

A certificate of withholding tax
under section 50 Bis of Revenue Code Form

Volume ---
No ---

The Tax Payer :	Identification No	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>	<input type="text" value="7"/>	<input type="text" value="8"/>	<input type="text" value="9"/>	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
Name	Thailand Business Institute	Tax ID		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(Please identify person partnership company group of person or party)														
Address abcd Bldg. 1/A Diamond Plaza ,Moo Moo123 ,180S ,181Road Road ,Tam123 ,Don Muang ,Samut Prakan,55100														
(Please identify address no Trok/Soi Moo Road District province)														

The Tax Payee :	Identification No	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>	<input type="text" value="7"/>	<input type="text" value="8"/>	<input type="text" value="9"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="3"/>
Name	Jimmy Lim	Tax ID		<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="12"/>	<input type="text" value="7"/>	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="3"/>	
(Please identify person partnership company group of person or party)														
Address 152 Bldg. 157 ,Moo Moo3 ,Ratanathibeth Road ,T.Saima ,Bangkok,11000														
(Please identify address no Trok/Soi Moo Road District province)														
Sequence No	KT0013	in form	<input type="checkbox"/>	(1)P.N.D.1A	<input checked="" type="checkbox"/>	(2) P.N.D.1A Special	<input type="checkbox"/>	(3) P.N.D.2	<input type="checkbox"/>	(4) P.N.D.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(That can be referce b/w 50Bis and P.N.D.)														
<input type="checkbox"/>	(5) P.N.D.2A	<input type="checkbox"/>	(6) P.N.D.34	<input type="checkbox"/>	(7) P.N.D.53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Type of Assessable Income	Date Month or year of tax payment	Amount of Payment		Amount of Tax Deduction	
1. Salary wage perdiem bonus etc. as section 40(1)	31/01/2554	60000	00	2644	17
2. Fee Commission etc. as section 40(2)	31/01/2554	20000	00	3727	50
3. Goodwill copyright etc. as Section 40(3)					
4. (a) Interest etc. under section 40(4)(a)					
(b) Profit dividend etc. as section 40(4)(b) paid from					
(1) In case that the payee get the profit dividend by credit tax of net profit from the company that paid tax in following rate :					
(1.1) 30% of net profit					
(1.2) 25% of net profit					
(1.3) 20% of net profit					
(1.4) Other rate (Specify) ___ of net profit.					
(2) In case that the payee doen not get the profit dividend bt non-credit tax					
(2.1) 30% of net profit					
(2.2) Profit dividend or sharing that exempt for company tax calculation					
(2.3) Net profit after deduct net loss not over 5 years before current fiscal tax year					
(2.4) Net profit by equity method					
(2.5) Other(Specify)					
5. Taxable withholding tax income payment as the notification of Revenue Department as 3 Tredicim (such as award of contest lucky draw singing movie casting tailor made advertising rent etc.)					
6. Others (Specify)					
Total payment and tax deduction		80000	00	6371	67

Total Tax Deduction (In word) หกพันสามร้อยเจ็ดสิบสี่บาทหกสิบบาท	
Payment for GPF/GBCH/Private School Teacher Fund	THB 3000.00
Social Security Fund	THB 750.00
Provident Fund	THB 3000.00
The tax payer	<input checked="" type="checkbox"/> (1) Withholding Tax <input type="checkbox"/> (2) Company paid all <input type="checkbox"/> (3) Company paid once <input type="checkbox"/> (4) Other (Specify)

Warning: The tax payer who issues a certification of withholding tax does not follow of section 50 Bis of Revenue Code. They will get punishment.	I certify that this information is correct and completed. Signature _____ Authorized Person 19/12/2555 Date Month Year of issued
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Allowances and Deductions Declaration Form

Day/Month/Year for filling

19 / 12 / 2555

Company / Organization name who deduct taxes at source

Thailand Business Institute

The Payee Name	Xue	Last Name	Lim
Identification No	1 - 2 3 4 5 - 6 7 8 9 0 - 0 1 - 0	Tax ID	1 - 2 3 4 5 - 6 7 0 1 - 0
Address: Building	138	Room No	
Floor		Mooban name	
House No	157	Moo	Moo3
Tok/Soi		Ratanathibeth Road	
Road			
Tambol/Kwang		District	T.Saima
Province			Bangkok
Post Code	1 1 0 0 0	Position	
Organization		Sales	
In tax year of declaration	(1) Have you worked before	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	(2) Do you have other income types except Salary	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1.Marital Status	<input type="checkbox"/> Single	<input type="checkbox"/> Widow	<input type="checkbox"/> Spouse has income but
	<input checked="" type="checkbox"/> Marriage Registered in B.E.		<input type="checkbox"/> Married during tax year
	<input type="checkbox"/> Spouse has no income.		<input type="checkbox"/> Divorce during tax year
			<input type="checkbox"/> Died during tax year
2.No of Children	2	persons that can claim for deduction allowances	2
			persons
Children : 15,000 THB per child,No of	0	Persons (In case that spouse has income, tax payer can claim 7,500 per person)	
Children : 17,000 THB per child,No of	2	Persons (In case that spouse has income, tax payer can claim 8,500 per person)	
3	<input checked="" type="checkbox"/> Father	<input checked="" type="checkbox"/> Mother	(Of tax payer and able to deduct 30,000 Baht each)
	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	(Of spouse and able to deduct 30,000 Baht each)
4.Patron of Disable or Incapacitated person Allowance 60,000 Baht per each		Total	0
(In case that spouse has income and deduct for child who is disable or incapacitated person allowance 30,000 Baht for each)			Persons
5.Life Insurance Premium	<input checked="" type="checkbox"/> Father	<input checked="" type="checkbox"/> Mother	Of tax payer
	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	Of spouse (Deduct as actual amount that tax payer paid but not exceeding 15,000 Baht)
6.Life Insurance Premium in Tax (Deduct 10,000THB in the first part, the rest that is not exceeding 90,000THB can deduct after allowance deduction in case that spouse has no income and marital status is active for whole tax year, tax payer can claim in additional, but not exceeding 10,000THB)			
7.Contribution to Provident Fund (Only the portion that is not exceeding 15% of income ,but not exceeding 500,000THB) / Government Pension Fund/Private School Teacher Fund(claim is not exceeding 500,000THB) in tax year.			
8.Contribution to Mutual Fund (Amount is not exceeding 15% of income when calculate in total with contribute to Provident Fund / Government Pension Fund/Private School Teacher Fund, but not exceeding 500,000THB) in tax year.			
Name of Mutual Fund	MF1		
9.Contribution for purchase of long-term equity fund (Amount is not exceeding to 15% of income and not exceeding 500,000THB) in tax year Name of long-term Fund			
10.Building purchase/Interest paid on loans for purchase, hire purchase, or construction of residence building. (Actual amount, but not exceeding 100,000THB)			
11.Social Security Fund Contribution in tax year.			
12.Charity Amount			
I hereby certify that the particulars given above are true and completely.			
Signature			Tax Payee

Remark : (1) Tax year means January to December.

(2) In case that allowance and deductions have to pay in actual in tax year that you declaration and attach the document for claims.

(3) Please declare the allowances and deductions before deduction and every time when changes.



Social Security Fund Contribution Form

SSO.1-10 (Part 1)

Name of Company Thailand Business Institute
 Branch Name (if any) HEAD OFFICE
 Address of Company/Branch Room NO.Mickey2 ,Mickey3 FL. ,Mickey1 Bldg. , Mickey4
 House2 ,Moo Moo4 ,TokSoi3 ,Tambol7 ,Dist5 ,
 Post Code 99996 Telephone NO Fax No

1	2	3	4	5	6	7	8	9	0
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0	0	0	0	0	0
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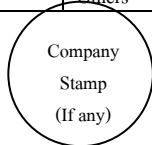
5.00

Contribution Payment for Month		1	BE	2554
Descriptions		Amounts		
		Baht	Stang	
1.	Amount of Salary/wages	610,162	67	
2.	Amount of Employee's Contribution	9,000	00	
3.	Amount of Employer's Contribution	9,000	00	
4.	Total Amount of Contribution	18,000	00	
()				
5.	No of Employee for Contribution Persons	13	Persons	

I hereby certify that the particulars given above are true and completed.

<input type="checkbox"/>	Attached details	No	pages or
<input type="checkbox"/>	Diskette	No	diskettes
<input type="checkbox"/>	Internet		
<input type="checkbox"/>	Others		

For Social Security Officer		
Date of Payment		
Additional Payment (if any)	Baht	Stang
Receipt No.		
Signature		
For Bank Officer		
Date of Payment		
Receipt No.		
Bank Stamp		
Signature		
()		



Signature _____ Employer/Authorized Person
 (_____)
 Position _____
 Filing Date 19 _____ Month 12 _____ B.E 2555

Parent Allowances Declaration Form

According to Revenue Department Announcement (Document No 136)

1. <input checked="" type="checkbox"/>	Father of Tax payer	Name	Mana	Lastname	Meesukja	Identification No	<input type="text" value="1"/> - <input type="text" value="2"/> - <input type="text" value="3"/> - <input type="text" value="4"/> - <input type="text" value="5"/> - <input type="text" value="6"/> - <input type="text" value="7"/> - <input type="text" value="8"/> - <input type="text" value="9"/> - <input type="text" value="0"/> - <input type="text" value="0"/> - <input type="text" value="0"/> - <input type="text" value="2"/>
<input checked="" type="checkbox"/>	Mother of Tax payer	Name	Pranee	Lastname	Meesukjai	Identification No.	<input type="text" value="1"/> - <input type="text" value="2"/> - <input type="text" value="3"/> - <input type="text" value="4"/> - <input type="text" value="5"/> - <input type="text" value="6"/> - <input type="text" value="7"/> - <input type="text" value="8"/> - <input type="text" value="9"/> - <input type="text" value="0"/> - <input type="text" value="0"/> - <input type="text" value="0"/> - <input type="text" value="1"/>
<input type="checkbox"/>	Father of Spouse	Name	.....	Lastname	.....	Identification No.	<input type="text" value=""/> - <input type="text" value=""/> - <input type="text" value=""/> - <input type="text" value=""/> - <input type="text" value=""/> - <input type="text" value=""/> - <input type="text" value=""/> - <input type="text" value=""/> - <input type="text" value=""/> - <input type="text" value=""/> - <input type="text" value=""/> - <input type="text" value=""/> - <input type="text" value=""/>
<input type="checkbox"/>	Mother of Spouse	Name	.....	Lastname	.....	Identification No.	<input type="text" value=""/> - <input type="text" value=""/> - <input type="text" value=""/> - <input type="text" value=""/> - <input type="text" value=""/> - <input type="text" value=""/> - <input type="text" value=""/> - <input type="text" value=""/> - <input type="text" value=""/> - <input type="text" value=""/> - <input type="text" value=""/> - <input type="text" value=""/> - <input type="text" value=""/>

2. I have the names that address in 1. To certiv that

Tax Payer	Name	Kamon	Lastname	Meesukjai	Identification No.	<input type="text" value="1"/> - <input type="text" value="2"/> - <input type="text" value="3"/> - <input type="text" value="4"/> - <input type="text" value="5"/> - <input type="text" value="6"/> - <input type="text" value="7"/> - <input type="text" value="8"/> - <input type="text" value="9"/> - <input type="text" value="0"/> - <input type="text" value="1"/> - <input type="text" value="2"/> - <input type="text" value="3"/>	
Address	Box 200090 Bldg.,Route 99,Moo 21999,Highway 215,Monterey,Castroville,Bangkok,12345						

I am taking care of me and I give them a permission to have an entitlement for claim the parent allowances in Personal Income Tax form of tax year B.E. 2550

I hereby certify that the particulars given above are true and completely.

