

FRINGE BENEFITS TAX RETURN

Filing Period Ending 31 March

SECTION A: EMPLOYER INFORMATION

TAX FILE NUMBER / REGISTRATION NUMBER

TAX YEAR ENDED 31 MARCH

LEGAL NAME OF EMPLOYER

POSTAL ADDRESS

CONTACT PERSON

TELEPHONE NUMBER

EMAIL ADDRESS

SECTION B: TAXABLE VALUE OF BENEFITS

Benefit Category	Gross Taxable Value
Car fringe benefits	<input type="text"/>
Debt waiver fringe benefits	<input type="text"/>
Loan fringe benefits	<input type="text"/>
Expense payment fringe benefits	<input type="text"/>
Housing fringe benefits	<input type="text"/>
Living-away-from-home allowance fringe benefits	<input type="text"/>
Airline transport fringe benefits	<input type="text"/>
Board fringe benefits	<input type="text"/>
Meal entertainment fringe benefits	<input type="text"/>
Car parking fringe benefits	<input type="text"/>
Property fringe benefits	<input type="text"/>
Residual fringe benefits	<input type="text"/>

Benefit Category	Gross Taxable Value
Total Taxable Value of Benefits	<input type="text"/>

SECTION C: TAX COMPUTATION	
Total Type 1 Aggregate Fringe Benefits Amount (subject to GST)	<input type="text"/>
Type 1 Gross-up Factor	<input type="text"/>
Grossed-up Value - Type 1 Benefits	<input type="text"/>
Total Type 2 Aggregate Fringe Benefits Amount (not subject to GST)	<input type="text"/>
Type 2 Gross-up Factor	<input type="text"/>
Grossed-up Value - Type 2 Benefits	<input type="text"/>
Total Grossed-up Value (Type 1 + Type 2)	<input type="text"/>
Fringe Benefits Tax Rate (%)	<input type="text"/>
Fringe Benefits Tax Payable	<input type="text"/>
Less: Tax Offsets / Rebates (if applicable)	<input type="text"/>
Net Fringe Benefits Tax Due	<input type="text"/>

SECTION D: DECLARATION
<p>I declare that the information contained in this return, including any accompanying documents, is true, correct, and complete in every detail. I am authorized to sign this return on behalf of the employer.</p>
<p>NAME OF SIGNATORY</p> <input data-bbox="185 1462 1406 1512" type="text"/>
<p>SIGNATURE</p> <input data-bbox="185 1547 1406 1603" type="text"/>
<p>DESIGNATION / CAPACITY</p> <input data-bbox="185 1637 1406 1686" type="text"/>
<p>DATE</p> <input data-bbox="185 1727 1390 1771" type="text"/>