



**AMENDED RETURN FORM OF A NON-RESIDENT INDIVIDUAL
UNDER SECTION 77 OF THE INCOME TAX ACT 1967**
This form is prescribed under section 152 of the Income Tax Act 1967

Amended
Return Form
M
YEAR OF ASSESSMENT
2015
CP6G - Pin. 2015

Lembaga Hasil Dalam Negeri Malaysia

BASIC PARTICULARS			
1	Name (as per identification document)		
2	Income Tax No.	3	Identification No.
4	Current Passport No.	5	Expiry Date of Current Passport (dd/mm/yyyy)
6	Passport No. Registered with LHDNM	7	Date of Birth (dd/mm/yyyy)
8	Telephone No.		-

Amount / Additional Amount of Chargeable Income	Tax / Additional Tax Charged	Total Tax Payable

PART A: STATUTORY INCOME, TOTAL INCOME AND TAX PAYABLE		RM	Sen
A1	Statutory income from businesses	A1	.00
A2	Statutory income from partnerships	A2	.00
A3	Aggregate statutory income from businesses (A1 + A2)	A3	.00
A4	LESS: Business losses brought forward (Restricted to amount in A3)	A4	.00
A5	Total (A3 - A4)	A5	.00
A6	Statutory income from employment * / director's fees	A6	.00
	* If there is a claim for exemption of employment income under:		
	<input type="checkbox"/> 1 = Paragraph 21 Schedule 6		
	<input type="checkbox"/> 2 = Double Taxation Agreement between Malaysia and <input type="text"/> (Use Country Code)		
	State: Amount exempted <input type="text"/>	.00	
A7	Statutory income from rents	A7	.00
A8	Statutory income from discounts, premiums, pensions, annuities, other periodical payments, other gains or profits and additions pursuant to paragraph 43(1)(c)	A8	.00
A9	AGGREGATE INCOME (A5 + A6 + A7 + A8)	A9	.00
A10	LESS: Current year business losses (Restricted to amount in A9)	A10	.00
A11	LESS: Qualifying prospecting expenditure - Schedule 4 and paragraph 44(1)(b)	A11	.00
A12	LESS: Approved donations / gifts / contributions	A12	.00
A13	TOTAL [A9 - (A10 to A12)] (Enter '0' if value is negative)	A13	.00
A14	TAXABLE PIONEER INCOME	A14	.00
A15	Gross income subject to tax at other rates (Please specify <input type="text"/>)		.00
A16	TOTAL INCOME (SELF) (A13 + A14 + A15)	A16	.00
A17	TOTAL INCOME TRANSFERRED FROM HUSBAND / WIFE * FOR JOINT ASSESSMENT	A17	.00
	* Type of income transferred from HUSBAND / WIFE <input type="checkbox"/> 1 = With business income 2 = Without business income		
A18	AGGREGATE OF TOTAL INCOME (A16 + A17)	A18	.00
A19	CHARGEABLE INCOME (from A16 or A18 whichever applies)	A19	.00

A20 Computation of Tax Chargeable					
Division of Chargeable Income according to the rate applicable			Tax Rate (%)	Income Tax	
A20a	<input type="text"/>	.00	25	A20a	.
A20b	<input type="text"/>	.00		A20b	.
A20c	<input type="text"/>	.00		A20c	.

A21	TOTAL INCOME TAX (A20a to A20c)		.
A22	LESS: Section 110 (others) <input type="text"/> Section 132 and 133 <input type="text"/>		.
A23	TAX PAYABLE (A21 - A22)	A23	.
A24	LESS: Previous Tax Payable	A24	.
A25	Tax / Additional Tax Charged (A23 - A24)	A25	.
A26	Increase in tax under section 77B of the Income Tax Act 1967 in respect of:-		
A26a	Amended return furnished within a period of 60 days after the due date (A25 x 10%)	A26a	.
	Or		
A26b	Amended return furnished within the period of 60 days from the due date but not later than 6 months from the due date [A25 x 10%] + [{A25 + (A25 x 10%)} x 5%]	A26b	.
A27	Total Tax Payable [(A25 + A26a) or (A25 + A26b)]	A27	.

DECLARATION	
I <input type="text"/>	Identification / Passport No. <input type="text"/>

hereby declare that the information regarding the income and claim for deductions and reliefs given by me in this return form and in any document attached is true, correct and complete.

This return form is made: 1 = on my own behalf 2 = on behalf of the individual in item 1 3 = as an executor of the deceased person's estate

Signature:

Date: (dd/mm/yyyy)

PART B: FOR JOINT ASSESSMENT (IF ITEM A17 IS APPLICABLE)

This section is to be completed if there is a change in the amount for item **A17** above in comparison with the amount in item **B17** of the individual's original Form M.

- * Refer to the Item No. in the original return form of the husband / wife (Form M / MT) in respect of items amended. Fill in relevant items only.
- Please furnish attachment as per the following format in case of insufficient space.

STATUTORY INCOME AND TOTAL INCOME (Part B of Husband's / Wife's Form M / MT)

Item No. *	Subject	Amount

FINANCIAL PARTICULARS OF INDIVIDUAL (Part F of Husband's / Wife's Form M / MT)

Item No. *	Subject	Amount

PART C: PARTICULARS OF OTHER AMENDMENTS

- ** For items amended, please indicate the Item No. as in the original return form. Fill in relevant items only.
- Please furnish attachment as per the following format in case of insufficient space.

FINANCIAL PARTICULARS OF INDIVIDUAL (Part F of Original Form M)

Item No. **	Subject	Amount