Signature	.....	Father of Tax Payer
Signature	.....	Mother of Tax Payer
Signature	.....	Father of Spouse
Signature	.....	Mother of Spouse

/ /
.....
(Date Month Year of certify)

Privilege Declaration Form for Taxpayer over 65 Years of Age, For P.N.D. 90 of Tax Year

2549

TaxPayer Birthdate 1965-06-23
 Identification No

1	-	2	3	4	5	-	6	7	8	9	0	-	0	1	-	8
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 Tax ID

1	-	2	3	4	5	-	6	7	0	1	-	8
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 (In case of no identification no.)
 Name Flora Last Name Thieu
(clearly specify: Mr, Miss, title, undivided estate, ordinary partnership, or body of persons)

Spouse Birthdate _____
 Identification No

-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
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 Tax ID

-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
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 (In case of no identification no.)
 Name _____ Last Name _____
(clearly specify: Mr, Miss, title, undivided estate, ordinary partnership, or body of persons)

No. 1	Assessable Income Under Section 40 (1) (2)
1.	Section 40 (1) : Salary, wage, pension, etc
2.	Less exempted income*
3.	Remaining (1.-2.) and fill the value in P.N.D. 90 No. 1 1. page 2.
4.	Section 40 (2) :Meeting allowances, commission, etc.
5.	Less exempted income*
6.	Less (4.-5.) and fill the value in P.N.D. 90 No. 1 1. page 2.

TaxPayer											
			9	4	5	3	3	3	-	3	3
			1	0	0	0	0	0	-	0	0
			8	4	5	3	3	3	-	3	3
			6	7	5	3	3	3	-	3	3
			8	0	0	0	0	0	-	0	0
			5	9	5	3	3	3	-	3	3

Spouse											
									-		
									-		
									-		
									-		
									-		
									-		

Singed _____ TaxPayer
 Singed _____ Spouse
 Date _____

* The exempted income for taxpayer over 65 years of age, the total of each person must not exceed 190,000 bath

Singed _____ Taxpayer
 Singed _____ Spouse
 Singed _____ Representative
 (_____)
 In capacity of _____ payee
 Address (of representative)
 Filing Date _____

Tax Refund Request

I wish to request refund on excess tax payment :

Taxpayer

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 Baht

Spouse

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 Baht

Singed _____ Taxpayer
 Singed _____ Spouse

Notice

The Revenue Department provides electronic filling service of P.N.D.90 through the department' s website at www.rd.go.th as follows :

1. P.N.D90 filing and tax payment or tax refund via the internet
2. Printing of P.N.D.90 from the internet
3. Tax computing program of P.N.D.90 via the internet

No. 1 Assessable Income Under Section 40 (1) (2)

**** Please contact for more information at RD Call Center Tel. 1161**

Tax Payee

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 Tax Identification / National Identification

1. Section 40 (1) : Salary, wage, pension, etc (include exempted income from 2.(4))

2. Less (1) Contribution to provident fund (the part that exceeds 10,000 Baht)
 (2) Contribution to government pension fund
 (3) Contribution to private school teacher fund.
 (4) Severance pay received under the Labour Law (In the case where taxpayer chooses to include in tax computation)
 Total (1) to (4) (Total attached document for (1) to (4): . . .Pages(s))

3. Section 40(2) : Meeting allowances, commissions, etc. Taxpayer
 Spouse

4. Remaining Taxpayer (1. -2. +3.) Spouse (1. -2.).

5. Less expense Taxpayer (40% of 4. But not exceeding 60,000 Baht)
 Spouse *

6. Remaining (4. -5.) to be included in No. 10 1 -->

Taxpayer Spouse

Tax Identification / National Identification

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In case that Tax Payer and Spouse have their own income and Married for whole tax year.
 If they calculate tax together, please carry the remaining balance in 6. To add in 10. 1. Of tax payer.

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* In the case where spouse has income from both section 40 (1) and 40 (2), expense of income from section 40 (1) must be averaged and filled in the column "Spouse" in the item Spouse, and expense of income from section 40 (2) must be averaged and filled in the column "Taxpayer" in the item

Spouse

No.9 Allowances and Exemptions after Deduction of Expenses

1. Taxpayer (30,000 Baht or 60,000 Baht), Spouse(30,000 Baht in case of separate tax computation)
2. Spouse (30,000 Baht for spouse with income that is combined with taxpayer's income in tax computation or spouse with no income)
3. Child 15,000 Baht each, No. of person(s) (not studying or studying abroad, if taxpayer and spouse compute tax separately, each is allowed to deduct 7,500 Baht)
Child 17,000 Baht each, No. of person(s) (studying in Thailand, if taxpayer and spouse compute tax separately, each is allowed to deduct 8,500 Baht)

Taxpayer										Spouse					
		3	0	0	0	0			0	0					
						0			0	0					

4. Parent Allowances
- Father - - - - - - - - -
(Father of taxpayer) (Fill in personal identification no.) (Father of spouse in case of separate computation)
- Mother - - - - - - - - -
(Mother of taxpayer) (Fill in personal identification no.) (Mother of spouse in case of separate computation)

						0			0	0					
									0	0					

- Father - - - - (Father of spouse with income that is combined with taxpayer's income in tax computation or with no income)
- Mother - - - - (Mother of spouse with income that is combined with taxpayer's income in tax computation or with no income)

						0			0	0					
									0	0					

5. Patron of Disable Person Allowance (Carry from Lor Yor 04 form)
6. Health Insurance Premium for Taxpayer's and Spouse's Parent
- Father - - - - - - - - -
(Father of Taxpayer) (Fill in personal identification no.) (Father of spouse)
- Mother - - - - - - - - -
(Mother of Taxpayer) (Fill in personal identification no.) (Mother of spouse)

						0			0	0					
									0	0					

7. Life insurance premium
Life Insurance Premium for Pension
8. Contribution to provident fund (the part that does not exceed 10,000 Baht)
9. Payment for purchase of shares in retirement mutual fund.
10. Payment for purchase of shares in long-term equity fund.
11. Interest paid to loan for purchase, hire-purchase, or construction of residence building.
12. Travel inside Thailand Allowance
13. Amounts of contribution to social security fund.
14. Total (1. To 13.) to be filled in No. 10
(total attached document(s) for 4. To 13. : page(s))

						0			0	0					
									0	0					
									0	0					
									0	0					
									0	0					
									0	0					
									0	0					
									0	0					
									0	0					
		3	0	0	0	0			0	0					

Company: Thailand Business Institute
 Payroll Reconciliation Report for: 2009.03 and 2009.04
 Element Group: SALARY
 Pay Group: BT-PG02,BT-PG03

Pages: 1 / 2
 Run Date:1/11/2010

No	Department Name	Employee ID	First Name	Last Name	2009.03		2009.04						Diff Basic Salary	Diff Actual Amount
					Basic Salary	Actual Amount	Basic Salary	Actual Amount	Actions	Effective Date	No of Days	No of Employees		
1	Purchasing	BT003	BT	N03	120000.00	0.00	120000.00	279200.00	Termination	2009-04-15	14	-1	0.00	279200.00
2	Business Services	BT004	BT	N04	200000.00	0.00	200000.00	675859.09	Promote	2009-04-15	16		0.00	675859.09
3	Purchasing	BT006	BT	N03	120000.00	296000.00	120000.00	0.00	Award	2009-04-15	16		0.00	-296000.00

Company: THA Manufacturing Industries
 Payroll Reconciliation Report for: 2009.03 and 2009.04
 Element Group: SALARY
 Pay Group: BT-PG03

Pages: 2 / 2
 Run Date:1/11/2010

No	Department Name	Employee ID	First Name	Last Name	2009.03		2009.04						Diff Basic Salary	Diff Actual Amount
					Basic Salary	Actual Amount	Basic Salary	Actual Amount	Actions	Effective Date	No of Days	No of Employees		
1	Manufacturing	BT002	BT	N02	100000.00	239392.86	100000.00	239392.86	Hire, Transfer	2008-12-1, 2008-12-15	30, 16	1	0.00	0.00

NO	Department Name	Num of Persons	Regular Income			Irregular Income			Tax Absorb by Company	Total Income	Deduction			Total Deduction	Net Pay
			Salary	Retro Salary	R03	Bonus	IR02	IR03			PF	SSO	DE03		
			R04	R05	R09	IR04	IR05			DE04	DE05	DE06			
						IR10						DE15			
1	All Depts	1	576,595.83 18,255.42 0.00 0.00 0.00	864,893.75 307,383.12 0.00 0.00 0.00	35,681.04 0.00 307,383.12 0.00 0.00	9,127.71 54,766.25 0.00 18,255.42 0.00	18,255.42 18,255.42 0.00 0.00 0.00	18,255.42 0.00 0.00 0.00 0.00	8,29 7.92	2,247,10 7.92	0.00 -238,000.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00	-9,127.71 -315,000.00 0.00 0.00 -360,500.00	- 922,62 7.71	1,332,77 8.12
2	Human Resources	6	8,936,690.00 615,864.67 0.00 0.00 0.00	12,215,035.00 1,693,797.00 0.00 0.00 0.00	957,426.17 0.00 1,693,797.00 0.00 0.00	402,648.17 1,847,594.00 0.00 615,864.67 0.00	615,864.67 615,864.67 0.00 0.00 0.00	615,864.67 0.00 0.00 0.00 0.00	128, 345. 00	30,826,3 10.67	-238,000.00 -791,000.00 0.00 0.00 0.00	-52,500.00 -100,800.00 0.00 0.00 0.00	-100,032.92 -420,000.00 0.00 0.00 -525,000.00	- 2,227, 332.92	28,727,3 22.75
3	Finance	3	2,964,959.02 91,109.02 0.00 0.00 0.00	3,957,438.52 136,663.52 0.00 0.00 0.00	136,663.52 0.00 136,663.52 0.00 0.00	58,034.02 273,327.05 0.00 91,109.02 0.00	91,109.02 91,109.02 0.00 0.00 0.00	91,109.02 0.00 0.00 0.00 0.00	12,4 79.5 1	8,119,29 4.26	-98,000.00 -224,000.00 0.00 0.00 0.00	-31,500.00 -14,000.00 0.00 0.00 0.00	0.00 -590,954.92 0.00 0.00 -1,083,508.20	- 2,041, 963.11	6,089,81 0.66
4	Sales	8	8,336,041.88 286,231.47 0.00 0.00 0.00	11,209,062.82 639,347.20 0.00 0.00 0.00	451,971.62 0.00 639,347.20 0.00 0.00	193,512.25 858,694.40 0.00 286,231.47 0.00	286,231.47 286,231.47 0.00 0.00 0.00	286,231.47 0.00 0.00 0.00 0.00	73,0 20,9 4	23,759,1 34.71	-259,000.00 -700,000.00 0.00 0.00 0.00	-84,000.00 -79,800.00 0.00 0.00 0.00	-26,707.75 -945,000.00 0.00 0.00 -2,002,200.82	- 4,096, 708.57	19,735,4 47.07
5	Customer Services	2	2,187,070.60 87,070.60 0.00 0.00 0.00	3,000,605.90 340,605.90 0.00 0.00 0.00	151,436.10 0.00 340,605.90 0.00 0.00	66,240.41 261,211.80 0.00 87,070.60 0.00	87,070.60 87,070.60 0.00 0.00 0.00	87,070.60 0.00 0.00 0.00 0.00	43,5 35.3 0	6,783,12 9.62	-56,000.00 -119,000.00 0.00 0.00 0.00	-21,000.00 -24,500.00 0.00 0.00 0.00	-20,830.19 0.00 0.00 0.00 -700,000.00	- 941,33 0.19	5,885,33 4.73
	Total Amount	20	63,315,696.45			8,419,280.72			265, 678. 67	71,734,9 77.18	-10,229,962.51			- 10,229 ,962.5 1	61,770,6 93.34

