MALDIVES INLAND REVENUE AUTHORITY

MIRA 917
Version 20.1

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)

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)*

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)

TIN (Tax Identification Number) | Name | Monthly amount of remuneration derived from payer

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? *(Tick where applicable)*
			◯ YES ◯ NO
			◯ YES ◯ NO

C OTHER PAYER(S) *(Details of payers whose employment relationship with you has not been registered with MIRA)*

(If your payer does not have a TIN, provide an identification number of the payer. 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)*

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 of this form, and declare that I am authorised to sign this form.

Title | First Name | Other Names | Contact Number | Signature & Seal

Designation | Date (D D M M Y Y Y Y)

For Office Use Only

Received By | Received Date (D D M M Y Y Y Y) | Reference Number | Verified By