Appendix 8A Amendment(electronic)

Printed on 17 Feb 2015 Status: SENT

Value of Benefits-in-Kind For the Year Ended 31 Dec 2014

The income and deductions printed on this statement are NOT REQUIRED to be reported in your tax form. It will automatically be included in your Income Tax notice of assessment. This statement is for your retention.

Full Name of Employee as per NRIC/FIN: MAGLIETTA DANIEL Tax Ref No.: G5199492U

JULIAN GIOVANNI

1. Place of Residence provided by Employer

Address:

Period of occupation: to: No of days: No of employees sharing: 0

Period of occupation:	to:	No of days:	No of employees sharing: 0	
2. Accommodation and rela	ted 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 premises	is partially f	urnished or		
(ii)50% of AV if premise	s is fully furn	ished		0.00
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):				
3. Hotel Accommodation Pr	rovided			
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/pioneer se	rvice/OHQ S	status was awarded or gra	nted 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				0.00
•			v market rate to the employee who has substantial	
shareholding or control or influence over the company:				578.87
c. Life 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. 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: TOTAL VALUE OF BENEFITS-IN-KIND				0.00
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Name of Employer: HT SRL

Address of Employer: UOB PLAZA, 80 RAFFLES PLACE

LEAVEL 36, UOB PLAZA 1

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Name of Authorised Person making the declaration : GIANCARLO RUSSO Name of division/branch :

Designation: COO Telephone:67057186