Chin Tan

Pay Period : 01/01/2006 To 01/31/2006
 Payment Date : 01/31/2006

Employee : KT0007
 Pay Entity : Thailand Business Institute
 Department : Finance
 Location : Thailand Head Office
 Pay Rate : 60,000.00 (Monthly)
 Job Description : Manager-Finance

Pay Summary

	GROSS	NET
Current Period	63791.67	57250.00
Month to Date	63791.67	57250.00
Year to Date	63791.67	57250.00

Payment Details

| _____ Current Values _____ | Payback | _____ Adjustments _____ | _____ YTD Values _____ |

Description	Base	Percent	Rate	<u>Taxable Earnings</u>		Amount	Amount	Base	Unit	Units	Amount
				Units	Amount						
Basic Salary					40000.00						
Regular Income u					20000.00						
Total					60000.00						

Description	Base	Percent	Rate	<u>Taxable Deductions</u>		Amount	Amount	Base	Unit	Units	Amount
				Units	Amount						
SI Employee Cont					750.00						
SI Employer Cont					750.00						
PF Employee Cont					2000.00						
PF Employer Cont					2000.00						
Total					5500.00						

Description	Base	Percent	Rate	<u>Tax Allowances</u>		Amount	Amount	Base	Unit	Units	Amount
				Units	Amount						
Provident fund a					10000.00						
Personal allowan					30000.00						
Spouse allowance											
Child Allowance											
Child education											
Allowance for pa											
Allowance for pa											
Allowance for sp											
Allowance for sp											
Parents health i											
Personal life in											
Spouse life insu											
Provident fund e					14000.00						
Mutual fund											
Long term equity											
Mortgage interes											
Social security					9000.00						
Education donati											
Sports allowance					15000.00						
Donation allowan											
Overage exempt											
65 year old tax					100000.00						
Total					178000.00						

Chin Tan

Pay Period : 01/01/2006 To 01/31/2006
Payment Date : 01/31/2006

Employee : KT0007
Pay Entity : Thailand Business Institute
Department : Finance
Location : Thailand Head Office
Pay Rate : 60,000.00 (Monthly)
Job Description : Manager-Finance

Description	Base	Percent	Rate	<u>Tax Deduction</u>		Amount	Amount	Base	Unit	Units	Amount
				Units	Amount						
Employee Regular											
Employer Regular					2240.74						
40(2) Employer R					1550.93						
40(2) Employee R											
Total					3791.67						

Description	Base	Percent	Rate	<u>Non-taxable Earnings</u>		Amount	Amount	Base	Unit	Units	Amount
				Units	Amount						

Description	Base	Percent	Rate	<u>Non-taxable Deductions</u>		Amount	Amount	Base	Unit	Units	Amount
				Units	Amount						

Description	Base	Percent	Rate	<u>Termination</u>		Amount	Amount	Base	Unit	Units	Amount
				Units	Amount						

***** End of Payslip *****

Social Security Fund Contribution Detail Form

SSO.1-10(Part 2)

For wages of Month มกราคม B.E 2554

Page 1 Of 2 Pages

Account number of Employer

1	2	3	4	5	6	7	8	9	0
---	---	---	---	---	---	---	---	---	---

Name of Company Thailand Business Institute

Branch No

0	0	0	0	0	0
---	---	---	---	---	---

1	2	3	4	5
Sequence NO.	Identification NO. (For expats, please fill in Social Security No.)	Employee's Name	Actual Wage	Employee Contribution (Wage is not less than 1,650THB and not exceeds 15,000THB)
1	1 2 3 4 5 6 7 8 9 0 0 1 3	Jimmy Lim	60,000 00	750 00
2	1 2 3 4 5 6 7 8 9 0 0 1 4	Kheng Tan	0 00	0 00
3	1 2 3 4 5 6 7 8 9 0 0 1 5	Lawrence Hung	40,000 00	750 00
4	3 2 3 4 5 6 7 8 9 0 1 0 7	Mickey107 Wang	60,000 00	750 00
5	3 2 3 4 5 6 7 8 9 0 1 0 8	Mickey108 Wang	54,166 67	750 00
6	3 2 3 4 5 6 7 8 9 0 1 0 9	Mickey109 Wang	30,000 00	750 00
7	1 2 3 4 5 6 7 8 9 0 0 1 6	Kin Chow	40,000 00	750 00
8	1 2 3 4 5 6 7 8 9 0 0 1 7	Brandon Chua	34,000 00	750 00
9	1 2 3 4 5 6 7 8 9 0 0 1 8	Flora Thieu	46,000 00	750 00
10	1 2 3 4 5 6 7 8 9 0 0 1 0	Xue Lim	60,000 00	750 00
Remarks			Total	424,166 67 6,750 00
1 In case of new employee, please submit SS9.1-03 or SSO 1-03/1 form by mailing to Local Social			Signature	Employer/Authorized Person
2 For expats. Please fill in Social Security No instead of Identification No.			Filing Date	19 Month ธันวาคม B.E 2555
3 In column 4, please fill in actual wage. In column 5, please fill in contribution amount for employee who get wage less than 1,650THB will calculate based on 1650THB and the employee who get wage more than 15,000 THB will calculate based on 15,000THB.				
4 Each contribution amount has decimal equal or more than 50 stangs will round up to 1 THB, if the amount is less than 50 stangs will round down. The employer will contribute equal to employee's contribution by rounding the decimal amount.				
5 It will be benefit for employee compensation, please fill in the information truly and completely with typing or elaborated hand writing.				
6 For employee who has no wage, please also fill in the form.				

Social Security Fund Contribution Detail Form

SSO.1-10(Part 2)

For wages of Month มกราคม B.E 2554

Page 2 Of 2 Pages

Account number of Employer

1	2	3	4	5	6	7	8	9	0
---	---	---	---	---	---	---	---	---	---

Name of Company Thailand Business Institute

Branch No

0	0	0	0	0	0
---	---	---	---	---	---

1	2	3	4	5
Sequence NO.	Identification NO. (For expats, please fill in Social Security No.)	Employee's Name	Actual Wage	Employee Contribution (Wage is not less than 1,650THB and not exceeds 15,000THB)
11	1 2 3 4 5 6 7 8 9 0 0 1 1	Sonia Wu	74,000 00	750 00
12	1 2 3 4 5 6 7 8 9 0 0 1 2	Khim Yeung	80,000 00	750 00
13	9 8 7 6 5 4 3 2 1 0 0 5 3	Weekly 01	31,996 00	750 00
Remarks			Total	185,996 00 2,250 00
1 In case of new employee, please submit SS9.1-03 or SSO 1-03/1 form by mailing to Local Social			Signature	Employer/Authorized Person
2 For expats. Please fill in Social Security No instead of Identification No.			Filing Date	19 Month ธันวาคม B.E 2555
3 In column 4, please fill in actual wage. In column 5, please fill in contribution amount for employee who get wage less than 1,650THB will calculate based on 1650THB and the employee who get wage more than 15,000 THB will calculate based on 15,000THB.				
4 Each contribution amount has decimal equal or more than 50 stangs will round up to 1 THB, if the amount is less than 50 stangs will round down. The employer will contribute equal to employee's contribution by rounding the decimal amount.				
5 It will be benefit for employee compensation, please fill in the information truly and completely with typing or elaborated hand writing.				
6 For employee who has no wage, please also fill in the form.				



Registered Employee Form

Employer Data	For Officer																																									
Company Name <u>Thailand Business Institute</u> Account No <table border="1" style="display: inline-table; text-align: center; width: 100px;"><tr><td>1</td><td>2</td><td>-</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>-</td><td>0</td></tr></table> Branch <table border="1" style="display: inline-table; text-align: center; width: 100px;"><tr><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr></table> Started Date of Employee <u>2554-01-24</u> Employment Type <input type="checkbox"/> Daily <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Others (If any)	1	2	-	3	4	5	6	7	8	9	-	0	0	0	0	0	0	0	Social Security Id. <table border="1" style="display: inline-table; text-align: center; width: 150px;"><tr><td> </td><td>-</td><td> </td><td> </td><td> </td><td> </td><td>-</td><td> </td><td> </td><td> </td><td> </td><td>-</td><td> </td><td> </td><td>-</td><td> </td><td> </td></tr></table>		-					-					-			-								
1	2	-	3	4	5	6	7	8	9	-	0																															
0	0	0	0	0	0																																					
	-					-					-			-																												
Employee Data																																										
1.Name <input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <u>Bob</u> Last Name <u>Yang</u> 2.Gender <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female 3.Nationality <u>Thailand</u> 4.Birthdate <u>23</u> Month <u>12</u> B.E. <u>2498</u> 5. Identification No. <table border="1" style="display: inline-table; text-align: center; width: 150px;"><tr><td>1</td><td>-</td><td>2</td><td>3</td><td>4</td><td>5</td><td>-</td><td>6</td><td>7</td><td>8</td><td>9</td><td>0</td><td>-</td><td>0</td><td>0</td><td>-</td><td>3</td></tr></table>	1	-	2	3	4	5	-	6	7	8	9	0	-	0	0	-	3	<table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>																								
1	-	2	3	4	5	-	6	7	8	9	0	-	0	0	-	3																										
6.Family Status <input checked="" type="checkbox"/> 1.Single <input type="checkbox"/> 2.Married <input type="checkbox"/> 3.Widowed <input type="checkbox"/> 4.Divorced <input type="checkbox"/> 5.Separated <input checked="" type="checkbox"/> No Child <input type="checkbox"/> Age of children not above 6 years _____ Persons _____ Seq. No 1 Birth Year B.E. <table border="1" style="display: inline-table; text-align: center; width: 60px;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> Seq. No 2 Birth Year B.E. <table border="1" style="display: inline-table; text-align: center; width: 60px;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>									<table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>																																	
7.For foreigners , Please fill in the following <input type="checkbox"/> Issued of foreigner Id. _____ <input type="checkbox"/> Passport No. _____ <input type="checkbox"/> Work Permit No. _____ <input type="checkbox"/> Others (if any) _____	<p style="text-align: center;"><u>Attachment</u></p> <input type="checkbox"/> Copy of Identification Card <input type="checkbox"/> Copy of House Registration <input type="checkbox"/> Copy of Issued to foreigners <input type="checkbox"/> Copy of Passport <input type="checkbox"/> Copy of Work Permit <input type="checkbox"/> Others _____																																									
I hereby certify that the above mentioned are true. Signature _____ Employer _____ (_____) Date _____																																										
Selective Hospital Data																																										
8.Request to select Social Security Hospital _____ (Selected by Employee) if it is not available for selected Hospital, I will select the preferred hospital as Seq No. 1 Name _____ Or _____ Seq No. 2 Name _____ Signature _____ Employer _____ (_____) Date _____	<table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> <p style="text-align: center;">_____ (Received Officer) Date _____</p>																																									

