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Г 6 Previous name and/or postal address

If the employer name and/or postal address has changed, print it exactly as shown on the last FBT return lodged.

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OR

NON-INDIVIDUAL (company, partnership, trust etc) Name of corporate trustee/senior partner

9 Name of the person to contact

	Provide details below (if applicable) of the person we can contact, if needed,	regarding the information in this return.
Title:		
Fami		
First		
Davti		
Emai	ill address (please use BLOCK LETTERS)	
10	Number of employees receiving fringe benefits during the period 1 April 2010 to 31 March 2011	
11	 Hours taken to prepare and complete this form Refer to NAT 2376 for more information. Do not include tax agent's time. 	hours
12	Do you expect to lodge FBT return forms for future years? No	We will cancel your FBT registration and future instalments
13	Provide your financial institution details to have your credit paid d If a credit is due to you provide the following details. It's faster and simpler to have	
	Refer to NAT 2376 for more information.	
BSE	3 number (must be six numbers)	
Acc	ount name	
Re	eturn calculation details	
	Refer to NAT 2376 for more information.	
14	Calculated fringe benefits taxable amounts (whole dollars only) A Type 1 aggregate amount \$	
	B Type 2 aggregate amount \$, , X × 1.8692 =	=\$,,, B
	C Aggregate non-exempt amount (hospitals, ambulances, public benevolent institutions and health promotion charities only)	·\$,,, ⊂
15	Fringe benefits taxable amount $(A + B)$ or C	\$,,×
16	Amount of tax payable (46.5% of item 15 amount)	\$ <u></u>
	If you are not a rebatable employer, go to item 19 Sub-total .	
17	Aggregate non-rebatable amount Refer to NAT 2376 for more information. 	\$,,·
18	Amount of rebate: 48% of (item 16 amount less item 17 amount)	\$,,·
19	Sub-total (item 16 amount less item 18 amount)	\$,,·
20	 Less instalment amounts reported on activity statements Refer to NAT 2376 for more information. 	\$,,∞
21	Payment due 🔊 Send this amount with your payment slip	\$
00	or Over the day to serve	
22	Credit due to you	▶,,,

23 Details of fringe benefits provided

			WHOLE DOLLARS ONLY										
Type of benefits provided (1 April 2010 to 31 March 2011)		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												
Airline transport (airlines and travel agents only)	H												
Board	J												
Property	K												
Income tax exempt body – entertainment	L												
Other benefits (residual)	Μ												
Car parking	N												
Meal entertainment	Р												

Declarations

Penalties may be imposed for giving false or misleading information.

Privacy

We are authorised by the *Fringe Benefits Tax Assessment Act 1986* and the *Taxation Administration Act 1953* to collect the information requested on this return. We need this information to help us to administer those laws. Some of the information collected will appear on the Australian Business Register. Selected information may be made publicly available and some may be passed to other government agencies, including Commonwealth, state, territory and local government agencies authorised by law to receive it.

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 registra	tion number										
Signature of tax agent*												
	ate											
	Day Month	Year										
* If the tax agent is a partnership or a company, this declaration must be signed by a person authoric company to sign on its behalf.	ised by that partner	ship or										
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*												
	ate											
	Day Month	Year										
* Proprietor, partner, public officer, trustee or, for government departments and authorities, the deleg	gated 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 IN-CONFIDENCE – when completed												