



## **APPLICATION FISCAL INCENTIVE**

For registered persons with disability already in employment (employment not subsidised through EU funds) during **calendar year 2018**

### **Guidelines:**

- The respective employee's FS3 must be endorsed by the employee as true copy of original and enclosed with the application form together with a copy of the individual ID Card to be eligible.
- The fiscal incentive will only be entailed if the employer/company has not benefitted from the A2E scheme and is in compliance with the 2.0% obligation as per Chapter 210 Persons with Disability (Employment) Act.
- Back dated applications will not be accepted.
- Applications should be addressed and sent to **Mr. Paul Borg, Inclusive Employment Services Division, Jobsplus, Head Office, Hal Far BBG 3000.**

*For further details or queries contact Mr. Paul Borg on 22201405 or email [paul.p.borg@gov.mt](mailto:paul.p.borg@gov.mt)*

*For queries on payments settlement or contribution due contact Ms. Elaine Borg on 22201582 or email [elaine.f.borg@gov.mt](mailto:elaine.f.borg@gov.mt)*



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Tel: 22201405

Email: [paul.p.borg@gov.mt](mailto:paul.p.borg@gov.mt) Website: [www.jobsplus.gov.mt](http://www.jobsplus.gov.mt)

### 1. EMPLOYER'S DETAILS

Business Name as registered with VAT Dept:

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Employer's Income Tax No: \_\_\_\_\_ PE No: \_\_\_\_\_

Tel. No. : \_\_\_\_\_ Email: \_\_\_\_\_

Bank Account Holder:

\_\_\_\_\_

Bank Name:

\_\_\_\_\_

Branch Address:

\_\_\_\_\_

International Bank Account Number (IBAN) [compulsory]

\_\_\_\_\_

Bank Identifier Code (BIC)

\_\_\_\_\_

### 2. EMPLOYEE'S DETAILS

Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Identity Card No: \_\_\_\_\_ ETC RDP No: \_\_\_\_\_

**Fiscal incentive is effective either from 1<sup>st</sup> January 2018 or from the date of engagement in 2018, whichever date is the latest. Back dated applications will not be accepted.**



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### 3. EMPLOYER'S DECLARATION

I, declare that the wages of the persons refunded under the Fiscal Incentive scheme are not and will not be simultaneously supported through other EU funded schemes (A2E) or other Community/National Funds other than tax credits.

I, the undersigned who am employing the person/s listed in Section 2, am here-by applying for the fiscal incentive of 25% of the gross basis salary as per 2018~~7~~ FS3. The maximum credit will not exceed €4,500.00 for each employee. The FS3 of the employee attached with this form is a true copy of the original sent to the IRD (*to be endorsed by IRD*).

I, also hereby declare that the details submitted are entirely true and correct, and I assume full responsibility to inform without delay Jobsplus of any changes.

\_\_\_\_\_  
Signature of person applying on behalf of Employer

\_\_\_\_\_  
ID. Card No

\_\_\_\_\_  
Designation

\_\_\_\_\_  
Date

#### Data Protection Declaration:

Personal data is collected, held and used by Jobsplus and is exchanged with third parties in order to fulfill the functions required of Jobsplus according to the provisions of the Employment and Training Services Act (Ch. 343 of the Laws of Malta) and Persons with Disability (Employment) Act of 1969. Jobsplus will use personal data according to the provisions of the Data Protection Act 2018 and General Data Protection Regulations EC/679/2016 and Persons with Disability ( Employment ) Act of 1969 . You should disclose to Jobsplus data which is correct and that should there be any changes, these are communicated to Jobsplus immediately. You have the right to access, change and delete, where applicable, your personal data that Jobsplus holds about you as well as to request that any incorrect personal data is rectified

For Office Use only (IESD):	Yes	No
In employment with employer/entity during 2018 <del>7</del> :		
Employed under A2E scheme :		
Employee is a registered disabled person as per legislation		
Eligible for Fiscal Incentive Scheme		

For Official use only	Yes	No	Amount
Fiscal Incentive due			
2.0% Quota as per Act 2 of 1969 & related LN			
Net amount due			€