Remark

- The person who signed the notice of the fact that the insurer is authorized to bind the company or person is authorized by a person to bind
- Registration will be submit to Social Security Office within 30 days from the started date of employee Otherwise it shall be punished with imprisonment for a term not exceeding six months or a fine not exceeding 20,000 baht, or both.
- When the facts stated. Give notice in writing to the Social Security Office within 15 days of the month following the month that has changed. If the facts do not affect the benefits you receive under the law.
- The report submitted by a person who is not employed as a thickener for the insurer is liable to imprisonment for a term not exceeding six months or a fine not exceeding 20,000 THB or Both

(Description is behind)



Registered Employee Form

Employer Data	For Officer
Company Name Thailand Business Institute Account No 1 2 - 3 4 5 6 7 8 9 - 0 Branch 1 1 1 1 1 1 Started Date of Employee 2533-01-01 Employment Type <input type="checkbox"/> Daily <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Others (If any)	Social Security Id. <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>
Employee Data	
1.Name <input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input checked="" type="checkbox"/> Mrs. Lin Last Name Khoo 2.Gender <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female 3.Nationality Thailand 4.Birthdate 02 Month 08 B.E. 2515 5. Identification No. 1 - 2 3 4 5 - 6 7 8 9 0 - 0 0 - 5	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>
6.Family Status <input checked="" type="checkbox"/> 1.Single <input type="checkbox"/> 2.Married <input type="checkbox"/> 3.Widowed <input type="checkbox"/> 4.Divorced <input type="checkbox"/> 5.Separated <input checked="" type="checkbox"/> No Child <input type="checkbox"/> Age of children not above 6 years _____ Persons Seq. No 1 Birth Year B.E. <input type="text"/> Seq. No 2 Birth Year B.E. <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
7.For foreigners , Please fill in the following <input type="checkbox"/> Issued of foreigner Id. _____ <input type="checkbox"/> Passport No. _____ <input type="checkbox"/> Work Permit No. _____ <input type="checkbox"/> Others (if any) _____	<u>Attachment</u> <input type="checkbox"/> Copy of Identification Card <input type="checkbox"/> Copy of House Registration <input type="checkbox"/> Copy of Issued to foreigners <input type="checkbox"/> Copy of Passport <input type="checkbox"/> Copy of Work Permit <input type="checkbox"/> Others _____
I hereby certify that the above mentioned are true. Signature _____ Employer (_____) Date _____	
Selective Hospital Data	
8.Request to select Social Security Hospital _____ (Selected by Employee) if it is not available for selected Hospital, I will select the preferred hospital as Seq No. 1 Name _____ Or Seq No. 2 Name _____ Signature _____ Employer (_____) Date _____	<input type="text"/> <input type="text"/> <input type="text"/> _____ (Received Officer) Date _____

Remark

1. The person who signed the notice of the fact that the insurer is authorized to bind the company or person is authorized by a person to bind
2. Registration will be submit to Social Security Office within 30 days from the started date of employee Otherwise it shall be punished with imprisonment for a term not exceeding six months or a fine not exceeding 20,000 baht, or both.
3. When the facts stated. Give notice in writing to the Social Security Office within 15 days of the month following the month that has changed. If the facts do not affect the benefits you receive under the law.
4. The report submitted by a person who is not employed as a thickener for the insurer is liable to imprisonment for a term not exceeding six months or a fine not exceeding 20,000 THB or Both

(Description is behind)

Summary of contribution Form

(Combined submission)

(In case that employer submit the contribution amount in total)

For wages of Month 1 B.E. 2550

Account Number of Employer

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4.00

Name of Company Thailand Business Institute

Contribution Percentage

1	2							3		4		5		6		7	
Sequence No	Branch No							Total Wages		Employee		Employer		Total		No of contribution	
										Contribution		Contribution		Contribution		Employee	
1	0	0	0	0	0	0	0	60,000	00	750	00	750	00	1,500	00	1	
Total of this page								60,000	00	750	00	750	00	1,500	00	1	
Grand Total								60,000	00	750	00	750	00	1,500	00	1	

For Social Security Officer	
Date of Payment	
Additional Payment (if any)	Baht Stang
Receipt No.	
Signature	()
For Bank Officer	
Date of Payment	
Receipt No.	
Bank Stamp	
Signature	()

Signature

Employer/Autorized Person



Registration of employee who has registered for SSO 1-03

Name of Company Thailand Business Institute Account Number of Employer

1	2	3	4	5	6	7	8	9	0
---	---	---	---	---	---	---	---	---	---

Branch Name HEAD OFFICE Branch No

0	0	0	0	0	0
---	---	---	---	---	---

Address of Company/Branch house NO House2 Moo Moo4 Trok/Soi TokSoi3 Road Sub-District Tambol7

District Dist5 Province Samut Prakan Post Code

9	9	9	9	6
---	---	---	---	---

 Telephone No _____

Sequence NO.	Identification NO.	Employee's Name	Date Month Year new-hired	Previous Employer	Company's Name If many																	
1	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>1</td><td></td><td>2</td><td>3</td><td>4</td><td>5</td><td></td><td>6</td><td>7</td><td>8</td><td>9</td><td>0</td><td></td><td>0</td><td>0</td><td></td><td>3</td></tr></table>	1		2	3	4	5		6	7	8	9	0		0	0		3	Mr Bob Yang	2011-01-24		
1		2	3	4	5		6	7	8	9	0		0	0		3						

Remark

- Expats must fill in Social Security No in Identification No block
- Please declare the registration within 30 days From started working date otherwise you will get the legal punishment. Imprison not more than 6 month or fine not more than 20,000 THB or both

I hereby certify that the particulars given above are true and completed.

Signature _____ Employer/Authorized Person
(_____)

Position _____

Date _____ Month _____ B.E _____



Resignation of employee

Name of Company Thailand Business Institute Account Number of Employer

1	2	3	4	5	6	7	8	9	0
---	---	---	---	---	---	---	---	---	---

Branch Name HEAD OFFICE Branch No

0	0	0	0	0	0
---	---	---	---	---	---

Address of Company/Branch house NO House2 Moo Moo4 Trok/Soi TrokSoi3 Road Sub-District Tambol7

District Dist5 Province Samut Prakan Post Code

9	9	9	9	6
---	---	---	---	---

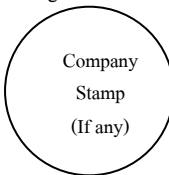
 Telephone No _____

Sequence NO.	Identification NO.	Employee's Name	Date Month Year Of Resignation	Reason of Resignation																				
				1	2	3	4	5	6	7														
1	<table border="1" style="display: inline-table;"><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>0</td><td>0</td><td>0</td><td>1</td></tr></table>	1	2	3	4	5	6	7	8	9	0	0	0	1	Mr Willian Lee	04/01/2011							X	
1	2	3	4	5	6	7	8	9	0	0	0	1												
2	<table border="1" style="display: inline-table;"><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>0</td><td>0</td><td>0</td><td>2</td></tr></table>	1	2	3	4	5	6	7	8	9	0	0	0	2	Mr Peter Schaefer	07/01/2011					X			
1	2	3	4	5	6	7	8	9	0	0	0	2												

Remark 1. Expats must fill in Social Security No in Identification No block
 2. Please declare ended date of Social Security Fund Member When changed But not late than 15th of next month After changed. Otherwise you will get the legal punishment. Imprison not more than 6 month or fine not more than 20,000 THB or both

I hereby certify that the particulars given above are true and completed.

Signature _____



Company Stamp (If any)

Employer/Authorized Person _____

(_____)

Position _____

Date _____ Month _____ B.E _____

Reason

1. Resignation / abandon with contacting employers. within 6 working days consecutively
2. Contract Expiry
3. Termination
4. Retirement
5. Fired/laid out/Terminate due to the offender. /abandon without contacting within 7 working days consecutively
6. Death
7. Branch Transferring

(Please see the description behind)



The fact declaration of Employee

Employee Name Mr. Miss Mrs. Suzy2 Last name Tay2
 Identification Number 1 - 2 3 4 5 - 6 7 8 9 0 - 0 0 - 4 Birth Date 03 Month 05 B.E. 2505

(For foreigner, please fill in Social Security Id.)

Company Name Thailand Business Institute
 Account No 1 2 - 3 4 5 6 7 8 9 - 0 Branch No. 0 0 0 0 0 0

I would like to request to changes by using symbol of / in the column of old data and Fill in changes data in the column of changes of Data

Seq. No	Description	Old Data	Changes of Data	Attachment
1.	Prefix of Name	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs.		<input type="checkbox"/> Copy of Identification Card
2.	Name	Suzy	Suzy2	<input type="checkbox"/> Copy of House Registration
3.	Last name	Tay	Tay2	<input type="checkbox"/> Copy of Name or Last Name Registration
4.	Identification Number	<input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Copy of Marital Registration
5.	-Marital Status	<input type="checkbox"/> 1.Single <input type="checkbox"/> 2.Married <input type="checkbox"/> 3.Widowed <input type="checkbox"/> 4.Divorced <input type="checkbox"/> 5.Separated <input type="checkbox"/> No child		<input type="checkbox"/> Copy of Divorced
	-Children In case of children Age is not exceeding 6 years and 2 persons Fill in B.E. of Birth year only 2 persons sequencing by Birth date and live		Age of Children not exceeding 6 year Persons Seq. No 1 Birth year B.E. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Seq. No 2 Birth year B.E. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Copy of Issued to foreigners
	-Fill in the next seq of Children	<input type="checkbox"/> Add no. of children	Seq. No <input type="checkbox"/> Birth year B.E. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Seq. No <input type="checkbox"/> Birth year B.E. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Copy of Passport <input type="checkbox"/> Copy of Work Permit <input type="checkbox"/> Others

I hereby certify that the above mentioned are true.

