

FRINGE BENEFITS TAX RETURN

Reporting Template

SECTION A: EMPLOYER DETAILS

Employer Name	<input type="text"/>		
ABN/ Tax File Number	<input type="text"/>	FBT Year Ended (31 March)	<input type="text"/>
Postal Address	<input type="text"/>		
Contact Person	<input type="text"/>	Phone Number	<input type="text"/>
Email Address	<input type="text"/>		

SECTION B: TAXABLE VALUE OF FRINGE BENEFITS

Benefit Category	Type 1 Aggregate Taxable Value (\$) (GST-inclusive)	Type 2 Aggregate Taxable Value (\$) (GST-free/No GST)
Car Fringe Benefits	<input type="text"/>	<input type="text"/>
Debt Waiver Fringe Benefits	<input type="text"/>	<input type="text"/>
Loan Fringe Benefits	<input type="text"/>	<input type="text"/>
Expense Payment Fringe Benefits	<input type="text"/>	<input type="text"/>
Housing Fringe Benefits	<input type="text"/>	<input type="text"/>
Living-away-from-home Allowance (LAFHA)	<input type="text"/>	<input type="text"/>
Airline Transport Fringe Benefits	<input type="text"/>	<input type="text"/>
Board Fringe Benefits	<input type="text"/>	<input type="text"/>
Meal Entertainment Fringe Benefits	<input type="text"/>	<input type="text"/>
Car Parking Fringe Benefits	<input type="text"/>	<input type="text"/>
Property Fringe Benefits	<input type="text"/>	<input type="text"/>
Residual Fringe Benefits	<input type="text"/>	<input type="text"/>
Total Taxable Values	<input type="text"/>	<input type="text"/>

SECTION C: CALCULATION OF FBT PAYABLE

1. Total Type 1 Aggregate Taxable Value	X2.0802 (or current rate)	<input type="text"/>
2. Total Type 2 Aggregate Taxable Value	X1.8868 (or current rate)	<input type="text"/>
3. Total Grossed-up Value (Item 1 + Item 2)		<input type="text"/>
4. FBT Rate (%)		<input type="text"/>
5. Gross FBT Payable (Item 3 X Item 4)		<input type="text"/>
Less: FBT Rebate (if applicable)		<input type="text"/>
6. Net FBT Payable		<input type="text"/>

SECTION D: DECLARATION

I declare that the information provided in this return is true and correct, and that I am authorized to sign this return on behalf of the employer.

Name:

Date:

Signature:

Designation: