Schedule B - Employee Benefits/Perquisites

Employer's Name: ____________________ Employer's TRN: ______ - ______ Return/Calendar Year: 20______ Page ____ of ____

SCHEDULES MUST BE PRINTED ON LEGAL SIZE PAPER. SCHEDULES PRINTED ON LETTER SIZE PAPER WILL NOT BE ACCEPTED

Print Form | Clear Form

Employee List No. from Schedule A	EMPLOYEE TRN							MOTOR VEHICLE				OTHER
	(a) Employee TRN	(b) Annual Rent Paid by Employer for Quarters or Residence ($)	(c) Taxable Value of Quarter or Residence ($)	(d) Address of Quarters/Residence for which Rent is being Paid *(Street No. and Name, District, Parish)*	(e) Name of Landlord	(f) Landlord TRN	(g) Address of Landlord	(h) Original Cost of Motor Vehicle ($)	(i) Age of Vehicle *(years)*	(j) % Private Usage (%)	Vehicle Benefit Subject to Tax ($)	Other Perquisites or Benefits in Kind ($)

Schedule B - Employee Benefits/Perquisites

Employer's Name: ____________________ Employer's TRN: ________-______ Return/Calendar Year: 20________ Page ____ of ____

Print Form Clear Form

	EMPLOYEE TRN	SCHEDULES MUST BE PRINTED ON LEGAL SIZE PAPER. SCHEDULES PRINTED ON LETTER SIZE PAPER WILL NOT BE ACCEPTED						MOTOR VEHICLE				OTHER
Employee List No. from Schedule A	(a) **Employee TRN**	(b) Annual Rent Paid by Employer for Quarters or Residence ($)	(c) Taxable Value of Quarter or Residence ($)	(d) Address of Quarters/Residence for which Rent is being Paid *(Street No. and Name, District, Parish)*	(e) Name of Landlord	(f) Landlord TRN	(g) Address of Landlord	(h) Original Cost of Motor Vehicle ($)	(i) Age of Vehicle *(years)*	(j) % Private Usage (%)	Vehicle Benefit Subject to Tax ($)	Other Perquisites or Benefits in Kind ($)