



Rockbell International Software Pte Ltd
18 Boon Lay Way Tradehub 21
#05-100 Singapore 609966
Tel: 64697720 Fax:64677702
www.rockbell.com.sg

Demo Report

Payroll



SALARY ADVICE FOR THE MONTH OF JANUARY 2016

Date : 31/01/2016

Monthly Payroll

Employee No. : E001
 Name : EMPLOYEE A
 I/C No. : A8181123Z
 Branch :
 Department :
 Date Joined : 01/01/2010...
 Position :

Leave Record			
	<u>Entitle</u>	<u>Taken</u>	<u>Balance</u>
Annual Leave	16.00	0.00	16.00
Medical Leave	22.00	0.00	22.00

Basic Pay	: 2000.00	Allowance	: 0.00
Director Fee	: 0.00	Deduction	: 1.50
		Overtime	: 0.00
CPF Employee	: 400.00	CPF Employer	: 340.00

Net Pay : 1598.50

ONE THOUSAND FIVE HUNDRED NINETY EIGHT AND FIFTY CENTS ONLY

SALARY ADVICE FOR THE MONTH OF JANUARY 2016

Name : EMPLOYEE A

Branch :

IC/Passport : A8181123Z

Department :

EARNINGS	AMOUNT	DEDUCTIONS	AMOUNT	EMPLOYER
Basic Pay	2000.00	CPF	400.00	CPF 340.00
Director Fee	0.00			
<u>OVERTIME</u>				
1.0 Time		CDAC Fund	1.00	
1.5 Times				
2.0 Times				
3.0 Times				
Rest Day				
Holiday Day				
<u>ALLOWANCE</u>				
				Basic Rate 2000.00
GROSS PAY	2000.00	NET PAY	1599.00	EMPLOYEE'S SIGNATURE

samplepayroll

Monthly Payroll

SALARY ADVICE FOR THE MONTH OF JANUARY 2016

Date : 31/01/2016

Employee No. : E001
 Name : EMPLOYEE A Branch :
 I/C No. : A8181123Z Department :

Basic Rate	2000.00	ALLOWANCE	DEDUCTION
Working Days	26.00		CDAC Fund 1.00
Basic Pay	2000.00		
Back Pay			
Director Fee	0.00		

OVERTIME	RATE	HRS / DAYS	AMOUNT
----------	------	------------	--------

1.0 Time			
1.5 Times			
2.0 Times			
3.0 Times			
Rest Day			
Holiday Day			
		CPF E'yer	340.00

DW	PH	AL	MC
26.00	0.00		

YTD AL 0.00 days
 YTD MC 0.00 days

Basic Pay	Director Fee	Overtime	Allowance	Gross Pay	CPF	Deduction	NET PAY
2000.00	0.00	0.00	0.00	2000.00	400.00	1.00	1599.00

samplepayroll

Monthly Payroll

SALARY ADVICE FOR THE MONTH OF JANUARY 2016

Date : 31/01/2016

Employee No. : E001 Name : EMPLOYEE A I/C No. : A8181123Z Branch : Department : Basic Rate : 2000.00 Working Days : 26.00	ALLOWANCE	DEDUCTION
		CDAC Fund 1.00
PAYMENT	OVERTIME	OTHER
Basic Pay : 2000.00 Bonus : 2000.00 Commission : 0.00 Overtime : 0.00 Allowance : 0.00 Gross Pay : 4000.00 Deduction : 1.00 CPF : 800.00	1 0 Time 1 5 Times 2 0 Times 3.0 Times Rest Day Holiday Day	CPF E'yer 680.00 YTD AL 0.00 days YTD MC 0.00 days
NET PAY 3199.00	EMPLOYEE'S SIGNATURE	