Signature _____

(_____)

Position _____

Date _____ Month _____ B.E. _____

Remark 1. The person who signed the notice of the fact that the insurer is authorized to bind the company or person is authorized by a person to bind the company or who has been authorized or the sign in the article 39 By submission within 15th of the subsequence month that there are changes to Social Security Office

2. The facts do not affect the benefits received under the law.

(Please see instructions on back)

Review Tax Computation Report

Name : CASE01,TL01
 Calendar ID : TAXLOG C01 OC0601
 PayGroup : TAXLOG_C01
 Date : 29/01/2008

PS ID : TL01_CASE01 401 Basic Salary: 60,000.00
 EmplID : TL01_CASE01 401 Actual Salary: 0.00
 Report ID : GPTHTX10 Remaining Periods: 11.00
 Time : 23:01:17 User : LLIANG

402 Basic Salary: 40000.00
 402 Actual Salary: 0.00
 Calculation Method : CAM

	REGULAR Withholding 1	REGULAR Withholding 1	IRREGULAR Withholding 1	IRREGULAR Gross Up All 1	IRREGULAR Gross Up All 2
Income Section	401	402	401	401	401
1. Regular Income	661,935.48	1,083,870.97	1,083,870.97	1,083,870.97	1,083,870.97
YTD Regular Income	55,161.29	90,322.58	90,322.58	90,322.58	90,322.58
Regular Income Annualized	661,935.48	1,083,870.97	1,083,870.97	1,083,870.97	1,083,870.97
2. Irregular Income	0.00	0.00	10,000.00	10,000.00	12,000.00
YTD Irregular Income	0.00	0.00	0.00	10,000.00	10,000.00
Irregular Income Annualized	0.00	0.00	10,000.00	20,000.00	22,000.00
3. Total Annual Regular & Irregular Income	661,935.48	1,083,870.97	1,093,870.97	1,103,870.97	1,105,870.97
4. Provident Fund Exemption	23,096.77	23,096.77	23,096.77	23,096.77	23,096.77
5. Tax Exempt for Employee Over 65 Years Old	100,000.00	180,000.00	180,000.00	180,000.00	180,000.00
6. Expense Allowance	60,000.00	60,000.00	60,000.00	60,000.00	60,000.00
7. Personal Allowance	30,000.00	30,000.00	30,000.00	30,000.00	30,000.00
Spouse Allowance	30,000.00	30,000.00	30,000.00	30,000.00	30,000.00
8. Child Allowance	15,000.00	15,000.00	15,000.00	15,000.00	15,000.00
Education Allowance	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00
9. Parent Allowance - Father	0.00	0.00	0.00	0.00	0.00
Parent Allowance - Mother	0.00	0.00	0.00	0.00	0.00
Parent Allowance - Spouse's Father	0.00	0.00	0.00	0.00	0.00
Parent Allowance - Spouse's Mother	0.00	0.00	0.00	0.00	0.00
10. Parent Health Insurance Allowance	15,000.00	15,000.00	15,000.00	15,000.00	15,000.00
11. Personal Life Insurance Allowance	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00
Spouse Life Insurance Allowance	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00
12. Provident Fund 10,000 THB	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00
13. Mutual Fund	99,290.32	100,000.00	100,000.00	100,000.00	100,000.00
14. Long-term Equity	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00
15. Social Security Fund	9,000.00	9,000.00	9,000.00	9,000.00	9,000.00
16. Mortgage Interest	5,000.00	5,000.00	5,000.00	5,000.00	5,000.00
17. Total Allowances	420,387.10	501,096.77	501,096.77	501,096.77	501,096.77
18. (3-17)	241,548.39	582,774.19	592,774.19	602,774.19	604,774.19
19. Education Donation	20,000.00	20,000.00	20,000.00	20,000.00	20,000.00
20. Sport Donation	15,000.00	15,000.00	15,000.00	15,000.00	15,000.00
21. (18-19-20)	206,548.39	547,774.19	557,774.19	567,774.19	569,774.19
22. Donation	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00
23. (21-22)	196,548.39	537,774.19	547,774.19	557,774.19	559,774.19
24. Tax Calculation Amount	9,654.84	47,554.84	49,554.84	51,554.84	51,954.84
Total YTD Regular Tax paid	804.57	4,767.47	7,925.81	7,925.81	7,925.81
Total YTD Irreegular Tax paid	0.00	0.00	0.00	2,000.00	2,000.00
Tax Amount	9,654.84	47,554.84	49,554.84	51,554.84	51,954.84
Tax This Period - Regular	804.57	3,158.33	3,962.90	3,962.90	3,962.90
Tax This Period - Irregular	0.00	0.00	2,000.00	2,000.00	2,400.00
YTD Irreegular Tax paid	0.00	0.00	0.00	0.00	0.00
YTD Irregular Employee Tax paid	0.00	0.00	0.00	0.00	0.00
YTD Irregualr Employer Tax paid	0.00	0.00	0.00	0.00	0.00

Review Tax Computation Report

Name : CASE01,TL01
 Calendar ID : TAXLOG C01 OC0601
 PayGroup : TAXLOG_C01
 Date : 29/01/2008

PS ID : TL01_CASE01 401 Basic Salary: 60,000.00
 EmplID : TL01_CASE01 401 Actual Salary: 0.00
 Report ID : GPTHTX10 Remaining Periods: 11.00
 Time : 23:01:17 User : LLIANG

402 Basic Salary: 40000.00
 402 Actual Salary: 0.00
 Calculation Method : CAM

	IRREGULAR Gross Up All 12	IRREGULAR Gross Up One 1	IRREGULAR Gross Up One 2
Income Section	402	402	402
1. Regular Income	1,083,870.97	1,083,870.97	1,083,870.97
YTD Regular Income	90,322.58	90,322.58	90,322.58
Regular Income Annualized	1,083,870.97	1,083,870.97	1,083,870.97
2. Irregular Income	6,250.00	5,000.00	6,000.00
YTD Irregular Income	39,500.00	45,750.00	45,750.00
Irregular Income Annualized	45,750.00	50,750.00	51,750.00
3. Total Annual Regular & Irregular Income	1,129,620.97	1,134,620.97	1,135,620.97
4. Provident Fund Exemption	23,096.77	23,096.77	23,096.77
5. Tax Exempt for Employee Over 65 Years Old	180,000.00	180,000.00	180,000.00
6. Expense Allowance	60,000.00	60,000.00	60,000.00
7. Personal Allowance	30,000.00	30,000.00	30,000.00
Spouse Allowance	30,000.00	30,000.00	30,000.00
8. Child Allowance	15,000.00	15,000.00	15,000.00
Education Allowance	2,000.00	2,000.00	2,000.00
9. Parent Allowance - Father	0.00	0.00	0.00
Parent Allowance - Mother	0.00	0.00	0.00
Parent Allowance - Spouse's Father	0.00	0.00	0.00
Parent Allowance - Spouse's Mother	0.00	0.00	0.00
10. Parent Health Insurance Allowance	15,000.00	15,000.00	15,000.00
11. Personal Life Insurance Allowance	10,000.00	10,000.00	10,000.00
Spouse Life Insurance Allowance	2,000.00	2,000.00	2,000.00
12. Provident Fund 10,000 THB	10,000.00	10,000.00	10,000.00
13. Mutual Fund	100,000.00	100,000.00	100,000.00
14. Long-term Equity	10,000.00	10,000.00	10,000.00
15. Social Security Fund	9,000.00	9,000.00	9,000.00
16. Mortgage Interest	5,000.00	5,000.00	5,000.00
17. Total Allowances	501,096.77	501,096.77	501,096.77
18. (3-17)	628,524.19	633,524.19	634,524.19
19. Education Donation	20,000.00	20,000.00	20,000.00
20. Sport Donation	15,000.00	15,000.00	15,000.00
21. (18-19-20)	593,524.19	598,524.19	599,524.19
22. Donation	10,000.00	10,000.00	10,000.00
23. (21-22)	583,524.19	588,524.19	589,524.19
24. Tax Calculation Amount	56,704.84	57,704.84	57,904.84
Total YTD Regular Tax paid	7,925.81	7,925.81	7,925.81
Total YTD Irregular Tax paid	7,900.00	9,150.00	9,150.00
Tax Amount	56,704.84	57,704.84	57,904.84
Tax This Period - Regular	3,962.90	3,962.90	3,962.90
Tax This Period - Irregular	1,250.00	1,000.00	1,200.00
YTD Irregular Tax paid	0.00	0.00	0.00
YTD Irregular Employee Tax paid	0.00	0.00	0.00
YTD Irregular Employer Tax paid	0.00	0.00	0.00

Review Tax Computation Report

Name : CASE01,TL01 PS ID : TL01_CASE01 401 Basic Salary: 60,000.00
 Calendar ID : TAXLOG C01 OC0601 EmplID : TL01_CASE01 401 Actual Salary: 0.00
 PayGroup : TAXLOG_C01 Report ID : GPTHTX10 Remaining Periods: 11.00
 Date : 29/01/2008 Time : 23:01:17 User : LLIANG

402 Basic Salary: 40000.00
 402 Actual Salary: 0.00
 Calculation Method : CAM

Tax This Period withholding tax - Regular	0.00
Tax This Period GrossUp All Cycles - Regular	0.00
Tax This Peiord GrossUp One Cycle - Regular	0.00
Tax This Period withholding tax - Irregular	2,000.00
Tax This Period GrossUp All Cycles - Irregular	2,500.00
Tax This Period GrossUp One Cycle - Irregular	2,400.00
Total Whithholding tax deduction of this period	2,000.00
Total Gross up all cycle tax deduction of this period	2,500.00
Total Gross up one cycle tax deduction of this period	2,400.00
Total Whithholding tax overpaid after this period	0.00
Total Gross up all cycle tax overpaid after this period	0.00
Total Gross up one cycle tax overpaid after this period	0.00
Tax This Period withholding tax - Regular 402	0.00
Tax This Period GrossUp All Cycles - Regular 402	0.00
Tax This Peiord GrossUp One Cycle - Regular 402	0.00
Tax This Period withholding tax - Irregular 402	1,000.00
Tax This Period GrossUp All Cycles - Irregular 402	1,250.00
Tax This Period GrossUp One Cycle - Irregular 402	1,200.00
Total Whithholding tax deduction of this period 402	1,000.00
Total Gross up all cycle tax deduction of this period 402	1,250.00
Total Gross up one cycle tax deduction of this period 402	1,200.00
Total Whithholding tax overpaid after this period 402	0.00
Total Gross up all cycle tax overpaid after this period 402	0.00
Total Gross up one cycle tax overpaid after this period 402	0.00

Review Termination Tax Computation Report

Name : STTER,User40
 Calendar ID : STTER0601
 PayGroup : STTERWHM

PS ID : STTER040
 EmplID : STTER040
 Report ID : GPTHTX90

Date : 20/12/2007
 Time : 14:12:13
 User : GWANG

	Gov Pension Gross Up One 1	Gov Pension Gross Up One 2	PF or GPF Gross Up One 1	PF or GPF Gross Up One 2	Severance Gross Up One 1
Section A: Taxable Incomes Calculation					
Government Pension(Gov Pension)	200,000.00	202,050.00	202,050.00	202,050.00	202,050.00
PF or GPF	0.00	0.00	160,000.00	165,101.25	165,101.25
Severance Pay(Severance)	0.00	0.00	0.00	0.00	500,000.00
One time payments(One time)	0.00	0.00	0.00	0.00	0.00
Total incomes	200,000.00	202,050.00	362,050.00	367,151.25	867,151.25
Deduct the exempt for person more than 65	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00
Remain Balance	190,000.00	192,050.00	352,050.00	357,151.25	857,151.25
Section B: Expenses Calculations					
Base salary for expense calculation	200,000.00	202,050.00	362,050.00	367,151.25	867,151.25
First part of expenses	98,000.00	98,000.00	98,000.00	98,000.00	98,000.00
Second part of expenses	51,000.00	52,025.00	132,025.00	134,575.63	384,575.63
Total Deduction	149,000.00	150,025.00	230,025.00	232,575.63	482,575.63
Section C: Tax Calculation					
Total assessable income	41,000.00	42,025.00	122,025.00	124,575.63	374,575.63
Tax calculated	2,050.00	2,101.25	7,202.50	7,457.56	32,457.56
Tax amount YTD	0.00	0.00	2,101.25	2,101.25	7,457.56
Tax generated for this loop	2,050.00	2,101.25	5,101.25	5,356.31	25,000.00

