

Change of Rate of Employee Withholding Tax INCOME TAX

- Complete this form to request MIRA to adjust the rates and brackets at which tax is withheld from remuneration paid to you by a payer who has not been elected by you to utilize the rates and brackets specified in section 54(a) of the Income Tax Act.
- You must include in this form all your payers irrespective of the amount of remuneration you derive from that payer, and declare all the requested information. MIRA may determine a rate based on information obtained by MIRA as pursuant to section 41(n) of the Income Tax Regulation.
- Adjusted rates and brackets should be deemed granted only upon written notification from MIRA.
- You must submit this form via MIRAconnect. If you are unable to submit this form via MIRAconnect, you may submit this form to MIRA's counter.

TIN (Tax Identification Number)

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Your TIN as it appears on your Notification of Income Tax Registration

Taxpayer Name (Your name as it appears on your Notification of Income Tax Registration)

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First Name Other Names

INFORMATION ON INCOME DERIVED AS REMUNERATION

A PRIMARY PAYER

(This is the payer you have elected in your MIRA 916 form to use the rates and brackets specified in section 54(a) of the Income Tax Act)

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<small>TIN (Tax Identification Number)</small>	<small>Name</small>	<small>Monthly amount of remuneration derived from payer</small>																				

B OTHER PAYER(S) *(Details of payers whose employment relationship with you has been registered with MIRA)*

Payer's Tax Identification Number (TIN)	Payer's Name	Monthly amount of remuneration paid by payer (MVR)	Do you wish this payer to apply a reduced rate? <small>(Tick where applicable)</small>																				
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C OTHER PAYER(S) *(Details of payers whose employment relationship with you has not been registered with MIRA)*

(Leave the field for TIN blank if your payer does not have one. Use additional sheets if you have more than 1 unregistered payer)

Payer's Tax Identification Number (TIN)	Payer's Name	Monthly amount of remuneration paid by payer (MVR)	Do you wish this payer to apply a reduced rate? <small>(Tick where applicable)</small>																				
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DECLARATION

I declare that the information in this form is true and correct and includes information on all the remuneration I derive from and in the Maldives.

I hereby request MIRA to grant me a reduced rate for the purpose of withholding tax from the remuneration paid to me by the payers specified in item no. B and C of this form, and declare that I am authorised to sign this form.

<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>											
<small>Title</small>	<small>First Name</small>	<small>Other Names</small>	<small>Contact Number</small>											
<input style="width: 100%;" type="text"/>			<table border="1" style="width: 100%; height: 20px;"><tr><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td></tr></table>											
<small>Designation</small>			<small>Date</small>	<small>Signature & Seal</small>										

For Office Use Only

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<small>Received By</small>	<small>Received Date</small>	<small>Reference Number</small>	<small>Verified By</small>										