

Name of Employee : ..... 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/Rent paid by employer :	Rent paid by employee :	

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		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 p.a. x period provided / 365)				

4 Others

- a Cost of home leave passages and incidental benefits (See paragraph 16 of the Explanatory Notes) No. of passages for self: ..... Spouse: .... Children: .....  
Pioneer/export/pioneer service/OHQ Status was awarded or granted extension prior to 1 Jan 2004: Yes  No
- 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

Address of Employer : .....