Review Termination Tax Computation Report

Name : STTER,User40
 Calendar ID : STTER0601
 PayGroup : STTERWHM

PS ID : STTER040
 EmplID : STTER040
 Report ID : GPTHTX90

Date : 20/12/2007
 Time : 14:12:13
 User : GWANG

	Severance	One time	One time
	Gross Up One	Gross Up One	Gross Up One
	2	1	2

Section A: Taxable Incomes Calculation

Government Pension(Gov Pension)	202,050.00	202,050.00	202,050.00
PF or GPF	165,101.25	165,101.25	165,101.25
Severance Pay(Severance)	525,000.00	525,000.00	525,000.00
One time payments(One time)	0.00	600,000.00	660,197.57
Total incomes	892,151.25	1,492,151.25	1,552,348.82
Deduct the exempt for person more than 65	10,000.00	10,000.00	10,000.00
Remain Balance	882,151.25	1,482,151.25	1,542,348.82

Section B: Expenses Calculations

Base salary for expense calculation	892,151.25	1,377,251.25	1,377,251.25
First part of expenses	98,000.00	98,000.00	98,000.00
Second part of expenses	397,075.63	639,625.63	639,625.63
Total Deduction	495,075.63	737,625.63	737,625.63

Section C: Tax Calculation

Total assessable income	387,075.63	744,525.63	804,723.20
Tax calculated	33,707.56	93,905.13	105,944.64
Tax amount YTD	7,457.56	33,707.56	33,707.56
Tax generated for this loop	26,250.00	60,197.57	72,237.08

Review Termination Tax Computation Report

Name : STTER,User40
Calendar ID : STTER0601
PayGroup : STTERWHM

PS ID : STTER040
EmplID : STTER040
Report ID : GPTHTX90

Date : 20/12/2007
Time : 14:12:13
User : GWANG

Total Withholding employee tax of this period	0.00
Total Gross up all cycle employer tax of this period	0.00
Total Gross up one cycle employee tax of this period	13,595.82
Total Gross up one cycle employer tax of this period	92,348.82

Wage Calculation Form attached to Wage Report according to Kor Tor 20 kor year 2549Social Security Office Area/Province AP HEAD OFFICEAccount No. 1234567890Company Name Thailand Business Institute(A) Business Code BC12345678Contribution Rate 5%

Month	No of Employee	(B) Wage type according to law(All branches)					② Exceeding 20,000/month	① - ② = ③ Net wage Declaration
		㉟ Salary Minimum per month 18,000.00	㉟ Minimum per month	㉟ Minimum per month	㉟ Minimum per month	① Total Wage ㉟+㉟+㉟		
Jan	4	95,000.00				95,000.00	17,000.00	78,000.00
Feb	4	95,000.00				95,000.00	17,000.00	78,000.00
Mar	4	95,000.00				95,000.00	17,000.00	78,000.00
Apr	4	105,000.00				105,000.00	27,000.00	78,000.00
Total	16	390,000.00				390,000.00	78,000.00	312,000.00 ^(D)

(E) Income types according to Personal Income Tax Form 1 A

Number 16 Persons Total Income 390,000.00 BathContains Salary 390,000.00 Bath

Signature _____ Employer

(_____)

Position _____



Year Business Code Contribution Rate For Officer Only

Type	Wage	Adjust Min(Only employee 1 person)	Net Wage	Contribution
Estimate as beginning of the year				
Wage report				
SSO 1-10				
Compensation Fund Summarize to Debit (Dr.), Ctrdit (Cr.)				

Wage Calculation Form attached to Wage Report according to Kor Tor 20 kor year**2549**Social Security Office Area/Province AP HEAD OFFICEAccount No. 1234567890Company Name Thailand Business Institute(A) Business Code BC12345678Contribution Rate 5%

Jan-2006

Name	(B) Wage type according to law(All branches)					② Exceeding 20,000/mo nth	①-②=③ Net Wage
	◎ Salary	◎	◎	◎	① Total ◎+◎+◎		
Mr Wei Huang	30,000.00				30,000.00	10,000.00	20,000.00
Mr LOS Huang	18,000.00				18,000.00		18,000.00
Mrs Cris King	25,000.00				25,000.00	5,000.00	20,000.00
Steven King	22,000.00				22,000.00	2,000.00	20,000.00
Total	95,000.00				95,000.00	17,000.00	78,000.00

Feb-2006

Name	(B) Wage type according to law(All branches)					② Exceeding 20,000/mo nth	①-②=③ Net Wage
	◎ Salary	◎	◎	◎	① Total ◎+◎+◎		
Mr Wei Huang	30,000.00				30,000.00	10,000.00	20,000.00
Mr LOS Huang	18,000.00				18,000.00		18,000.00
Mrs Cris King	25,000.00				25,000.00	5,000.00	20,000.00
Steven King	22,000.00				22,000.00	2,000.00	20,000.00
Total	95,000.00				95,000.00	17,000.00	78,000.00

Mar-2006

Name	(B) Wage type according to law(All branches)					② Exceeding 20,000/mo nth	①-②=③ Net Wage
	◎ Salary	◎	◎	◎	① Total ◎+◎+◎		
Mr Wei Huang	30,000.00				30,000.00	10,000.00	20,000.00
Mr LOS Huang	18,000.00				18,000.00		18,000.00
Mrs Cris King	25,000.00				25,000.00	5,000.00	20,000.00
Steven King	22,000.00				22,000.00	2,000.00	20,000.00
Total	95,000.00				95,000.00	17,000.00	78,000.00

Apr-2006

Name	(B) Wage type according to law(All branches)					② Exceeding 20,000/mo nth	①-②=③ Net Wage
	◎ Salary	◎	◎	◎	① Total ◎+◎+◎		
Mr Wei Huang	30,000.00				30,000.00	10,000.00	20,000.00

Mr LOS Huang	18,000.00				18,000.00		18,000.00
Mrs Cris King	35,000.00				35,000.00	15,000.00	20,000.00
Steven King	22,000.00				22,000.00	2,000.00	20,000.00
Total	105,000.00				105,000.00	27,000.00	78,000.00

Attachment of P.N.D.1A

Taxpayer Identification Id (13 digits)*

(who is responsible for tax withholding)

1 - 2 3 4 5 - 6 7 8 9 0 - 1 2 - 3

Please fill in the attachment base on each type of income and mark '✓' only one

Type of Income (1) Income under section 40(1): salary wage etc. in general case
 (2) Income under section 40(1): salary wage etc. in case that the Revenue Department has approved to apply 3% withholding tax

(3) Income under section 40(1)(2): One time payment by the termination of employment
 (4) Income under section 40(2) where the recipient is a resident of Thailand
 (5) Income under section 40(2) where the recipient is a non-resident of Thailand

Branch No 1 0 0 1

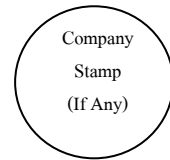
Page No. 1 of total 5 Pages

Sequence No	Identification Id (13 digits)* (Tax Payee)	Tax Payee (Please specify Mr. Mrs. Miss or Others)		Annual Income	Tax deducted and submitted		Condition*
		Address (Please specify House No, Trok/Soi, Road, Sub-district, district and province)					
KT0013	1 - 2 3 4 5 - 6 7 8 9 0 - 0 1 - 3	Name	Jimmy Last Name Lim	60000	2644	17	1
		Address	152 Bldg. , 157, Moo Moo3, Ratanathibeth Road, T.Saima, Bangkok				
KT0015	1 - 2 3 4 5 - 6 7 8 9 0 - 0 1 - 5	Name	Lawrence Last Name Hung	40000	1220	00	1
		Address	160 Bldg. , 157, Moo Moo3, Ratanathibeth Road, T.Saima, Bangkok				
MIC107	3 - 2 3 4 5 - 6 7 8 9 0 - 1 0 - 7	Name	Mickey107 Last Name Wang	60000	4333	33	1
		Address	abcde Bldg.				
MIC108	3 - 2 3 4 5 - 6 7 8 9 0 - 1 0 - 8	Name	Mickey108 Last Name Wang	54166	3225	00	1
		Address	abcde Bldg.				
MIC109	3 - 2 3 4 5 - 6 7 8 9 0 - 1 0 - 9	Name	Mickey109 Last Name Wang	30000	775	00	1
		Address	abcde Bldg.				
KT0016	1 - 2 3 4 5 - 6 7 8 9 0 - 0 1 - 6	Name	Kin Last Name Chow	41476	1476	85	2
		Address	161 Bldg. , 157, Moo Moo3, Ratanathibeth Road, T.Saima, Bangkok				
KT0017	1 - 2 3 4 5 - 6 7 8 9 0 - 0 1 - 7	Name	Brandon Last Name Chua	34894	894	44	2
		Address	164 Bldg. , 157, Moo Moo3, Ratanathibeth Road, T.Saima, Bangkok				
KT0018	1 - 2 3 4 5 - 6 7 8 9 0 - 0 1 - 8	Name	Flora Last Name Thieu	47544	1544	63	2
		Address	169 Bldg. , 157, Moo Moo3, Ratanathibeth Road, T.Saima, Bangkok				
Total amount of income and tax deducted and submitted (Include other attachment of P.N.D.1 (If any))				368082	59	16113	42

(Please fill in seq no in order for every attachment according to type of income)

Remard * Please indicate the condition of withholding tax as follows:

- Deduct at source, fill '1'
- Company paid all, fill '2'
- Company paid once, fill '3'



Signature _____ Payer of Tax
 (_____)
 Position _____
 Filing Date 19 _____ Month 12 _____ Year (B.E) 2555 _____

Attachment of P.N.D.1A

Taxpayer Identification Id (13 digits)*

(who is responsible for tax withholding)

1 - 2 3 4 5 - 6 7 8 9 0 - 1 2 - 3

Please fill in the attachment base on each type of income and mark '✓' only one

Type of Income (1) Income under section 40(1): salary wage etc. in general case
 (2) Income under section 40(1): salary wage etc. in case that the Revenue Department has approved to apply 3% withholding tax

(3) Income under section 40(1)(2): One time payment by the termination of employment
 (4) Income under section 40(2) where the recipient is a resident of Thailand
 (5) Income under section 40(2) where the recipient is a non-resident of Thailand

