

Form
ITR-8

INDIAN INCOME TAX RETURN

(Return for Fringe Benefit)
(Please see Rule 12 of the Income-tax Rules, 1962)
(Also see attached instruction)

Assessment Year
2007-2008

Part A-GEN GENERAL

Name					PAN		
Is there any change in the company's name? If Yes, Please furnish the old name							
Flat/Door/Block No		Name Of Premises/Building/Village			Date of formation/Incorporation (DD/MM/YYYY)		
Road/Street/Post Office		Area/Locality			Status- Write 1 if company, Write 2 if firm, and Write 3 if others		
Town/City/District		State		Pincode	If case of company- if domestic, write 1, and if other than domestic, write 2		
Email Address			(STD code)-Phone Number				
Designation of Assessing Officer		Area Code	AO Type	Range Code	AO No	Return Filed Under Section (Enter Code) [See instruction number-9(i)]	
Whether Original or Revised return ? (Tick) <input checked="" type="checkbox"/>				<input type="checkbox"/>	Original		<input type="checkbox"/>
if revised, then enter Receipt No and Date of filling original return (DD/MM/YYYY)							
Residential Status (Tick) <input checked="" type="checkbox"/>		<input type="checkbox"/>	Resident		<input type="checkbox"/>	Non -Resident	
		<input type="checkbox"/>	Resident But Not Ordinarily Resident				
In the case of non-resident, is there a permanent establishment (PE) in India? (Tick) <input checked="" type="checkbox"/>					Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Whether this return is being filed by a representative assessee? (Tick) <input checked="" type="checkbox"/>					Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, please furnish the following information :-							
(a)	Name of the representative						
(b)	Address of the representative						
(c)	Permanent Account Number (PAN) of the representative						
Are you liable to maintain accounts as per section 44AA (Tick) <input checked="" type="checkbox"/>					Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are You liable for Audit under section 44AB (Tick) <input checked="" type="checkbox"/>					Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, furnish the following information							
(a)	Name of the auditor signing the tax audit report						
(b)	Membership no. of the auditor						
(c)	Name of the auditor (proprietorship/ firm)						
(d)	Permanent Account Number (PAN) of the proprietorship/ firm						
(e)	Date of audit report						

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Receipt No.

Date

Seal and Signature of receiving official

Part-B Computation of Fringe Benefits and fringe benefit tax

1	Value of fringe benefits			
	a	for first quarter	1a	
	b	for second quarter	1b	
	c	for third quarter	1c	
	d	for fourth quarter	1d	
	e	Total fringe benefits (1a + 1b + 1c + 1d) (also 24 iv of Schedule-FB)		1e
2	Fringe benefit tax payable [30% of 1e]			2
3	Surcharge on 2			3
4	Education Cess on (2 + 3)			4
5	Total fringe benefit tax liability (2 + 3 + 4)			5
6	Interest payable			
	a	For default in payment of advance tax (section 115WJ (3))	6a	
	b	For default in furnishing the return (section 115WK)	6b	
	c	Total interest payable		6c
7	Aggregate liability (5 + 6c)			7
8	Taxes paid			
	a	Advance fringe benefit tax (from schedule-FBT)	8a	
	b	On self-assessment (from Schedule-FBT)	8b	
	c	Total Taxes Paid (8a + 8b)		8c
9	Tax Payable (enter if 7 if greater than 8c, else enter 0).			9
10	Refund (enter If 8c is greater than 7, else enter 0) also give the bank account details in Schedule-BA			10
11	Enter your bank account number (<i>mandatory in case of refund</i>)			
12	Do you want your refund by <input type="checkbox"/> Cheque, or <input type="checkbox"/> deposited directly into your bank account? (Tick) <input checked="" type="checkbox"/>			
13	In case of direct deposit to your bank account give additional details			
	MICR Code	Type of Account (Tick) <input checked="" type="checkbox"/>	<input type="checkbox"/> Savings	<input type="checkbox"/> Current

14 E-filing Acknowledgement Number Date (DD/MM/YYYY)

VERIFICATION

I, (Full name in block letter), of solemnly declare that to the best of my knowledge and belief, the information given in the return and schedules thereto is correct and complete and that the amount of Fringe Benefits and other particulars shown therein are truly stated and are in accordance with the provisions of the Income-tax Act, 1961, in respect of Fringe Benefits chargeable to Income-tax for the previous year relevant to the Assessment Year .I further declare that I am making this return in my capacity as and I am also competent to make this return and verify it.

