

FORM IR21 - APPENDIX 1

Value of Benefits-in-kind Provided

This form is to be completed by the employer if applicable. Please read the Explanatory Notes. It may take you 10 minutes to fill in this form. Please get ready the details of benefits-in-kind provided for year of cessation and the prior year.

Employee's Name:

FIN / NRIC No:

Note: This page is applicable to benefits-in-kind provided up to 31.12.2013. To complete Section D and/or E if the benefits are provided from 1.1.2014.

Provide values for each of the relevant year(s)
on calendar year basis

Year of Cessation

Year Prior to Year of Cessation

A. Place of Residence provided by Employer

Address:

1. Period which the premises was occupied

From:

To:

2. Number of days the premises was occupied

3. Number of employee(s) sharing the premises

4. Rent paid by employee

5. Annual Value or Actual Rent paid by **Employer**

6. Value of Place of Residence

7. **Taxable benefit of Accommodation, Furniture & Fittings (A6+B9) - See Explanatory Note A**

B. Furniture & Fittings / Driver / Gardener Provided (See Explanatory Note B)

Items	A No. of Units	B Rate/unit p.a (\$)
1. Furniture: Hard & Soft		\$120.00
2. Refrigerator/ Video Recorder		\$120.00/ 240.00
3. Washing Machine / Dryer/ Dish Washer		\$180.00
4. Air-conditioning – Unit		\$120.00
Central Air-Conditioning: - Dining Room I Sitting Room		\$180.00
- Additional Room		\$120.00
5. TV/ Radio/ Amplifier/ Hi-Fi/ Electric Guitar		\$360.00
6. Computer / Organ		\$480.00
7. Swimming Pool		\$1,200.00
8. Others (See Explanatory Note B)		
9. Taxable Value Of Furniture & Fittings (Total of B1 to B8) to be included in the computation of Taxable Value of Accommodation, Furniture & Fittings (A7) above		

Value = $A \times B \times (\text{No. of days}/365)$ (\$)
Please apportion the values to the share applicable to this employee

10. PUB/Telephone/Pager/Suitcase/Golf Bag & Accessories/Camera/Servant	Actual Amount
11. Driver	Annual Wages X (Private / Total Mileage)
12. Gardener	\$420/yr or Actual wages, whichever is lower
13. Taxable Value of Driver/Gardener/PUB, etc (B10+B11+B12)	

C. Hotel Accommodation Provided (See Explanatory Note C)

Provided To:	A No of Persons	B Rate/Person p.a	C No of days
1. Self		\$3,000.00	
2. Wife/ Child >20yrs		\$3,000.00	
3. Child- 8 to 20 yrs		\$1,200.00	
4. Child- 3 to 7 yrs		\$ 600.00	
5. Child- < 3 yrs old		\$ 300.00	
6 Plus 2% of Basic Salary for period provided			
7. Taxable Value of Hotel Accommodation Provided (C1+C2+C3+C4+C5+C6)			

Value = $A \times B \times (C / 365)$ (\$)

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Employee's Name:

FIN / NRIC No:

Note: This page is applicable to benefits-in-kind provided from 1.1.2014. To complete Section A, B and/or C if there are benefits provided before 1.1.2014.

Provide values for each of the relevant year(s)
on calendar year basis

Year of Cessation

Year Prior to Year of Cessation

D. Accommodation and related benefits provided by Employer to the above-named employee - See Explanatory Note D

1. Address of Place of Residence 1

2. Period which the premises was occupied **From:**
To:

3. Number of days the premises was occupied

4a. Annual Value (AV) of Premises for the period provided
(state apportioned amount, if applicable)

4b. The Premises is :
(Mandatory if 4a is provided)

4c. Value of Furniture & Fittings
(Apply 40% of AV if partially furnished or 50% of AV if fully furnished)

5. Actual Rent paid by employer (includes rental of Furniture & Fittings) - This field is mandatory if 4a to 4c are not provided.

6. Less: Rent paid by employee for Place of Residence 1

7. **Taxable Value of Place of Residence 1 [(4a+4c-6) or (5-6)]**

8. Address of Place of Residence 2

9. Period which the premises was occupied **From:**
To:

10. Number of days the premises was occupied

11a. Annual Value (AV) of Premises for the period provided
(state apportioned amount, if applicable)

11b. The Premises is :
(Mandatory if 10a is provided)

11c. Value of Furniture & Fittings
(Apply 40% of AV if partially furnished or 50% of AV if fully furnished)

12. Actual Rent paid by employer (includes rental of Furniture & Fittings) - This field is mandatory if 11a to 11c are not provided)

13. Less: Rent paid by employee for Place of Residence 2

14. **Taxable Value of Place of Residence 2**
[(11a+ 11c-13) or (12-13)]

15. **Taxable benefit of accommodation and furnishing**
(D7 + D14)

16. Utilities /Telephone / Pager /Suitcase /Golf Bag & Accessories /
Camera /Electronic Gadgets (e.g. Tablet, Laptop, etc)
(Actual Amount)

17. Driver [Annual Wages X (Private / Total Mileage)]

18. Servant/ Gardener/ Upkeep of Compound (Actual Amount)

19. **Taxable value of utilities and housekeeping costs**
(D16+D17+D18)

E. Hotel Accommodation Provided

1. Hotel accommodation/Serviced Apartment within hotel building
(Actual Amount less amount paid by the employee)

2. **Taxable Value of Hotel Accommodation (E1)**

*Please delete where not applicable

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F. Others

1. Cost of home leave passage and incidental benefits
(See Explanatory Note E)

2. Interest payment made by the employer to a third party on behalf of an employee and/or interest benefits arising from loans provided by employer interest free or at a rate below market rate to the employee who has the substantial shareholding or control or influence over the company

3. Life insurance premiums paid by the employer

4. Free or subsidised holidays including air passage, etc

5. Educational expenses including tutor provided

6. Non-monetary awards for long service
(for awards exceeding \$200 in value)

7. Entrance/transfer fees and annual subscription to social or recreational clubs

8. Gains from assets, e.g. vehicles, property, etc sold to employees at a price lower than open market value

9. Full cost of motor vehicle given to employee

10. Car benefit (see Explanatory Note F)

11. Other benefits which do not fall within the above items

12. Total F1 to F11

Total value of benefits-in-kind [(A7 + B13 + C7 + F12) or (D15 + D19 + E2 + F12)] to be reflected in item 4(j) of Form IR21 - page 2

Provide values for each of the relevant year(s)
on calendar year basis

Year of Cessation

Year Prior to Year of Cessation

Full Name of Authorised Personnel

Designation

Signature

Date _____

Name of Contact Person

Contact No.

Fax No.

Email Address