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Monthly Payroll

SALARY ADVICE FOR THE MONTH OF JANUARY 2016

Date : 31/01/2016

Employee No. : E001 Name : EMPLOYEE A I/C No. : A8181123Z Branch : Department : Basic Rate : 2000.00 Working Days : 26.00	ALLOWANCE	DEDUCTION
PAYMENT Basic Pay : 2000.00 Overtime : 0.00 Allowance : 0.00 <hr/> Gross Pay : 2000.00 Deduction : 1.00 CPF : 400.00 <hr/> NET PAY <u>1599.00</u>	OVERTIME	OTHER
EMPLOYEE'S SIGNATURE	1.0 Time 1.5 Times 2.0 Times 3.0 Times Rest Day Holiday Day	CDAC Fund 1.00 CPF E'yer 340.00 YTD AL 0.00 days YTD MC 0.00 days

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Monthly Payroll

SALARY ADVICE FOR THE MONTH OF JANUARY 2016

Date : 31/01/2016

Employee No. : E001
 Name : EMPLOYEE A
 I/C No. : A8181123Z

Branch :
 Department :

BASIC PAY		2000.00	
ALLOWANCE			Day
			DW 26.00
			PH 0.00
			AL
			MC
OVERTIME	1 0 Time 1.5 Times 2 0 Times 3.0 Times Rest Day Holiday Day		
GROSS PAY		2000.00	
LESS	CPF	400.00	CPF E'yer 340.00
	CDAC Fund	1.00	
NET PAY		1599 00	_____ EMPLOYEE'S SIGNATURE

SALARY ADVICE FOR THE MONTH OF JANUARY 2016

Date : 31/01/2016

Monthly Payroll

Employee No. : E001
 Name : EMPLOYEE A
 I/C No. : A8181123Z
 Branch :
 Department :
 Date Joined : 01/01/2010
 Position :

Leave Record			
	<u>Entitle</u>	<u>Taken</u>	<u>Balance</u>
Annual Leave	16.00	0.00	16.00
Medical Leave	22.00	0.00	22.00

Basic Pay	: 2000.00	Allowance	: 0.00
Director Fee	: 0.00	Deduction	: 1.50
Bonus	: 2000.00	Overtime	: 0.00
Commission	: 0.00		
CPF Employee	: 800.00	CPF Employer	: 680.00

Net Pay : 3198.50

THREE THOUSAND ONE HUNDRED NINETY EIGHT AND FIFTY CENTS ONLY

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BONUS # JANUARY 2016

Strictly Private & Confidential

Employee No	: E001	Pay Date	: 31/01/2016...
Name	: EMPLOYEE A	Basic Rate	: 2000.00
I/C No.	: A8181123Z	Bonus	: 2000.00
Branch	:	Less :-	
Department	:	CPF	: 400.00
Payment Mode	: Bank		
Date Joined	:		
Date Confirmed	:		
CPF E'yer	: 340.00	NETT	<u>1600.00</u>

EMPLOYEE'S SIGNATURE

Employees Pay Report

Month End Pay for January, 2016

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Employee	Basic Pay	Overtime	Allowance	Gross Pay	Deduction	CPF E'yer	Net Pay	CPF E'yer	Total CPF	Basic Rate
E001 EMPLOYEE A	2000.00	0.00	0.00	2000.00	1.00	400.00	1599.00	340.00	740.00	2000.00
E002 EMPLOYEE B	1500.00	0.00	0.00	1500.00	3.50	300.00	1196.50	255.00	555.00	1500.00
E003 EMPLOYEE C	3000.00	0.00	0.00	3000.00	7.00	600.00	2393.00	510.00	1110.00	3000.00
E004 EMPLOYEE D	9000.00	0.00	0.00	9000.00	1.00	0.00	8999.00	0.00	0.00	9000.00
	15500.00	0.00	0.00	15500.00	12.50	1300.00	14167.50	1105.00	2405.00	

Leave Summary

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Emp.No.	Name	AL Entitle	AL Taken	AL Bal.	MC Entitle	MC Taken	MC Bal.
E001	EMPLOYEE A	16.00	0.00	16.00	22.00	0.00	22.00
E002	EMPLOYEE B	16.00	0.00	16.00	22.00	0.00	22.00
E003	EMPLOYEE C	16.00	0.00	16.00	22.00	0.00	22.00
E004	EMPLOYEE D	16.00	0.00	16.00	22.00	0.00	22.00
Total Employees : 4		64.00	0.00	64.00	88.00	0.00	88.00

