

## **EMPLOYEE PROFILE**

COMPANY : KPJ HEALTHCARE UNIVERSITY NAME : MOHD AZMANI BIN SAHAR

IC NUMBER : 790927055277 BANK NAME/ACCOUNT NO.: MBB/562432535537

INCOME TAX NO.

EMP NO.

: KPJ00025262

PAYMENT MONTH DEPARTMENT

: MARCH 2025 : ACADEMIC

SOCSO NO.

: 790927055277

EPF NO

EAR	NINGS		DEDUCTIONS			
DESCRIPTION	HRS/DAYS	AMOUNT (RM)	DESCRIPTION	HRS/DAYS	AMOUNT (RM)	
BASIC SALARY		35,000.00	SPORT AND RECREATIONAL EIS EMPLOYEE PCB SOCSO EMPLOYEE		2.00 11.90 7,098.35 29.75	
TOTAL EARNING (RM) 35,000.00		35,000.00	TOTAL DEDUCTION (RM)		7,142.00	
		NET PAY (RM)		27,858.00		

## **CURRENT MONTH**

**EMPLOYEE EMPLOYER** 

EPF	EPFVE	TOTAL EPF	socso	EIS	TAX	SPORT CLUB
0.00	0.00	0.00	29.75	11.90	7,098.35	2.00
2,204.00	0.00	2,204.00	104.15	11.90	0.00	2.00
2,204.00	0.00	2,204.00	133.90	23.80	7,098.35	4.00

## YEAR-TO-DATE

**EMPLOYEE EMPLOYER** 

TOTAL

TOTAL

EPF EPFVE		TOTAL EPF	socso	EIS TAX		SPORT CLUB	
0.00	0.00	0.00	89.25	35.70	21,295.05	6.00	
7,090.00	0.00	7,090.00	312.45	35.70	0.00	6.00	
7,090.00	0.00	7,090.00	401.70	71.40	21,295.05	12.00	

Your Remuneration(s) Has Been Credited Into Your Bank Account Directly. Details for your pay is shown above, please claim immediately if any error.



<sup>\*\*</sup>This is computer generated payslip and does not required any acknowledgement / verification\*\*

(C.P. 8A - Pin. 2024)

## MALAYSIA

INCOME TAX

PRIVATE SECTOR Employee's
Statement of Remuneration

Statement of	Remuneration

(1) 00	IIV.	INCOME TAX			Employee's Tax Identification No. (TIN)		
rial No. (i) 68 nployer's No. E E059386241	STATEMENT OF REM FOR THE YEAR		N FROM EMPLOYMEN DECEMBER 2024	NTLHDNM Sta	ate		
THIS FORM EA MU	JST BE PREPARED AND PROVID	DED TO TH	E EMPLOYEE FOR IN	COME TAX F	PURPOSE		
PARTICULARS OF EMPL	OYEE						
Full Name of Employee / Pe	ensioner(Mr./Miss/Madam) MOHD AZMANI E	BIN SAHAR					
2. Job Designation DEPU	TY VICE CHANCELLOR	3.	Staff No. / Payroll No.	KPJ00025262			
4. New I.C. No 79092	7055277	5.	Passport No.				
6. EPF No		7.	SOCSO No.	790927055277	7		
8. Number of children		9.	If the period of employment is	less than a year,	please state:		
qualified for tax relief 4			(a) Date of commencement				
			(b) Date of cessation				
EMPLOYMENT INCOME,	BENEFITS AND LIVING ACCOMMO	ODATION					
(Excluding Tax Exempt Allowance	ces / Perquisites / Gifts / Benefits)					RM	
1. (a) Gross salary, wages or	leave pay (including overtime pay)					422,000.00	
(b) Fees (including director	r fees), commission or bonus				************	2,000.00	
(c) Gross tips, perquisites,	awards / rewards or other allowances (Details				)	0.00	
(d) Income tax borne by the	e employer in respect of his employee					0.00	
(e) Employee Share Option					************	0.00	
(f) Gratuity for the period fr	rom to					0.00	
	s for preceding years paid in the current year						
Type of income	(a)					0.00	
	(p)					0.00	
3. Benefits in kind (Specify:					)	0.00	
<ol><li>Value of living accommodat</li></ol>	tion provided (Address :					0.00	
<ol><li>Refund from unapproved Pr</li></ol>	rovident / Pension Fund				************	0.00	
<ol><li>Compensation for loss of er</li></ol>	mployment				**********	0.00	
PENSION AND OTHERS							
1. Pension						0.00	
2. Annuities or other periodica	al payments					0.00	
TOTAL						424,000.00	
						424,000.00	
TOTAL DEDUCTION	Di somittad to I HDNM					95 190 00	
Monthly tax deductions (MTI     CP38 deductions comitted to					***********	85,180.00	
<ol> <li>CP38 deductions remitted to</li> <li>Zakat paid via salary deductions</li> </ol>						0.00	
and the second of the second o	contributions via salary deduction				***********	0.00	
	employee via Form TP1 in respect of :				**********		
(a) Relief			RM 0.00				
(b) Zakat other than that pa	aid via monthly salary deduction		RM 0.00				
<ol><li>Total qualifying child relief</li></ol>					***********	8,000.00	
CONTRIBUTIONS PAID E	BY EMPLOYEE TO APPROVED PRO	OVIDENT / P	ENSION FUND AND SO	cso			
Name of Provident Fund K	UMPULAN WANG SIMPANAN PEKERJA						
Amount of compulsory contri	ibution paid (state the employee's share of co	entribution only)		RM	7,700.00		
SOCSO : Amount of compulsory contribution paid (state the employee's share of contribution only)  TOTAL TAX EXEMPT ALLOWANCES / PERQUISITES / GIFTS / BENEFITS			RM	436.80			
			RM				
TOTAL TAX EXEMPT AL	LOWANCES / FERQUISITES / GIFT	3 / BENEFII	13	KM	0.00		
	Name of Officer	SHAHRIN	IA BINTI MOHD DIAH				
	Designation		JMAN RESOURCE MANAGEM	MENT			
	Name and Address of Employ	er KPJ HEAI	LTHCARE UNIVERSITY				
te: 28/02/2025	Employer's Telephone No.	06-72691	4Q				

