## **FORM IR8A**

for his submission together with his Income Tax Return Fill in this form and give it to your employee by 1

This Form will take about 10 minutes to complete. Please get ready the employee's personal particulars and details of his/her employment income. Please read the explanatory notes when completing this form.

Employer's Tax Ref. No. / UEN				Employee's Tax Ref. No. : *NRIC / FIN (Foreign Identification No.)				
Full Name of Employee as per NRIC / FIN			Date of Birth Sex		Nationality			
Residential Address			Designation		Bank to which salary is credited			
If employment commenced and/or ceased during the year, state: (See paragraph 7 of the Explanatory Notes) INCOME (Enter "NA" for items that are not applicable)				Date of Commen	cement	Date of *Cessation/Overseas Posting		
							\$	
a)	_	ross Salary, Fees, Leave Pay, Wages and Overtime Pay:						
b)	Notes)	non-contractual bonus paid in 2014 and / or contractual bonus) (See paragraph 12b of the Explanatory						
c)	Director's fees (approved at the company's AGM/EGM on/ / 2014) (See paragraph 12c of the Explanatory Notes)							
d)	Others:  1. Allowances: (i) Transport \$ (ii) Entertainment \$ (iii) Others \$ (iii) Others \$ (See paragraph 12d (I) of the Explanatory Notes)							
	2. Gross Commission for the period to Monthly / other than monthly payment 3. Pension \$							
	4. Lump sum payme	ent (See paragraph 12d (II) of the Explanatory Notes)					<u></u>	
	(i) Gratuity \$ (ii) Notice Pay \$ (iii) Ex-gratia payment \$							
	(iv) Others (please	rs (please state nature) \$						
	(v) Compensation	for loss of office \$	Appro	val obtained from I	RAS: *Yes/No	Date of approval: .		
	Reason for payme	ent:			Length of	h of service:		
	Basis of arriving at the payment: (Give details separately if space is insufficient)							
Pension/Provident Fund: Name of Fund								
e)	Employee's If yes and fully borne by employer, DO NOT enter any amount in (i) and (ii)							
	income tax borne by employer?	(i) If tax is partially borne by employer	borne by employer, s	state the amount of	employment in	come for which tax is		
	* YES / NO	(ii) If a fixed amount of tax is borne by employee, state the amount to be paid by employee						
DEDUCTIONS (Enter "NA" for items that are not applicable)  EMPLOYEE'S COMPULSORY contribution to * CPF / Designated Pension or Provident Fund (less amount refunded/ to be refunded) Name of Fund:  (Please adopt the appropriate CPF rates published by CPF Board on its website 'www.cpf.gov.sg'. Do not include excess/voluntary contributions to CPF, voluntary contributions to Medisave Account, voluntary contributions to CPF Minimum Sum Topping-up Scheme and SRS contributions in this item)  Donations deducted from salaries for:  *Yayasan Mendaki Fund/Community Chest of Singapore/SINDA/CDAC/ECF/Other tax exempt donations  Contributions deducted from salaries for Mosque Building Fund:								
Life Insurance premiums deducted from salaries:  DECLARATION (See paragraph 4 of the Explanatory Notes)								
	e of Employer: ess of Employer:							
Nam	Name of authorised person making the declaration Designation Tel. No. Signature Date  There are penalties for failing to give a return or furnishing an incorrect or late return.							