Leave Detail

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Emp.No.	Name	Leave	Entitle	B/F	Adjustment	Replacement	Taken	Balance	Total Claimable
E001	EMPLOYEE A	Annual Leave	16.00	0.00	0.00	0.00	0.00	16.00	16.00
		Medical Leave	22.00	0.00	0.00	0.00	0.00	22.00	
E002	EMPLOYEE B	Annual Leave	16.00	0.00	0.00	0.00	0.00	16.00	16.00
		Medical Leave	22.00	0.00	0.00	0.00	0.00	22.00	
E003	EMPLOYEE C	Annual Leave	16.00	0.00	0.00	0.00	0.00	16.00	16.00
		Medical Leave	22.00	0.00	0.00	0.00	0.00	22.00	
E004	EMPLOYEE D	Annual Leave	16.00	0.00	0.00	0.00	0.00	16.00	16.00
		Medical Leave	22.00	0.00	0.00	0.00	0.00	22.00	
			152.00	0.00	0.00	0.00	152.00	64.00	

Leave Record Listing

January, 2016

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Page 1

Emp No.	Name	Date	Leave	Remark	Day
E001	EMPLOYEE A	08/10/2015...	Annual Leave	TRAVELLING	1.00

Central Provident Fund Board

CPF 91

PAYMENT ADVICE

REF NO. :
samplepayroll
1, My Address,
10000 My Area,
My State.

SUBM MODE : PAYMENT ADVICE
DATE : 31/01/2016

PART 1 : Payment Details For JAN 2016

Payment to be made by : 14 FEB 2016

	AMOUNT \$	NO. OF EMPLOYEES
1. CPF Contribution	4810.00	
2. B/F CPF late payment interest	0.00	
Interest charged on last payment	0.00	
3. Late payment on interest on CPF Contribution		
4. Foreign Worker Levy		
5. Late payment penalty for Foreign Worker Levy		
6. Skills Development Levy (SDL)	40.00	
7. Donation to Community Chest		
8. Mosque Building & Mendaki Fund (MBMF)	3.50	1
9. SINDA Fund	7.00	1
10. CDAC Fund	2.00	2
11. Eurasian Community Fund (ECF)		
TOTAL	4862.50	

FOR CPF OFFICE/POST OFFICE USE
RECEIPT DATE
SPECIAL INSTRUCTIONS

Please make cheque payable to "CPF Board" and fill in the details below if you are paying by cheque

BANK	
CHEQUE NO.	

PART 2 : Contribution Details For JAN 2016

(a) NAME OF EMPLOYEE	(b) CPF ACCOUNT NO.	(c) CPF CONTRIBUTION \$	(d) LAST CPF CONTRIBUTION CREDITED \$	(e) MBMF \$	(f) SINDA FUND \$	(g) CDAC FUND \$	(h) ECF \$	(i) DATE LEFT EMPLOYMENT	(j) ORDINARY WAGES \$	(k) ADDITIONAL WAGES \$
EMPLOYEE A	A8181123Z	1480.00				1.00			2000.00	2000.00
EMPLOYEE B	A8281456Z	1110.00		3.50					1500.00	1500.00
EMPLOYEE C	A8381789Z	2220.00			7.00				3000.00	3000.00

CPF Contribution Listing

January, 2016

samplepayroll

Page 1

No.	Emp No.	Name	CPF E'ye	CPF E'yer	Total
1	E001	EMPLOYEE A	800.00	680.00	1,480.00
2	E002	EMPLOYEE B	600.00	510.00	1,110.00
3	E003	EMPLOYEE C	1,200.00	1,020.00	2,220.00
4	E004	EMPLOYEE D	3,000.00	2,550.00	5,550.00
			5,600.00	4,760.00	10,360.00

Skills Development Levy (SDL)

