



APPLICATION FOR AMENDMENT TO INSTALMENT PAYMENTS

TO BRANCH

REFERENCE NO. [Identity Card No./ Police / Army / Passport]

[Empty box for Reference No.]

INCOME TAX NO.

[Empty box for Income Tax No.]

YEAR OF ASSESSMENT

[Empty box for Year of Assessment]

PURSUANT TO THE PROVISION OF SUBSECTION 107B(2) OF THE INCOME TAX ACT 1967, YOU MAY MAKE AN APPLICATION TO VARY THE ESTIMATED TAX.

Please refer to the Explanatory Notes overleaf before filling out this form

Refer to Explanatory Notes (c), (d) and (e) whichever is relevant.

Estimated Tax RM ... 00
Less:
Amount payable to date RM ... 00
Balance of estimated tax payable RM ... 00

Table with 3 columns: Instalment No., Date Payable, Amount (RM). Rows 1-6 with dates from 1/3/202_ to 1/1/202_ and a TOTAL row.

Reason for amendment: [Empty text area]

Current correspondence address (if different from the CP500)

POSTCODE STATE & COUNTRY

CITY

Declaration

I hereby declare that the information given above is true.

Name [Empty text area]

Identity Card No. / Police No. / Army No. / Passport No. *

(* Delete whichever is not relevant)

Telephone No. [Empty text area]

Date [Empty text area]

[Empty box for Signature]

Signature