Government of the **SALARIES TAX – GROUP 1** Macao Special M/2 A **Administrative Region** TERMINATION OF EMPLOYMENT FORM Financial Services Bureau **Employer name Business Tax Registration** Tax year Page: Firm Name no. or employer no. Total number of pages: Telephone: Please read the instructions on the back of this form carefully before filling it in. Termination **Identity** Tax number Taxpayer name document date of (Type and No.) employment **Business Tax Registration** no. or Employer no. of Salaries Tax Termination date of employment. Name list of terminated employee(s) Verified by Macao Tax Department **Employer** Employer's signature and stamp **Date:** _____/

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