

VALUE OF BENEFITS-IN-KIND FOR THE YEAR ENDED 31 DEC 2023

This statement can only be issued by an employer in the Auto-Inclusion Scheme (AIS) and is for your *retention*. The information in this statement will be automatically included in your income tax return, so you need not declare them in your tax form. You can check if your employer is in the AIS at IRAS website, <https://go.gov.sg/iras-ais-search>.

Employer's Tax Ref. No: **UEN-LOCAL CO 180011032C**
 Full Name of Employee as per NRIC/FIN: **Employee B**

Employee's Tax Ref. No: **T80000021**

1. Place of Residence provided by Employer:

Address: 877 HORIZON GREEN RESIDENCE	Period of occupation: 01/01/2023 to 31/12/2023	No of days: 365
Number of employee(s) sharing the premises (exclude family members who are not employees): 1		

2. Accommodation and related benefits provided by Employer for the employee:

a. Annual Value (AV) of Premises	0.00
b. Value of Furniture & Fitting:	0.00
c. Rent paid by employer including rental of Furniture & Fittings (state apportioned amount, if applicable): (Mandatory if the rent is paid by the employer)	10000.00
d. Taxable Value of Place of Residence: (2a + 2b) or 2c	10000.00
e. Total Rent paid by employer for Place of Residence	5000.00

f. Total Taxable Value of Place of Residence (2d - 2e)

\$

5000.00

g. Utilities / Telephone / Pager / Suitcase / Golf Bag & Accessories / Camera / Electronic Gadgets (e.g. Tablet. Laptop, etc.)	0.00
h. Driver	0.00
i. Servant / Gardener / Upkeep of Compound [Annual wages or actual amount paid by employer to a company to perform these services]	0.00

j. Taxable Value of Utilities and housekeeping costs (2g + 2h + 2i)**0.00****3. Hotel Accommodation Provided:**

a. Actual cost of Hotel Accommodation/ Serviced Apartment within the hotel building	0.00
b. Amount paid by the employee	0.00

c. Taxable Value of Hotel Accommodation (3a - 3b)**0.00****4. Others:**

a. Cost of home leave passages and incidental benefits provided to employee and his family	0.00
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 shareholding or who has substantial control or influence over the company	0.00
c. Insurance premiums paid by the employer	0.00
d. Free or subsidised holidays including air passage, etc	0.00
e. Educational expenses including tutor provided	0.00
f. Entrance/transfer fees and annual subscription to social or recreational clubs	0.00
g. Gains from assets, e.g. vehicles, property, etc. sold to employees at a price lower than open market value	0.00
h. Full cost of motor vehicles given to employee	0.00
i. Car benefits	0.00
j. Other non-monetary awards/ benefits which do not fall within the above items	0.00

TOTAL VALUE OF BENEFITS-IN-KIND (ITEMS 2 TO 4) TO BE REFLECTED IN ITEM d9 OF FORM IR8A**5000.00**

Name of Employer: **<Input your company name>**
 Name of Authorised Person making the declaration: **AUTHORISED PERSON NAME**
 Designation: **DIRECTOR**
 Telephone: **98765432**
 Email Address: **EMPLOYERS@EMAIL.VT**

There are penalties for failing to give a return or furnishing an incorrect or late return.