Appendix 8A(electronic)

Printed on 16 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.

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

JULIAN GIOVANNI

1. Place of Residence provided by Employer

Address:

Period of occupation: to: No of days: No of employees sharing: 1

Period of occupation: to:	No of days :	No of employees sharing: 1			
2. Accommodation and related benef	fits provided by Employer		0.00		
a. Annual Value (AV) of Premises for the period provided:					
b. Value of Furniture & Fitting :Partially furnished					
(i)40% of AV if premises is partial	ly furnished or				
(ii)50% of AV if premises is fully f			0.00		
c. Rent paid to landlord including rental of Furniture & Fittings:					
d. Taxable Value of Place of Residence : (2a + 2b) or 2c:					
e. Total Rent paid by employee for Place of Residence:					
f. Total Taxable Value of Place of Residence (2d – 2e):					
g. Utilities/Telephone/Pager/Suitcase/Golf Bag & Accessories/Camera/Electronic Gadgets(e.g. Tablet, Laptop, etc):					
h. Driver [Annual Wages X (Private / Total Mileage)]:					
i. Servant / Gardener:					
j. Taxable value of utilities and housekeeping costs (2g +2h + 2i):					
3. Hotel Accommodation Provided					
a. Actual Hotel accommodation/Serviced Apartment within hotel building:					
b. Amount paid by the employee:					
c. Taxable Value of Hotel Accommodation (3a - 3b):					
4. Others					
a. Cost of home leave passages and in	ncidental benefit. No. of pas	sages for self: 0 Spouse: 0 Children: 0	0.00		
• •	-	anted 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					
		w 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, eg vehicles, property, etc sold to employees at price lower than open market value :					
i. Full cost of motor vehicle given to employee:					
j. Car benefit :					
k. Other non-monetary benefits which do not fall within the above items:					
TOTAL VALUE OF BENEFITS-IN-KIND					

Name of Employer: HT srl

Address of Employer: UOB PLAZA, 80 RAFFLES PLACE

LEAVEL 36, UOB PLAZA 1

048624

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

Designation: COO Telephone:67057186

Appendix 8A(electronic)

Printed on 16 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: WOON WEE SHUO

Tax Ref No.: S7826473Z

1. Place of Residence provi	ded by Empl	oyer			
Period of occupation :	to:	No of days :	No of employees sharing: 1		
2. Accommodation and rel	ited benefits	provided by Employer			
a. Annual Value (AV) of Premises for the period provided:					
b. Value of Furniture & Fitting :Partially furnished					
(i)40% of AV if premises is partially furnished or					
(ii)50% of AV if premises is fully furnished					
c. Rent paid to landlord including rental of Furniture & Fittings:					
d. Taxable Value of Place of Residence : (2a + 2b) or 2c:					
e. Total Rent paid by employee for Place of Residence:					
f. Total Taxable Value of Place of Residence (2d – 2e):					
g. Utilities/Telephone/Pager/Suitcase/Golf Bag & Accessories/Camera/Electronic Gadgets(e.g. Tablet, Laptop, etc):					
h. Driver [Annual Wages X (Private / Total Mileage)]:					
i. Servant / Gardener:					
j. Taxable value of utilities and housekeeping costs (2g +2h + 2i):					
2 Hatal Assaura dation D					
3. Hotel Accommodation Provided					
a. Actual Hotel accommodation/Serviced Apartment within hotel building:					
b. Amount paid by the employee: c. Taxable Value of Hotel Accommodation (3a - 3b):					
c. Taxable value of flote	Accommod	ation (3a - 3b).			
4. Others				0.00	
a. Cost of home leave passages and incidental benefit. No. of passages for self: 0 Spouse: 0 Children: 0					
Pioneer/export/pioneer service/OHQ Status was awarded or granted 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					
from loans provided by	employer inte	rest free or at a rate below	market rate to the employee who has substantial		
shareholding or control	or influence o	ver the company:		3,000.77	
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, eg vehicles, property, etc sold to employees at price lower than open market value :					
i. Full cost of motor vehicle given to employee:					
j. Car benefit :					
k. Other non-monetary benefits which do not fall within the above items :					
TOTAL VALUE OF BENEFITS-IN-KIND					

Name of Employer: HT srl

Address of Employer: UOB PLAZA, 80 RAFFLES PLACE

LEAVEL 36, UOB PLAZA 1

048624

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

Designation: COO Telephone:67057186