

FRINGE BENEFITS TAX RETURN

Declaration Template

1. EMPLOYER DETAILS

Employer Name:

ABN / Tax Reference:

FBT Year Ended:

31 March

Postal Address:

2. SUMMARY OF FRINGE BENEFITS PROVIDED

Benefit Category	Taxable Value (A)	Gross-Up Factor (B)	Grossed-Up Value (A x B)
Car Fringe Benefits			
Debt Waiver Fringe Benefits			
Expense Payment Fringe Benefits			
Housing Fringe Benefits			
Living-Away-From-Home Allowance			
Property Fringe Benefits			
Residual Fringe Benefits			
Other Benefits			
Total Grossed-Up Value			

3. FBT LIABILITY CALCULATION

Total Grossed-Up Amount
(\$):

FBT Tax Rate (%):

Gross FBT Payable (\$):

Less: FBT Installments
Paid (\$):

Net FBT Payable /

(Refund) (\$):

4. DECLARATION

I declare that the information provided in this return, including any accompanying documents and schedules, is true, correct, and complete in every detail. I am authorized to sign this return on behalf of the employer, and all required records supporting this return are maintained and available for inspection.

Authorized Signature

Date

Name (Print)

Title / Position

Note: Under local tax law, severe penalties may apply for providing false or misleading statements in connection with tax obligations.