January, 2016

samplepayroll

Page 1

No.	Emp No.	Name	SDL Pay	Total
1	E001	EMPLOYEE A	4,000.00	10.00
2	E002	EMPLOYEE B	3,000.00	7.50
3	E003	EMPLOYEE C	6,000.00	11.25
4	E004	EMPLOYEE D	18,000.00	11.25
5	E005	EMPLOYEE E	2,000.00	5.00
				45.00
				<u>45.00</u>
SDL Payable				<u>45.00</u>

Foreign Worker Levy (FWL)

January, 2016

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Page 1

No.	Emp No.	Name	Total
1	E005	EMPLOYEE E	300 00
			<u>300 00</u>

2017

FORM IR8A

Return of Employee's Remuneration for the year ended 31 Dec 2016

Fill in this form and give it to your employee by 1 Mar 2017 for his submission together with his Income Tax Return

This Form will take about 10 minutes to complete. Please get ready the employee's personal particulars and details of his/her employment income. Please read the explanatory notes when completing this form.

Employer's Tax Ref. No. / UEN	Employee's Tax Ref. No. : *NRIC / FIN (Foreign Identification No.) A8181123Z		
Full Name of Employee as per NRIC / FIN EMPLOYEE A	Date of Birth 01/01/1981...	Sex Male	Nationality Singaporean
Residential Address	Designation	Bank to which salary is credited	
If employment commenced and/or ceased during the year, state: (See paragraph 7 of the Explanatory Notes)	Date of Commencement	Date of *Cessation/Overseas Posting	

INCOME (Enter "NA" for items that are not applicable) \$

- a) **Gross Salary, Fees, Leave Pay, Wages and Overtime Pay :** 2000.00
- b) **Bonus** (non-contractual bonus paid in 2016 and / or contractual bonus) (See paragraph 12b of the Explanatory Notes) 2000.00
- c) **Director's fees** (approved at the company's AGM/EGM on ___/___/2016) (See paragraph 12c of the Explanatory Notes) _____
- d) **Others :**
 - 1. Allowances: (i) Transport \$ (ii) Entertainment \$ (iii) Others \$
(See paragraph 12d (I) of the Explanatory Notes)
 - 2. Gross Commission for the period
 - 3. Pension \$
 - 4. Lump sum payment (See paragraph 12d (II) of the Explanatory Notes)

(i) Gratuity \$	(ii) Notice Pay \$	(iii) Ex-gratia payment \$
(iv) Others (please state nature) \$		
(V) Compensation for loss of office \$	Approval obtained from IRAS: N	Date of approval
Reason for payment:		Length of service:
Basic of arriving at the payment:		

 - 5. Retirement benefits including gratuities/pension/commutation of pension/lump sum payments, etc from Pension/Provident Fund: Name of Fund
(Amount accrued up to 31 Dec 1992 \$) Amount accrued from 1993 :
 - 6. Contributions made by employer to any Pension/Provident Fund constituted outside Singapore:
(See paragraph 12d (III) of the Explanatory Notes. Give details separately if tax concession is applicable.)
 - 7. Excess/Voluntary contribution to CPF by employer (less amount refunded/to be refunded):
(See paragraph 12d (IV) of the Explanatory Notes and complete the Form IR8S)
 - 8. Gains or profits from Employee Stock Option (ESOP) / other forms of Employee Share Ownership (ESOW) Plans:
(See paragraph 12d (V) of the Explanatory Notes and complete the Appendix 8B)
 - 9. Value or Benefits-in-kind
(See paragraphs 13 to 17 of the Explanatory Notes and complete the Appendix 8A):

TOTAL (items d1 to d9) _____

e) Employee's income tax borne by employer? * NO	If yes and fully borne by employer, DO NOT enter any amount in (i) and (ii)	
	(i) If tax is partially borne by employer, state the amount of employment income for which tax is borne by employer	_____
	(ii) If a fixed amount of tax is borne by employee, state the borne by employee	_____

DEDUCTIONS (Enter "NA" for items that are not applicable)

