

Working in a Guangdong–Hong Kong– Macao Greater Bay Area City in the Chinese Mainland

Statement of Request

For FSS Use Only

RP-17

Applicable only to Wealth Partaking Scheme Distributions

To the Social Security Fund:

I hereby request the distribution of funds for the year 20___. For the above reason, **I was present in the Macao SAR for fewer than 183 days in the calendar year preceding the distribution of funds.** Accordingly, I declare as follows:

* Each Statement of Request applies to only one distribution year. If more than one year is involved, a separate Statement of Request must be completed, and supporting documents for the calendar year immediately preceding the distribution of funds must be submitted.

I		Identity Information:	
Full Name		Macao SAR Resident ID Card Number	
Mainland Travel Permit for Hong Kong and Macao Residents (Home Return Permit) Number			
Residence Permit for Hong Kong and Macao Residents	<input type="checkbox"/> Does not hold a Residence Permit <input type="checkbox"/> Holds a Residence Permit, Number: _____		
II		Employment Situation in a Greater Bay Area City in the Chinese Mainland:	
Employment Period	From ___ (day) ___ (month) of the preceding calendar year to ___ (day) ___ (month)		
* Please tick “√” as appropriate <input type="checkbox"/> (multiple selections permitted)			
<input type="checkbox"/> Guangzhou <input type="checkbox"/> Shenzhen <input type="checkbox"/> Zhuhai <input type="checkbox"/> Foshan <input type="checkbox"/> Huizhou <input type="checkbox"/> Dongguan <input type="checkbox"/> Zhongshan <input type="checkbox"/> Jiangmen <input type="checkbox"/> Zhaoqing			
Work Address: _____ (Must include street name, building number, building name, block, floor, and room)			
Company Name: _____			

Applicant

- I acknowledge and agree that the Social Security Fund may verify or obtain, from public departments or institutions in Macao or other countries or regions, the information or documents necessary to assess my above request.
- I clearly understand that if I provide false declarations or incorrect or inaccurate information, I may incur criminal liability and be required to repay any payments received.

Signature (must match the Macao SAR Resident ID Card)

(If unable to sign, please affix your right thumbprint)

_____ day _____ month _____ year

List of Required Documents

1. Copies of the applicant’s Macao SAR Resident ID Card and the Mainland Travel Permit for Hong Kong and Macao Residents (Home Return Permit), and, if applicable, the Residence Permit for Hong Kong and Macao Residents.
2. For workers (including salaried shareholders), provide the tax return for the calendar year immediately preceding the distribution of funds, social insurance contribution records for employees in the Chinese Mainland, or an employment certificate (employment contracts are not accepted). Please refer to the requirements and the sample provided on the back.

Note: For verification and investigation purposes, other relevant supporting documents as required by the Social Security Fund must also be submitted.

Tax Return Requirements

Employees must submit the complete occupational tax return for the calendar year immediately preceding the distribution of funds, with respect to employment in a Greater Bay Area city in the Chinese Mainland.

Sole proprietors or self-employed persons must submit either a valid practising certificate issued by the competent authorities of a Greater Bay Area city in the Chinese Mainland for the calendar year immediately preceding the distribution of funds, or the complete business tax return for that year.

Requirements for Social Insurance Contribution Records for Employees in the Chinese Mainland

A complete set of social insurance contribution records for employees in the Chinese Mainland for the calendar year immediately preceding the distribution of funds, issued by the competent authorities of a Greater Bay Area city in the Chinese Mainland.

2026 年版本
(備註：本文件僅供參考，一切以最新版本為準)

Sample Tax Return

稅單必須包括以下資料：

20260000 记录 00000000

中华人民共和国
个人所得税缴纳记录
(原《税收完税证明》)

记录期间：2025年01月—2025年12月

纳税人名称：陈大文 纳税人识别号：1231231231231231

身份证件类型：港澳居民来往内地通行证 身份证件号码：MI2345678

申报日期	实缴(元)金额	入(退)库日期	所得项目	税款所属期	入库税务机关	备注
2025.02.01	4384.04	2025.02.07	工资薪金所得	2025.01	国家税务总局 XX 市税务局第 X 税务分局	
2025.03.07	8019.27	2025.03.15	工资薪金所得	2025.02	国家税务总局 XX 市税务局第 X 税务分局	
2025.04.01	8549.09	2025.04.08	工资薪金所得	2025.03	国家税务总局 XX 市税务局第 X 税务分局	
2025.05.08	7645.09	2025.05.14	工资薪金所得	2025.04	国家税务总局 XX 市税务局第 X 税务分局	
2025.06.03	6695.76	2025.06.06	工资薪金所得	2025.05	国家税务总局 XX 市税务局第 X 税务分局	
2025.07.02	877.47	2025.07.11	工资薪金所得	2025.06	国家税务总局 XX 市税务局第 X 税务分局	
2025.08.01	2457.20	2025.08.15	工资薪金所得	2025.07	国家税务总局 XX 市税务局第 X 税务分局	
2025.09.05	1936.11	2025.09.12	工资薪金所得	2025.08	国家税务总局 XX 市税务局第 X 税务分局	
2025.10.07	6440.28	2025.10.18	工资薪金所得	2025.09	国家税务总局 XX 市税务局第 X 税务分局	
2025.11.04	3132.49	2025.11.12	工资薪金所得	2025.10	国家税务总局 XX 市税务局第 X 税务分局	
2025.12.02	4930.77	2025.12.10	工资薪金所得	2025.11	国家税务总局 XX 市税务局第 X 税务分局	
2026.01.03	6360.41	2026.01.15	工资薪金所得	2025.12	国家税务总局 XX 市税务局第 X 税务分局	
金额合计		陆万零肆仟肆佰肆拾柒元玖角四分				

金额单位：元

开具机构(盖章) 政府部门 盖章

开具时间：2026年05月06日

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The tax return must be issued after the employment period.

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(備註：本文件僅供參考，一切以最新版本為準)

Sample Social Insurance Contribution Record for Employees in the Chinese Mainland

職工社會保險個人繳費證明必須包括以下資料：

广东省社会保险个人缴费证明

参保人姓名：陈大文 证件号码：MI2345678

该参保人在 XX 市参加社会保险情况如下：

一、参保基本情况：

参保险种	参保时间	累计缴费年限	参保状态
城镇职工企业职工基本养老保险	20250501	实际缴费 4 个月，缓缴 0 个月	参保缴费
工伤保险	20250501	实际缴费 4 个月，缓缴 0 个月	参保缴费
失业保险	20250501	实际缴费 4 个月，缓缴 0 个月	参保缴费

二、参保缴费证明 金额单位：元

缴费年月	单位编号	基本养老保险		失业		工伤	备注		
		缴费基数	单位缴费(含灵活就业缴费划入统筹部分)	单位缴费	个人缴费				
202505	789789789789	4767	762.72	0	381.36	2408	19.26	4.82	19.26
202506	789789789789	4767	762.72	0	381.36	2408	19.26	4.82	19.26
202507	789789789789	4767	762.72	0	381.36	2408	19.26	4.82	19.26
202508	789789789789	4767	762.72	0	381.36	2408	19.26	4.82	19.26

1. 表中“单位编号”对应的单位名称如下：
789789789789：XX 市：大大有限公司

证明机构名称(证明专用章) 政府部门 盖章

证明日期：2026年01月15日

The contribution record must be issued after the employment period.