E. J. J.21 D. . 2014

	V	alue of Benefits-in-Kind For t	he Year Ended 31 Dec 2014	
The income and deduct	ions printed on thi	s statement are NOT REQUIRE	D to be reported in your tax form.It will automatical	lly be included in
	your Inc	come Tax notice of assessment.	This statement is for your retention.	
Full Name of Employee JULIAN GIOVANNI	as per NRIC/FIN	: MAGLIETTA DANIEL	Fax Ref No.: G5199492U	
1. Place of Residence p	provided by Empl	oyer		
Address :				
Period of occupation :	to :	No of days :	No of employees sharing : 0	
2. Accommodation and	l related benefits	provided by Employer		
a. Annual Value (AV) of Premises for the period provided:				0.00
b. Value of Furniture & Fitting :				0.00
(i)40% of AV if pren	mises is partially f	urnished or		
(ii)50% of AV if pre	mises is fully furr	ished		
c. Rent paid to landlord including rental of Furniture & Fittings:				0.00
d. Taxable Value of Place of Residence : (2a + 2b) or 2c:				0.00
e. Total Rent paid by employee for Place of Residence:				0.00
f. Total Taxable Value of Place of Residence (2d – 2e):				0.00
g. Utilities/Telephone/Pager/Suitcase/Golf Bag & Accessories/Camera/Electronic Gadgets(e.g. Tablet, Laptop, etc):				0.00
h. Driver [Annual Wages X (Private / Total Mileage)]:				0.00
i. Servant / Gardener:				0.00
j. Taxable value of utilities and housekeeping costs (2g +2h + 2i):				0.00
3. Hotel Accommodati	on Provided			
a. Actual Hotel accommodation/Serviced Apartment within 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 benefit. No. of passages for self: 0 Spouse: 0 Children: 0				0.00
Pioneer/export/pione	eer service/OHQ S	tatus was awarded or granted ex	stension 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				0.00
from loans provided	l by employer inte	rest free or at a rate below mark	et rate to the employee who has substantial	
shareholding or con	trol or influence o	ver the company :		
c. Life insurance premiums paid by the employer :				1.00
d. Free or subsidised holidays including air passage, etc :				0.00
e. Educational expenses including tutor provided :				0.00
f. Non-monetary awards for long service (for awards exceeding \$200 in value) :				0.00
g. Entrance/transfer fees and annual subscription to social or recreational clubs :				0.00
h. Gains from assets, eg vehicles, property, etc sold to employees at price lower than open market value :				0.00
i. Full cost of motor vehicle given to employee :				0.00
j. Car benefit :				0.00
k. Other non-monetary benefits which do not fall within the above items :				0.00
TOTAL VALUE OF BENEFITS-IN-KIND				1.00
Name of Employer :	HT SRL			
Address of Employer :		, 80 RAFFLES PLACE		
		LIOD DI AGA 1		

LEAVEL 36, UOB PLAZA 1 048624 Name of Authorised Person making the declaration : GIANCARLO RUSSO Designation : COO Telephone :67057186

Name of division/branch :