earnings (FS3).

In view of my compliance to the above I request that the PE number be de-activated.

Furthermore, I also declare that should I resume employing personnel I will inform the department accordingly.

Name: _____

Designation: _____

Signature: _____

Date: _____

The Office of the Commissioner for Revenue uses the information provided, to process this form in accordance with the Income Tax Acts and subsidiary legislation. We may check information provided by you, or information about you provided by a third party, with other information held by us. We will not disclose information about you to anyone outside the Office of the Commissioner for Revenue Department unless permitted by law. The CFR Department treats your personal information in accordance with the Data Protection Act 2001 (Cap 440) to protect your privacy. Any queries may be addressed to the Data Controller, Commissioner for Revenue, Floriana FRN 0170.