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Previous name and/or postal address 6 If the employer name and/or postal address has changed, print it exactly as shown on the last FBT return lodged. I A change of name must be supported by a certified copy of the documentary evidence. INDIVIDUAL Other Title: Mrs Mr Miss Ms Family name First given name Other OR NON-INDIVIDUAL (company, partnership, trust etc) **PREVIOUS POSTAL ADDRESS** Suburb/town/localit State territor Country if outside Australia ia only 7 Current business/trading name and/or address If your business/trading name and/or address has changed since last year, or this is your first FBT return, print the details here. **BUSINESS/TRADING NAME BUSINESS/TRADING ADDRESS**

Sub	urb/	tow	/n/loc	calit	y								 						 Sta	te/t	errit	ory	Pc	stco	de	
Col	Intry	if o	utsic	le A	ustra	alia													(Au	strali	a only	/)		(Austr	alia o	nly)

8 Previous name of trustee or senior partner

If your organisation is a trust or partnership, and your details have changed, show the name of the trustee or the senior partner of your organisation as shown on the last FBT return lodged.

(Au tralia only)

IN	DIV	IDU	IAL																											
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9 Name of the person to contact

	Provide details below (if applicable) of the person we can contact, if needed, reg	arding the information in this return.
Title:	Mr Mrs Miss Ms Other	
Famil		
First		
Dayti	me contact phone number	
10	Number of employees receiving fringe benefits during the period 1 April 2016 to 31 March 2017],
11	 Hours taken to prepare and complete this form Visit ato.gov.au/FBT2017 for more information. Do not include tax agent's 	time.
12	Do you expect to lodge FBT return forms for future years? No	We will cancel your FBT registration and future instalments
13	Electronic funds transfer (EFT) We need your financial institution details to pay any refund owing to you, even if Write the BSB number, account number and account name below. Visit ato.gov	
BSE	B number (must be six numbers)	
Acco		
Re	eturn calculation details	
	Visit ato.gov.au/FBT2017 for more information.	
14	Calculated fringe benefits taxable amounts (whole dollars only)	
	A Type 1 aggregate amount \$ × 2.1463	
	B Type 2 aggregate amount \$ × 1.9608	= \$,,,, B
	C Aggregate non-exempt amount (hospitals, ambulances, public benevolent institutions and health promotion charities only)	r\$,,, C
15	Fringe benefits taxable amount $(A + B)$ or $(A + B)$	°\$,,,,
16	Amount of tax payable (49% of item 15 amount)	\$,,,
17	Aggregate non-rebatable amount Only complete this item if you are a rebatable employer. Visit ato.gov.au/FBT2017 for more information. 	\$,,
18	 Amount of rebate: 49% of (item 16 amount less item 17 amount) Only complete this item if you are a rebatable employer. Visit ato.gov.au/FBT2017 for more information. 	\$,,
19	Sub-total (item 16 amount less item 18 amount)	\$,,
20	Less instalment amounts reported on activity statements Visit ato.gov.au/FBT2017 for more information.	\$,,·×
21	Payment due	S
21	Payment due or	

23 Details of fringe benefits provided

				WHOLE DO	LLARS ONLY	
Type of benefits provided (1 April 2016 to 31 March 2017)		Number	Gross taxable value (a)	Employee contribution (b)	Value of reductions (c)	Taxable value of benefits $(a) - (b) - (c)$
Cars using the statutory formula	A					
Cars using the operating cost method	B					
Loans granted	C					
Debt waiver	D					
Expense payments	Ε					
Housing – units of accommodation provided	F					
Employees receiving living-away-from-home allowance (show total paid including exempt components)	G					
Board	J					
Property	K					
Income tax exempt body – entertainment	L					
Other benefits (residual)	Μ					
Car parking	N					
Meal entertainment	Ρ					

Declarations

Description	a la la Casa de la Casa	Constant Sector College	and the second second second	the Constant of Constant
Penalties may	y be imposed	I for giving false	or misleading	information.

Privacy

The ATO is authorised by the *Taxation Administration Act 1953* to request the provision of tax file numbers (TFNs). We will use the TFN to identify the entity in our records. It is not an offence not to provide the TFN. However if you do not provide the TFN, the processing of this form may be delayed.

Taxation law authorises the ATO to collect information and to disclose it to other government agencies. For information about privacy, visit **ato.gov.au/privacy**

24 Tax agent's declaration

I declare that this return has been prepared in accordance with information provided by the taxpayer, that the taxpayer has given me a declaration stating that the information provided to me is true and correct and that the taxpayer has authorised me to lodge this return.

Name of tax agent Tax agent registration	number											
Signature of tax agent*												
Date												
	Year											
* If the tax agent is a partnership or a company, this declaration must be signed by a person authorised by that partnership	o or											
company to sign on its behalf.												
25 Employer's declaration – where the employer lodges the return												
I declare that the information in this return is true and correct.												
Name of employer												
Signature of employer*												
Date Day Month	Year											
* Dreprinter, portport, public officer, tructed or, for any expressed departments and outbourities, the delegated officer.												
* Proprietor, partner, public officer, trustee or, for government departments and authorities, the delegated officer.												
This return will not be regarded as having been lodged unless the appropriate declaration has been												
signed by the tax agent or the employer.												
Page 4 Sensitive (when completed)	_											