INLAND REVENUE DEPARTMENT NOTIFICATION OF REMUNERATION PAID TO PERSONS OTHER THAN EMPLOYEES

FOR THE	YEAR	ENDED	31	MARCH	

	Additional –	reporting additional remuneration in respect of the recipient	same
٦	Renlacement	- correcting the form (sheet no	١

FOR OFFICIAL USE

All	i correspondence	e snould be	sent to: P.O.	BOX 58/1/	Concorde Road	Post Office,	, Kowioon, Hor	ig Kong

	(Insert the appropriate year in the box)	tional — reporting addition	onal remuneration	in respect of the same		
subm	nitted with a duly completed Form IR6036B if Form IR6036B has not been submitted for the relevant year.	submitted on		(DD/MM/YYYY)		
	I Notes and Instructions for Form IR56M on our web site www.ird.gov.hk for details on how to complete this form. (""\" one correspondence should be sent to: P.O. Box 28777 Concorde Road Post Office, Kowloon, Hong Kong	of the above boxes where	applicable and f	ill in date & sheet no.)		
Part	ticulars of the payer: -	Sheet No. [See N	lote 3] 9	i i i i		
1.	(a) Employer's File No. (as shown at the top left hand corner on Form BIR56A / IR6036B) (State your Business Registration No./H.K. Identity Card Number if you do not have an Employer's File No.	o.)	Н			
	(b) Name of Payer (State the business name, if the payer is a company)	, ,				
	(c) Address of Payer					
Part	ticulars of the recipient: -					
2.	For a partnership or an unincorporated body of persons [See Note 7(a)]					
	Name of Company Bu	usiness Registration	No.			
3.	For a sole-proprietorship or an individual [See Note 7(b)]					
	(a) Name of sole-proprietorship					
	Name of Company Bu	usiness Registration	No.			
	(b) (i) Name of individual / sole-proprietor (Surname first, followed by a comma and then Give	n Name. See Exan	nple at the bo	ottom) *		
	Mr/Mrs/Miss# Full Name in English					
	(ii) H.K. Identity Card Number (If item 3(b) is applicable, this field must be completed) -	• I , H ;	1 1 1	[,] [
	(iii) Sex (M=Male, F=Female)		this box must be	completed) →		
	(iv) Marital Status (1=Single/Widowed/Divorced/Living Apart, 2=Married)			100		
	(v) • If married, full name of spouse					
	Spouse's H.K. Identity Card Number/Passport Number and place of issue (if known)					
1.	Postal Address					
		Tel. No.				
5.	Capacity engaged					
5.	Period for which service was rendered	to		Liii		
7.	Particulars of remuneration accruing during the period of service [See Note 8]: -	n Year	Day Mon	nth Year		
	Particulars	,	Amount (HK\$) (EXCLUDE CENT			
	Type 1: Subcontracting Fees					
	Type 2: Commission					
	Type 3: Writer's / Contributor's Fees					
	Others: a. Artiste's Fees					
	b. Copyright / Royalties					
	c. Consultancy / Management Fees d. Service Fees					
	e. Nature:	_				
	Tota	al L				
3.	Whether a sum has been withheld from the above payment to settle the tax due by the recipien	t (0=No, 1=Yes) (1	his box must be	completed) →		
€.	If yes, please state the amount withheld: HK\$ Remarks			0		
	Signature					
	Name					
	Designation					
	Space for Company Chop Date					

* Example: Surname and Given Name of Recipient are "CHAN" and "TAI MAN" respectively, complete as C|H|A|N|, |T|A|I| |M|A|N| | | | | | | IR56M (7/2022) Please provide a copy of the completed Form to the recipient