EMPLOYEE'S COMPULSORY contribution to *CPF / Designated Pension or Provident Fund (less amount refunded/ to be refunded) Name of Fund : (Please adopt the appropriate CPF rates published by CPF Board on its website 'www.cpf.gov.sg'. Do not include excess/voluntary contributions to CPF, voluntary contributions to Medisave Account, voluntary contributions to CPF Minimum Sum Topping-up Scheme and SRS contributions in this item)	800.00
Donations deducted through salaries for: *Yayasan Mendaki Fund/Community Chest of Singapore/SINDA/CDAC/ECF/Other tax exempt donations	1.00
Contributions deducted from salaries for Mosque Building Fund :	
Life Insurance premiums deducted through salaries:	

DECLARATION (See paragraph 4 of the Explanatory Notes)

Name of Employer : samplepayroll

Address of Employer : 1, My Address, 10000 My Area, My State.

Name of authorised person making the declaration Designation Tel. No. Signature Date

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

FORM IR21

Comptroller of Income Tax
55 Newton Road Revenue
House
Singapore 307987

NOTIFICATION OF A NON-CITIZEN EMPLOYEE'S CESSATION OF EMPLOYMENT OR DEPARTURE FROM SINGAPORE

Tel: 1800-3568300
Fax: 6351 2707
Website: <http://www.iras.gov.sg>

This form is to be completed by the employer. You may wish to read the Explanatory Notes. It may take you up to 10 minutes to fill in this form if you have all relevant information such as your employee's employment records and income information for year of departure and the prior year, ready.

A TYPE OF FORM IR21 (Please cross(x) where appropriate) - See Explanatory Note 6

1 Original 2 Additional, this is in addition to Form IR21 dated _____ 3 Amended, this supersedes Form IR21 dated _____

B EMPLOYER'S PARTICULARS

1 *Company Tax Ref No _____ 2 Company's Name 123444
3 Company's Address _____
Bk/Hse No _____ Sty/Unit _____
Street Name _____ Singapore
Postal Code _____

C EMPLOYEE'S PERSONAL PARTICULARS

1 Name (Mr/Mrs/Miss/Mdm) sample
2 Identification No _____
NRIC _____ FIN _____ Malaysian IC (if applicable) _____
3 Mailing Address [Please inform your employee to update his/her latest contact details with IRAS.]
4 Date of Birth 01/01/1986 5 Gender* Male 6 Nationality Singaporean
7 Marital Status Single 8 Tel No _____ 9 Email Address _____

D EMPLOYEE'S EMPLOYMENT RECORDS

10 Date of Arrival (DD/MM/YY) _____ 11 Date of Commencement (DD/MM/YY) 01/01/2014 12 Date of Cessation ('DD/MM/YY') _____ 13 Date of Departure (DD/MM/YY) _____
14 Date of Resignation / Termination Notice Given (DD/MM/YY) _____ 15 Designation _____
16 Give reasons if less than one month's notice is given to IRAS before employee's cessation
 Absconded / Left without notice Immediate Resignation / Short Notice
 Resigned whilst overseas/on Home Leave Others. Give details _____
17 Amount of Monies Withheld Pending Tax Clearance (See Explanatory Note 6)
S\$ _____ Cts _____ 18 Are these all the monies you can withhold from the date of notification of resignation / termination / posting overseas? Yes No Give reasons below
Please provide reason if "No" is checked Resigned after payday Salary already paid via bank
 Did not return from leave Employee owes company monies
 Others. Give details _____
19 Date Last Salary Paid _____ 20 Amount of Last Salary Paid _____ 21 Period applicable for Last Salary Paid _____
22 Name of Bank to which employee's salary is credited _____ 23 Name & Tel No of New Employer, if known _____
24 Employee's income Tax Borne by Employer No Yes, Fully borne Yes, Partially borne.
Give details: _____
**(See Explanatory Note 10)

E SPOUSE'S AND CHILDREN'S PARTICULARS (Please complete for dependants' relief claims)

1 Name of Spouse _____ 2 Date of Birth _____ 3 Ident No. _____ 4 Date of Marriage _____
5 Nationality _____ 6 Is spouse's annual income more than \$4,000? Yes Please specify the name and address of spouse's current employer, if known
 No _____
7 Children's Particulars (To furnish Name of children According to Order of Birth)