Branch No

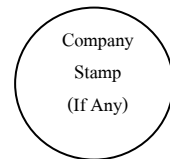
Page No. 2 of total 5 Pages

Sequence No	Identification Id (13 digits)* (Tax Payee)	Tax Payee (Please specify Mr. Mrs. Miss or Others)		Annual Income	Tax deducted and submitted		Condition*	
		Address (Please specify House No, Trok/Soi, Road, Sub-district, district and province)						
KT0010	<input type="text" value="1"/> - <input type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="5"/> - <input type="text" value="6"/> <input type="text" value="7"/> <input type="text" value="8"/> <input type="text" value="9"/> <input type="text" value="0"/> - <input type="text" value="0"/> <input type="text" value="1"/> - <input type="text" value="0"/>	Name	Xue _____ Last Name Lim _____	62366	67	2603	33	3
		Address	138 Bldg. , 157, Moo Moo3, Ratanathibeth Road, T.Saima, Bangkok					
KT0011	<input type="text" value="1"/> - <input type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="5"/> - <input type="text" value="6"/> <input type="text" value="7"/> <input type="text" value="8"/> <input type="text" value="9"/> <input type="text" value="0"/> - <input type="text" value="0"/> <input type="text" value="1"/> - <input type="text" value="1"/>	Name	Sonia _____ Last Name Wu _____	79968	33	7162	00	3
		Address	140 Bldg. , 157, Moo Moo3, Ratanathibeth Road, T.Saima, Bangkok					
KT0012	<input type="text" value="1"/> - <input type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="5"/> - <input type="text" value="6"/> <input type="text" value="7"/> <input type="text" value="8"/> <input type="text" value="9"/> <input type="text" value="0"/> - <input type="text" value="0"/> <input type="text" value="1"/> - <input type="text" value="2"/>	Name	Khim _____ Last Name Yeung _____	87526	67	9032	00	3
		Address	150 Bldg. , 157, Moo Moo3, Ratanathibeth Road, T.Saima, Bangkok					
KT0053	<input type="text" value="9"/> - <input type="text" value="8"/> <input type="text" value="7"/> <input type="text" value="6"/> <input type="text" value="5"/> - <input type="text" value="4"/> <input type="text" value="3"/> <input type="text" value="2"/> <input type="text" value="1"/> <input type="text" value="0"/> - <input type="text" value="0"/> <input type="text" value="5"/> - <input type="text" value="3"/>	Name	Weekly _____ Last Name 01 _____	53992	29	2069	58	1
		Address	abcde Bldg.					
	<input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/>	Name	_____ Last Name _____					
		Address	_____					
	<input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/>	Name	_____ Last Name _____					
		Address	_____					
	<input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/>	Name	_____ Last Name _____					
		Address	_____					
	<input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/>	Name	_____ Last Name _____					
		Address	_____					
Total amount of income and tax deducted and submitted (Include other attachment of P.N.D.1 (If any))				651936	55	36980	33	

(Please fill in seq no in order for every attachment according to type of income)

Remard * Please indicate the condition of withholding tax as follows:

- Deduct at source, fill '1'
- Company paid all, fill '2'
- Company paid once, fill '3'



Signature _____ Payer of Tax

(_____)

Position _____

Filing Date ____19____ Month ____12____ Year (B.E) ____2555____



**Personal Income Tax
According to Act 58 (2)**

For withholding tax according to Act 50 (1) in case of assessable income under section 40 (1) (2)

P.N.D.1A

Tax ID of Employer (13 digits)* - - - -
(who is responsible for tax withholding)

Income Tax of tax year 2554

Name of withholding tax payer (Organization) Thailand Business Institute Branch No

Address: Building abcde Room _____ Floor _____ Moonban Name _____

House No 1/A Diamond Plaza Moo Moo123 Trok/Soi 180S

(1) Normal Filing (2) Additional Filing No

Road 181 Road Tambo/Kwang Tam123

District Don Muang Province Samut Prakan

Receipt No _____

Post Code Telephone _____

Receipt Date _____

Please submit P.N.D.1A in February

Signature _____

Request to submit assessable income payment under section 40 (1) (2) in the previous year

The detail of deduction for tax payers that display according to **Attachment of P.N.D.1A** as attached with this form: No. of ___ pages

(Please show the detail in either attachment of P.N.D.1A or Data Media) **Data Media** that attached with this form: No. of ___ pages
(According to request document no: _____)

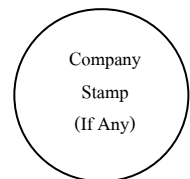
Summary of submitted taxes

	No of person	Total Amount	Total Tax
1. Income according to ACT 40(1) salary, wages etc. in general case	12	65193655	3698033
2. Income according to ACT 40(2) salary, wage etc. Revenue Dept. approved to deduct at 3% (According to document No. _____ as of _____)			
3. Income according to ACT 40(1)(2) One Time Payment cause of Termination	1	6204284	67607
4. Income according to 40(2) in case that tax payer stays in Thailand	12	44706316	4627150
5. Income according to 40(2) in case that the tax payer does not stay in Thailand			
6. Total	17	116104255	8392790

I hereby certify that the particulars given above are true and completed.

Signature _____ Tax Payee
(_____)

Position _____
Submitted Date 19 Month 12 B.E 2555





**Personal Income Tax
According to Act 58 (2)**

For withholding tax according to Act 50 (1) in case of assessable income under section 40 (1) (2)

P.N.D.1A

Tax ID of Employer (13 digits)* - - - -
(who is responsible for tax withholding)

Income Tax of tax year 2554

Name of withholding tax payer (Organization) Thailand Business Institute Branch No

Address: Building abcde Room _____ Floor _____ Moonban Name _____

House No 1/A Diamond Plaza Moo Moo123 Trok/Soi 180S

(1) Normal Filing (2) Additional Filing No

Road 181 Road Tambo/Kwang Tam123

District Don Muang Province Samut Prakan

Receipt No _____

Post Code Telephone _____

Receipt Date _____

Please submit P.N.D.1A in February

Signature _____

Request to submit assessable income payment under section 40 (1) (2) in the previous year

The detail of deduction for tax payers that display according to **Attachment of P.N.D.1A** as attached with this form: No. of ___ pages

(Please show the detail in either attachment of P.N.D.1A or Data **Data Media** that attached with this form: No. of ___ pages

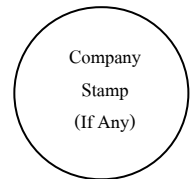
Media) (According to request document no: _____)

Summary of submitted taxes	No of person	Total Amount	Total Tax
1. Income according to ACT 40(1) salary, wages etc. in general case	12	65193655	3698033
2. Income according to ACT 40(2) salary, wage etc. Revenue Dept. approved to deduct at 3% (According to document No. _____ as of _____)			
3. Income according to ACT 40(1)(2) One Time Payment cause of Termination	1	6204284	67607
4. Income according to 40(2) in case that tax payer stays in Thailand	12	44706316	4627150
5. Income according to 40(2) in case that the tax payer does not stay in Thailand			
6. Total	17	116104255	8392790

I hereby certify that the particulars given above are true and completed.

Signature _____ Tax Payee
(_____)

Position _____
Submitted Date 19 Month 12 B.E 2555





Personal Income Tax Form

According to Act 59

Under section 50(1) in case that income is income under 40(1)(2)

P.N.D.1

Tax ID of Employer (13 digits)*

(who is responsible for tax withholding)

1-2-3-4-5-6-7-8-9-0-1-2-3

Name of withholding tax payer (Organization):

Thailand Business Institute

Address: Building abcde Room No Floor Mooban name

House No 1/A Diamond Plaza Moo Moo123 Trok/Soi 180S

Road 181Road Tambol/Kwang Tam123

District Don Muang Province Samut Prakan

Post Code 55100 Telephone:

Month of Accessible Income payment

(Mark '/' in front of the month) B.E. 2554

Month selection grid: (1) January, (2) February, (3) March, (4) April, (5) May, (6) June, (7) July, (8) August, (9) September, (10) October, (11) November, (12) December

(1) Normal Submission (2) Additional Submission

For the receipt that issued by printer

Receipt Book No. Amount THB. Signature Recipient Date

The detail of deduction for tax payers that display according to attachment of P.N.D.1 as attached with this form : No of pages (Please show the detail in either attachment of P.N.D.1 or Data Media) Data media that attached with this form : No of pages (According to request document)

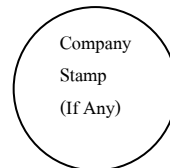
Summary of submitted taxes

	No of person	Total Amount	Total Taxes
1. Income according to ACT 40(1) salary, wages etc. in general case	12	629940 26	36093 19
2. Income according to ACT 40(1) Salary, wage etc. Revenue Dept. approved to deduct at 3% (According to document no As of)			
3. Income according to ACT 40(1) (2)One Time Payment cause of Termination	0	0 00	0 00
4. Income according to 40(2) in case that the tax payer stays in Thailand.	12	447063 16	46271 50
5. Income according to 40(2) in case that the tax payer does not stay in Thailand.			
6. Total	17	1077003 42	82364 69
7. Additional payment (If any)			
8. Grand Total of Tax and Additional Payment(6+7)			82364 69

I hereby certify that the particulars given above are true and completed.

Signature Tax Payee

Position Submitted Date 19 Month 12 B.E. 2555



Attachment of P.N.D.1

Taxpayer Identification Id (13 digits)*(who is responsible for tax withholding)

1 - 2 3 4 5 - 6 7 8 9 0 - 1 2 - 3

Please fill in the attachment based on each type of income and mark '/' only one

Type of Income (1) Income under section 40(1) :salary wage etc. in general case

(3) Income under section 40(1)(2) : One time payment by the termination of employment

(2) Income under section 40(1) :salary wage etc. in case that the

(4) Income under section 40(2) where the recipient is a resident of Thailand

Revenue Department has approved to apply 3% withholding tax

(5) Income under section 40(2) where the recipient is a non-resident of Thailand.

