

Value of Benefits-in-Kind for the Year Ended 31 Dec 2013

(Fill in this form if applicable and give it to your employee by 1 Mar 2014 for his submission together with his Income Tax Return)

Full Name of Employee as per NRIC / FIN Tax Ref No : \$

1. Value of the place of residence (See paragraph 14 of the Explanatory Notes):

Address :	Period of occupation :	No. of days :
Annual value of Premises/Rent paid by employer :	Rent paid by employee :	
Number of employee(s) sharing the premises (exclude family members who are not employees):		

2. Value of Furniture & Fittings/Driver/Gardener (Total of 2a to 2k):

Item (Please cross box if applicable)	A) No of Units	B) Rate per unit p.m. (\$)	# Value (\$)
a. Furniture : Hard & Soft		10.00	
b. <input type="checkbox"/> Refrigerator <input type="checkbox"/> Video Recorder/DVD/VCD Player		10.00/20.00	
c. <input type="checkbox"/> Washing Machine <input type="checkbox"/> Dryer <input type="checkbox"/> Dish Washer		15.00	
d. Air Conditioner : <input type="checkbox"/> Unit, Central- <input type="checkbox"/> Dining <input type="checkbox"/> Sitting <input type="checkbox"/> Additional <input type="checkbox"/> Air Purifier		10.00/15.00/ 15.00/10.00/10.00	
e. <input type="checkbox"/> TV/Home Entertainment Theatre/Plasma TV/High definition TV <input type="checkbox"/> Radio <input type="checkbox"/> Hi-Fi Stereo <input type="checkbox"/> Electric Guitar <input type="checkbox"/> Surveillance system		30.00	
f. <input type="checkbox"/> Computer <input type="checkbox"/> Organ		40.00	
g. Swimming Pool (exclude swimming pool in condominiums)		100.00	
h. <input type="checkbox"/> Public Utilities <input type="checkbox"/> Telephone <input type="checkbox"/> Pager <input type="checkbox"/> Suitcase <input type="checkbox"/> Golf Bag & Accessories <input type="checkbox"/> Camera <input type="checkbox"/> Servant	Actual amount		
i. Driver	Annual wages x (private/total mileage)		
j. Gardener or Upkeep of Compound	\$35.00 p.m. or the actual wages, whichever is lesser		
k. Others (See paragraph 15 of the Explanatory Notes)			

Value for (2a) to (2g) & (2k) = A (No. of units) x B (Rate p.m.) x 12 x No. of days / 365 (To be apportioned to the no. of employees sharing the residence)

3. Value of Hotel Accommodation provided (Total of 3a to 3e):

	A) No. of Persons	B) Rate per Person p.m. (\$)	C) Period provided (No. of days)	Value (\$) AxBx12xC/365
a. Self <input type="checkbox"/> Spouse <input type="checkbox"/> Children > 20 years old <input type="checkbox"/>		250		
b. Children < 3 yrs old		25		
c. Children 3- 7 years old		50		
d. Children 8 – 20 years old		100		
e. Add: 2% x Basic Salary for period provided				

4. Others

a Cost of home leave passages and incidental benefits No. of passages for self: Spouse: Children:

(See paragraph 16 of the Explanatory Notes)

Yes ☐ No ☐

Pioneer/export/pioneer service/OHQ Status was awarded or granted extension prior to 1 Jan 2004:

b 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 substantial shareholding or control or influence over the company :

c Life insurance premiums paid by the employer :

d Free or subsidised holidays including air passage, etc. :

e Educational expenses including tutor provided :

f Non-monetary awards for long service (for awards exceeding \$200 in value) :

g Entrance/ transfer fees and annual subscription to social or recreational clubs :

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

i Full cost of motor vehicles given to employee :

j Car benefits (See paragraph 17 of the Explanatory Notes)

k Other non-monetary benefits which do not fall within the above items

TOTAL VALUE OF BENEFITS-IN-KIND (ITEMS 1 TO 4) TO BE REFLECTED IN ITEM d9 OF FORM IR8A

Name of Employer :

Address of Employer :

Name of authorised person making the declaration

Designation

Tel. No.

Signature

Date