No	Name of Child	Gender	Date of Birth	State name of school if child is above 16 years old
1				
2				
3				
4				

FOR OFFICIAL USE

1 ATT APP/ 4 Dfee/ESOP EXCPF/LS 7 TOT 9 NEMPT MS Std / Trnee / DTR / EMB / NRE / NOR / SA Date Rec'd
NCB/RB / CR /Decd / incpl / Nsgd/ Addr Finalised by & Date

FORM IR21

F INCOME RECEIVED / TO BE RECEIVED DURING THE YEAR OF CESSATION / DEPARTURE AND THE PRIOR YEAR			
Employee's Name: sample		FIN / NRIC No.:	
Provide amount for each of the relevant year(s) on calendar year basis			
		Year of Cessation	Year Prior to Year of Cessation
		D D / M M / Y Y	D D / M M / Y Y
		From <input style="width: 100%;" type="text" value="01/01/2015"/>	<input style="width: 100%;" type="text" value="01/01/2014"/>
		To <input style="width: 100%;" type="text" value="01/01/1900"/>	<input style="width: 100%;" type="text" value="31/12/2014"/>
		S\$	S\$
INCOME			
1 Gross Salary, Fees, Leave Pay, Wages and Overtime Pay	104,000	.00	.00
2 (a) Contractual Bonus (See Explanatory Note 12a)		.00	.00
(b) Non-Contractual Bonus (See Explanatory Note 12b)	4,000	.00	.00
State date of payment			
3 Director's Fees (See Explanatory Note 12c)		.00	.00
Approved at the company's AGM/EGM on			
4 OTHERS			
(a) Gross Commission		.00	.00
(b) Allowances (See Explanatory Note 12d)		.00	.00
(c) Gratuity / Ex-Gratia		.00	.00
(d) Payment-In-Lieu of Notice / Notice Pay		.00	.00
(e) Compensation for Loss of Office (See Explanatory Note 13)		.00	.00
Reason and basis of arriving at the amount (Excluding any Notice Pay which should be reflected at 4(d) above)	_____		
(f) Retirement Benefits (other than CPF Benefits) including Gratuities/Pension/Commutation of pension/Lump sum Payments etc. from Pension/Provident Fund.			
Name of Fund _____	.00		.00
Date of Payment _____			
(g) Contributions made by employer to any Pension/Provident Fund constituted outside Singapore. (See Explanatory Note 14)			
Name of Fund _____	.00		.00
(h) Excess/Voluntary contribution to CPF by employer [Please complete Form IR8S] (See Explanatory Note 15)		.00	.00
(i) Total Gross Amount of Gains from ESOP / ESOW (To complete Appendix 2) (See Explanatory Note 16)		.00	.00
Cross [X] the box if ESOP/ESOW was granted but unexercised			
<input type="checkbox"/> ESOP/ESOW granted before 1 Jan 2013			
<input type="checkbox"/> ESOP /ESOW granted on or after 1 Jan 213 and tracking option applies			
(j) Value of Benefits-in-kind (To cross[x] the box if Appendix 1 is completed) <input type="checkbox"/>		.00	.00
SUBTOTAL OF ITEMS 4(a) to 4 (j)		.00	.00
TOTAL OF ITEMS 1 TO 4	108,000	.00	.00
DEDUCTIONS			
5 EMPLOYEE'S COMPLUSORY contribution to *CPF/Approved Pension or Provident Fund			
Name of Fund _____	1,600	.00	.00
6 DONATIONS deducted through salaries for:			
Mendaki Fund / Com Chest / SINDA / CDAC / ECF		.00	.00
7 Contribution deducted through salaries for Mosque Building Fund		.00	.00

G DECLARATION

I, the undersigned, hereby give notice under Section 68 of the Income Tax Act, that the employee named in this form will cease to be employed and/or will probably leave Singapore on the date(s) stated. I also certify that the information given in this form and in any documents attached is true, correct and complete.

Full Name of Authorised Personnel _____

Designation _____

Signature _____

Date _____

Name of Contact Person _____

Contact No. _____

Fax _____

Email Address _____