Branch No 1 0 0 1

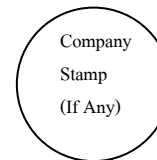
Page no. 1 of total 4 Pages

Sequence No	Identification Id (13 digits) * (Tax Payee)		Description of payment		Tax deducted and submitted this period		Condition*
	Tax Payee (Please specify Mr. Mrs. Miss or Others)		Payment Date Month Year	Annual Income			
KT0010	1 - 2 3 4 5 - 6 7 8 9 0 - 0 1 - 0	Name Xue Last Name Lim	31-01-2554	6236667	260333		3
KT0011	1 - 2 3 4 5 - 6 7 8 9 0 - 0 1 - 1	Name Sonia Last Name Wu	31-01-2554	7996833	716200		3
KT0012	1 - 2 3 4 5 - 6 7 8 9 0 - 0 1 - 2	Name Khim Last Name Yeung	31-01-2554	8752667	903200		3
KT0013	1 - 2 3 4 5 - 6 7 8 9 0 - 0 1 - 3	Name Jimmy Last Name Lim	31-01-2554	6000000	264417		1
KT0015	1 - 2 3 4 5 - 6 7 8 9 0 - 0 1 - 5	Name Lawrence Last Name Hung	31-01-2554	4000000	122000		1
KT0016	1 - 2 3 4 5 - 6 7 8 9 0 - 0 1 - 6	Name Kin Last Name Chow	31-01-2554	4147685	147685		2
KT0017	1 - 2 3 4 5 - 6 7 8 9 0 - 0 1 - 7	Name Brandon Last Name Chua	31-01-2554	3489444	89444		2
KT0018	1 - 2 3 4 5 - 6 7 8 9 0 - 0 1 - 8	Name Flora Last Name Thieu	31-01-2554	4754463	154463		2
Total amount of Income and tax deducted and submitted(Include other attachment of P.N.D.1(If any))				45377759	2657742		

(Please fill in seq no in order for every attachment according to type of income)

Remark *Please indicate the condition of withholding tax as follows:

- Deduct at source ,fill '1'
- Company paid all, fill '2'
- Company paid once, fill '3'



Signature _____ Payer of tax

(_____)

Position _____

Filling Date 19 Month 12 Year(B.E.) 2555



For Tax Year 2554

Personal Income Tax

For person who has only income from the employment under section 40(1)

P.I.T.91

Tax Payee

Tax Identification Number (13 Digit)*: 1 2 3 4 5 6 7 8 9 0 0 1 0
Birthdate: 23 / 12 / 2508

Name: Xue Last Name: Lim
Address: Building 138 Room No Floor Mooban name
House No 157 Moo Moo3 Trok/Soi Ratanathibeth Road
Road
District T.Saima Province Bangkok
Post Code 1 1 0 0 0 Telephone: House Office

Marital Status: Single [X] Married [] Widow [] Dead during tax Year []

Spouse

Tax Identification Number (13 Digit)*
Birthdate / /

Name Last Name
(1) Spouse has income but (2) Spouse has income and calculates tax jointly.
Married during tax year
Divorce during tax year (3) Spouse has income but file separately.
Died during tax year (4) Spouse has no income.

Receipt Book No. No.
Amount THB.
Signature Recipient
Date

Additional Tax Payment

Tax Payee Spouse Baht

Intend to donate income tax to Political Party:

Not Donate []

Political Party's ID:

Donate 100 baht income tax to []

Certification Statement

I hereby certify that the particulars given above are true and have attached documents and continued page(s) (if any). Total no.of page(s) :
Signature Tax Payee
Signature Representative
In the capacity of Address(of representative)
Address(of representative)
Date 19 / 12 / 2555

Tax Refund Request

I wish to request refund of excess tax payment show in A 14. Or 18. or 20. At the amount of Baht stangs
Signature Tax Payee

Notice

- The Revenue Department provides electronic filling service of P.I.T.91 through the department's website at www.rd.go.th as follows :
1. P.I.T.91 filing and tax payment or tax refund via the internet
2. Printing of P.I.T.91 from the internet
3. Tax computing program of P.I.T.91 via the internet

** For more information, call Revenue Department call center RD Call Center at 1161

Tax Payee

1 2 3 4 5 6 7 8 9 0 0 1 0
Tax Identification / National Identification

A

Tax Calculation

1. Salary wage pension etc.(Plus exempted income from B 6.)	62,366	67
2. Deduct the exempted income (from part B 7.)	26,000	00
3. Total assessable income (1.-2.)	36,366	67
4. Deduct expenses (40% of 3. but not exceeding legal limit.)	60,000	00
5. Total income after deduction (3.-4.)	-23,633	33
6. Deduction Allowances (from part C14.)	198,000	00
7. Remain Balance (5.-6.)	-221,633	33
8. Deduct contribution to education (2 times of the contribution paid but not exceeding 10% of 7.)	2,000	00
9. Income after deduction of contribution to education(7.-8.)	-223,633	33
10. Donation (as of actual but not exceeding 10% of 9.)		
11. Net income (9.-10.)	-223,633	33
12. Tax calculated from net income from 11.	2,603	33
13. Deduct Exempt income tax from Property Purchasing Value of Property <input type="text"/> - <input type="text"/>		
14. Remain Additional Tax Payment(Only 12. more than 13.)		
15. Deduct withholding income tax	2,603	33
16. Tax <input type="checkbox"/> Additional paid <input type="checkbox"/> Excess paid (as per certificate attached 8.10.&13. as.....pages)		
In case of <input type="checkbox"/> Continued Page <input type="checkbox"/> Additional Filing <input type="checkbox"/> Late Filing		
17. Add additional tax (from part C6. Of continued pages if anys.)		
18. Deduct additional tax (from part C7. of continued pages if anys.)		
19. Deduct tax paid as per PIT91 (In case additional payment)		
20. Tax in <input type="checkbox"/> Additional paid <input type="checkbox"/> Excess paid		
21. Add Surcharge (if anys)		
22. Total <input type="checkbox"/> Additional paid <input type="checkbox"/> Excess paid		

B

Exempted Incomes

1. Contribution to provident Fund(The part that excess 10,000 THB)	26,000	00
2. Contribution to Government Pension Fund		
3. Contribution to Private School		
4. Tax payer who is more than 65 years old 190,000THB <input type="checkbox"/> If people with disabilities aged under 65 years of age. <input type="checkbox"/> If people aged 65 years and over (including people with disabilities).		
5. Spouse who is more than 65 years old and has income and compute tax jointly 190,000 Baht. <input type="checkbox"/> If people with disabilities aged under 65 years of age. <input type="checkbox"/> If people aged 65 years and over (including people with disabilities).		
6. Severance pay received under the Labor Law		
7. Total (1. To 6.) carry to fill in Part A 2.	26,000	00

C

**Deduction Allowances and Exempted Incomes
after expenses deduction**

1. Tax Payee(Calculate tax separately)	30,000	00
2. Spouse (30,000 THB, Spouse has income and Calculate tax jointly or spouse with no income.)		
3. Children: 15,000 THB per child,No of 0 Persons Children: 17,000 THB per child,No of 2 Persons	34,000	00
4. Parent Allowances <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (Father of Taxpayer) (Please fill in identification no.)	15,000	00
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (Mother of Taxpayer) (Please fill in identification no.)	15,000	00
(Father of spouse with income that is combined with taxpayer's income in tax computation or with no income)		
(Mother of spouse with income that is combined with taxpayer's income in tax computation or with no income)		
5. Patron of Disabled Person Allowance (Carry from Lor Yor 04 Form)		
6. Parent Health Insurance Premium <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (Father of Taxpayer) (Please fill in identification no.)	15,000	00
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (Mother of Taxpayer) (Please fill in identification no.)		
(Father of spouse) (Please fill in identification no.)		
(Mother of spouse) (Please fill in identification no.)		
7. Life Insurance Premium		
Life Insurance Premium for Pension		
8. Contribution to provident Fund (The part of not exceeding 10,000 THB)	10,000	00
9. Contribution to Mutual Fund	70,000	00
10. Payment for purchase of long-term equity fund.		
11. Building purchase/Interest paid on loans for purchase, hire purchase, or construction of residence building.		
12. Others		
13. Social Security Fund Contribution	9,000	00
14. Total (1. To 13.) carry to fill in Part A 6.	198,000	00

(Total attached documents for B.1 TO 6. And C. 4. To 13. ____page(s))

* Refer to

- 1.If such a tax registration number issued by the Department of Business Development.
2. Individuals in Thailand. The identification number, the minister ruled out.
3. The rest of 1. and 2. Use tax identification no (13 Digits) that The Revenue Department issued.

Attach

PIT90

PIT91

Tax Year 2554

In case of one time payments, because of termination, only income that is not included in the tax calculation with other incomes

<p>Tax Payee:</p> <p>Id No: <div style="display: flex; justify-content: space-around; font-family: monospace;"> 9-8765-43210-05-3 </div> </p> <p>Tax Id: - - - - - (In case that the person does not have Id No)</p> <p>Name <u>Weekly</u> Last Name <u>01</u></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;">Employer Name</th> <th style="width:20%;">Length of service</th> </tr> </thead> <tbody> <tr> <td>1. Thailand Business Institute</td> <td style="text-align: center;">5</td> </tr> <tr> <td>2. -----</td> <td>-----</td> </tr> <tr> <td>3. -----</td> <td>-----</td> </tr> </tbody> </table>	Employer Name	Length of service	1. Thailand Business Institute	5	2. -----	-----	3. -----	-----
Employer Name	Length of service								
1. Thailand Business Institute	5								
2. -----	-----								
3. -----	-----								

A Taxable Incomes Calculation

1. Government Pension	15,000	00
2. Provident Fund or Government Pension Fund (Kor Bor Kor)	12,000	00
3. Severance Pay (After exempted deduction)*	42	85
4. Total assessable income (1.+2.+3.)	27,042	85
5. One time payments (not the same as 1.)	34,999	99
6. Total incomes (4.+5.)	62,042	84
7. Deduct the exempt for person whose age is more than 65 years but not exceeding 190,000 THB****		
8. Remain Balance	62,042	84

B Expenses Calculation

1. Salary payment from Employer		
/ Salary rate on the last month		
Average salary rate on the last 12 months	30329	X 5 year (LOS)
10% of average salary	151,645	00
2. Base salary amount for expense calculation**	62,042	84
3. First part of expenses		
/ 7,000		
3,500 X 5 year (LOS)	35,000	00
4. Net incomes (2.-3.)	27,042	84
5. Second part of expenses 50% of 4.	13,521	42
6. Total deductions (3.+ 5.) (carry to fill in Part C 2.)	48,521	42

C Tax Calculation

1. Taxable incomes (from part A 8.)	62,042	84
2. Deduct the exempted incomes (from part B 6.)	48,521	42
3. Total assessable income (1.-2.)***	13,521	42
4. Tax calculated from net incomes from 3.	676	07
5. Income tax withheld at source (as per certificate attached as ....copies)	676	07
6. Tax must be paid additionally (4. More than 5.) Fill in attachment PIT 90 or PIT 91 by case		
7. Tax must be refund (5. More than 4.) Fill in attachment PIT 90 or PIT 91 by case		

D The Exempt Revenue

Specify the exempt revenue

(It will be base for purchase of equity calculation.)

1. Revenue from early retirement for Government Officer

2. _____

3. _____

Remark

* The exempt is not more than wage or salary of the last 300 days, but not exceeding 300,000 THB and it is not for retirement and expiry contract

** (a) In case that there are A1. To 3., please fill in the amount as A4.
 (b) In case that there is only A5.
 If A5. is not exceeding B1., please fill in the amount as A5.
 or
 If A5. is exceeding B1., please fill in the amount as B1.
 (c) In case that there are A1. To 3. and A5.
 If A5. is not exceeding B1. Please fill in the amount as A6.
 Or
 If A5. is exceeding B1., please fill in the amount as A4+B1.

*** Net Income as C3 will not be exempt for the first 150,000 THB

**** In case that tax payee and spouse are more than 65 years old in tax year and they are residents of Thailand. If each has income under section 40(1) to (8), each will get the exempt income for 190,000 THB by choosing the exempt in any income, but the total is not exceeding 190,000 THB per person.

I hereby certify that the particulars given above are true

Signature _____ Tax Payee

Date 19 / 12 / 2555 (B.E. Year)