



APPLICATION FISCAL INCENTIVE

For registered persons with disability already in employment (employment not subsidised through EU funds) during **calendar year 2016**

Guidelines:

- The respective employee's FS3 rubber stamped by the IRD must be enclosed with the application form 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.
- If the employer /company is not in compliance with the 2.0% Quota by the end of November 2016, a set off will be effected and the employer/company will be invoiced with the difference.
- 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

For queries on payments settlement or contribution due contact Ms. Elaine Borg on 22201582 or email elaine.f.borg@gov.mt



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Head Office, Hal Far BBG 3000

Tel: 22201405

Email: paul.p.borg@gov.mt Website: 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 1st January 2015 or from date of engagement in 2015, whichever date is the latest.



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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 2015 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, the undersigned authorise the Corporation (Jobsplus) to deduct from the incentive amount due any contribution not yet settled in respect of the 2.0% quota obligation as stated in the Persons with Disability (Employment) Act.

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 and held by Jobsplus and is used by Jobsplus and/or transferred to third parties in order to fulfil Jobsplus functions according to law and in line with the provisions of the Data Protection Act.

For Office Use only (IESD):	Yes	No
In employment with employer/entity during 2015 :		
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			€