Place Date Sign here

Schedule - FBI Information regarding calculation of value of fringe benefits

1	Are you having employees based both in and outside India? If yes write 1, and if no write 2		
2	If answer to '1' is yes, are you maintaining separate books of account for Indian and foreign operations? If yes write 1, and if no write 2		
3	Total number of employees		
	a	Number of employees in India	3a
	b	Number of employees outside India	3b
	c	Total number of employees	3c

Schedule FB Computation of value of Fringe Benefits

Sl. No.	Nature of expenditure	Amount/value of expenditure*	Percent -age	Value of fringe benefits iv= ii x iii ÷ 100	
	i	ii	iii	iv	
1	Free or concessional tickets provided for private journeys of employees or their family members (the value in column ii shall be the cost of the ticket to the general public as reduced by the amount, if any, paid by or recovered from the employee)	1ii	100	1iv	
2	Contribution to an approved superannuation fund for employees (in excess of one lakh rupees in respect of each employee)	2ii	100	2iv	
3	Entertainment	3ii	20	3iv	
4	a Hospitality in the business other than business referred to in 4b or 4c or 4d	aii	20	aiv	
	b Hospitality in the business of hotel	bii	5	biv	
	c Hospitality in the business of carriage of passengers or goods by aircraft	cii	5	civ	

	d	Hospitality in the business of carriage of passengers or goods by ship	dii		5		div
5		Conference (other than fee for participation by the employees in any conference)	5ii		20		5iv
6		Sales promotion including publicity (excluding any expenditure on advertisement referred to in proviso to section 115WB(2)(D))	6ii		20		6iv
7		Employees welfare	7ii		20		7iv
8	a	Conveyance, in the business other than the business referred to in 8b or 8c or 8d	aii		20		aiv
	b	Conveyance, in business of construction	bii		5		biv
	c	Conveyance in the business of manufacture or production of pharmaceuticals	cii		5		civ
	d	Conveyance in the business of manufacture or production of computer software	dii		5		div
9	a	Use of hotel, boarding and lodging facilities in the business other than the business referred to in 9b or 9c or 9d or 9e	aii		20		aiv
	b	Use of hotel, boarding and lodging facilities in the business of manufacture or production of pharmaceuticals	bii		5		biv
	c	Use of hotel, boarding and lodging facilities in the business of manufacture or production of computer software	cii		5		civ
	d	Use of hotel, boarding and lodging facilities in the business of carriage of passengers or goods by aircraft	dii		5		div
	e	Use of hotel, boarding and lodging facilities in the business of carriage of passengers or goods by ship	eii		5		eiv
10	a	Repair, running (including fuel), maintenance of motor cars and the amount of depreciation thereon in the business other than the business of carriage of passengers or goods by motor car	aii		20		aiv
	b	Repair, running (including fuel), maintenance of motor cars and the amount of depreciation thereon in the business of carriage of passengers or goods by motor car	bii		5		biv
11		Repair, running (including fuel) and maintenance of aircrafts and the amount of depreciation thereon in the business other than the business of carriage of passengers or goods by aircraft	11ii		20		11iv
12		Use of telephone (including mobile phone) other than expenditure on leased telephone lines	12ii		20		12iv
13		Maintenance of any accommodation in the nature of guest house other than accommodation used for training purposes	13ii		20		13iv
14		Festival celebrations	14ii		50		14iv
15		Use of health club and similar facilities	15ii		50		15iv
16		Use of any other club facilities	16ii		50		16iv
17		Gifts	17ii		50		17iv
18		Scholarships	18ii		50		18iv
19		Tour and Travel (including foreign travel)	19ii		5		19iv
20		Value of fringe benefits (total of Column iv)					20iv
21		If answer to '1' of Schedule-FBI is no, value of fringe benefits (same as 20iv)					21iv
22		If answer to '2' of Schedule-FBI is yes, value of fringe benefits (same as 20iv)					22iv
23		If answer to '2' of Schedule-FBI is no, value of fringe benefits (20iv x 3a of Schedule-FBI ÷ 3c of Schedule-FBI)					23iv
24		value of fringe benefits (21iv or 22iv or 23iv as the case may be)					24iv

Note: ▶ *If answer to '2' of Schedule-FBI is yes, enter the figures in 11ii to 19ii on the basis of books of account maintained for Indian operation.

Schedule FBT Details of payment of Fringe Benefit Tax

Sl No	Name of Bank & Branch	BSR Code	Date of Deposit (DD/MM/YYYY)	Serial Number of Challan	Amount (Rs)
1					

Note: ▶ Enter the total of v in 8a and 8b of PART-B