

1 Taxpayer name:

Chinese: Surname _____ Given name _____

Portuguese: Last name _____

First name _____

2 Tax number:

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3 Macao SAR Resident Identity Card No.:

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Date of birth: _____ / _____ / _____
(Day / Month / Year)

Sex: M F

4 Type of declaration / amendment:

4.1 New registration (please fill in sections 5, 6, 7 and 8)

4.2 Cancellation of professional activity (please fill in section 5)

4.3 Alteration of address (please fill in section 6)

4.4 Alteration of activity address (please fill in section 8)

4.5 P.O. Box as a mailing address
Number:

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4.6 Alteration in of other contact information (please fill in section 7)

4.7 Taxpayer wishes to receive messages of tax information (please fill in section 7)
(Language: Chinese Portuguese)

4.8 Cancellation of receiving messages of tax information

4.9 Others _____

5 New registration / cancellation of professional activity:

Code of professional field:

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Professional field: _____

Initial date / Cancellation

_____ / _____ / _____
(Day / Month / Year)

Issue / return of M/7 Receipt,

No. _____

to _____

6 Local address:

Street _____ No.: _____

Building _____ Block _____ Floor _____ Flat _____

Macao
 Taipa
 Coloane

7 Other contact information:

Telephone: _____ Mobile no.: _____ Email: _____

8 Activity address:

Code of Professional field:

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Professional field: _____

Street _____ No.: _____

Building _____ Block _____ Floor _____ Flat _____

Macao
 Taipa
 Coloane

9 Remarks:

10 All the information declared is true and correct, and no requested information has been omitted.

Signature

(Identical to the signature on the identity document.)

Date _____ / _____ / _____
(Day / Month / Year)

11 Recognized Signature

12 For FSB Use Only

Inputted on _____ / _____ / _____ by _____

Notes and instructions for completing the form

1. Professional activity registration: Taxpayer engaging in self-employed profession should fill in and submit the form attached with the following documents to FSB:
 - A copy of identity documents;
 - A copy of operating licenses issued by appropriate authority;
 - A copy of certifications of academic qualifications related to the professional field;(The original of the above documents must be shown at the same time.)
2. Change in Details: Taxpayer must fill in and submit the form attached with the copy of identity documents (Originals must be shown) within the statutory time limit to the FSB if the information involving the personal or relevant occupation needs to be changed.
3. Cancellation of professional activity: Taxpayers should complete and submit this form attached with the following documents to the FSB to declare the cancellation:
 - A copy of the identity documents (Originals must be shown);
 - M/5 Salaries Tax – Group 1 and Group 2 – Incomes Declaration Form;
 - Receipts of signed M/7 and the return of unused M/7 Receipt Booklets;
 - If there are employees, taxpayers should submit M3/M4 Salaries Tax Form – Name List of Employees / Part-timers.
4. Taxpayers should fill in section 4 to indicate the type of declaration or amendment, as well as include the relevant information in the corresponding column.
5. The code of professional field and the name of specialized field in the list of Self-Employed Profession in “Salaries Tax Regulations” must be filled in sections 5 and 8 respectively.
6. Please provide a full local address as the mailing address in section 6 and the activity address in section 8. Generally, tax notifications will be sent to the specified mailing address.
7. For queries about filling in this form or Salaries Tax , please contact the Salaries Tax Centre (Telephone 8599 0333) or the Tax Enquiries Centre (Telephone 2833 6886).