

# EMPLOYER FRINGE BENEFITS TAX RETURN

FBT Year: 1 April to 31 March

## EMPLOYER DETAILS

Employer Name: \_\_\_\_\_ ABN: \_\_\_\_\_  
Postal Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

## CALCULATE TAXABLE VALUE OF BENEFITS

Fringe Benefit Category	Taxable Value (A)	Gross-up Factor (B)	Grossed-up Value (A x B)
Car fringe benefits (Type 1)			
Car fringe benefits (Type 2)			
Debt waiver fringe benefits			
Loan fringe benefits			
Expense payment fringe benefits			
Housing fringe benefits			
Living-away-from-home allowance fringe benefits			
Airline transport fringe benefits			
Board fringe benefits			
Meal entertainment fringe benefits			
Car parking fringe benefits			
Property fringe benefits			
Residual fringe benefits			
<b>Total Grossed-up Value (Type 1)</b>			
<b>Total Grossed-up Value (Type 2)</b>			
<b>Aggregate Grossed-up Value (Type 1 + Type 2)</b>			

## FRINGE BENEFITS TAX CALCULATION

<b>Total Aggregate Grossed-up Value</b>	
<b>FBT Rate (%)</b>	
<b>Total Fringe Benefits Tax Payable</b>	
Less: FBT instalments already paid	
<b>Net FBT Payable / (Refundable)</b>	

**DECLARATION**

*I declare that the information provided in this return is true and correct.*

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**Name of Authorised Officer**

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**Signature**

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**Date**