Australian Government
Australian Taxation Office

Fringe benefits tax (FBT) return 2010

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1 April 2009 to 31 March 2010

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For help with completing this return refer to Completing your 2010 fringe benefits tax return (NAT 2376).

- Print clearly using a black pen only.
- Use BLOCK LETTERS and print one character in each box.
- Place X in all relevant boxes.

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6 Previous name and/or postal address

(2) 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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Given name/s

NON-INDIVIDUAL (company, partnership, trust etc)

Name of corporate trustee/senior partner

OR

9 Name of the person to contact

9	Name of the person to contact	
	Provide the name, daytime contact phone number and email address (if applicable	e) of the person
	we can contact, if needed, regarding the information in this return.	
Title:		
Surn		
Give		
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Ema	l address (please use BLOCK LETTERS)	
10	Number of employees receiving fringe benefits during	
	the period 1 April 2009 to 31 March 2010	
11	Hours taken to prepare and complete this form	hours
	Refer to <i>Completing your 2010 fringe benefits tax return</i> (NAT 2376) for more information. Do not include tax agent's time.	
12	Do you expect to lodge an FBT return for 2010–11 or future years?	No Yes
Re	eturn calculation details	
	Refer to Completing your 2010 fringe benefits tax return (NAT 2376) for more infor	mation.
13	Calculated fringe benefits taxable amounts (whole dollars only)	
	A Type 1 aggregate amount \$	\$
	B Type 2 aggregate amount \$ × 1.8692 =	\$,,, <i>B</i>
	C Aggregate non-exempt amount (hospitals, ambulances, public or	\$ □ □ □ □ ·× c
	benevolent institutions and health promotion charities only)	
14	Fringe benefits taxable amount (A + B) or C	
15	Amount of tax payable (46.5% of item 14 amount)	\$
	If you are not a rebatable employer, go to question 18 Sub-total .	
16	Aggregate non-rebatable amount	
10	Refer to Completing your 2010 fringe benefits tax return (NAT 2376)	
	for more information.	
17	Amount of roboto, 1994, of liter 15 amount loss item 16 amount)	
17	Amount of rebate: 48% of (item 15 amount less item 16 amount)	\$
10	Sub total (item 15 empirint loss item 17 empirint)	
18	Sub-total (item 15 amount less item 17 amount)	♥,,,,
19	Less instalment amounts reported on activity statements	
	Refer to <i>Completing your 2010 fringe benefits tax return</i> (NAT 2376) for more information.	▶□□□,□□□,□□□·×
20	Payment due 👂 Send this amount with your payment slip	
	or	, , , , , , , , , , , , , , , , , , , ,
21	Credit due to you	\$

22 Details of fringe benefits provided

				WHOLE DO	ILLARS ONLY	
Type of benefits provided (1 April 2009 to 31 March 2010)		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	E					
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	Ρ					

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.

23 Tax agent's declaration

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

Name of tax agent	Tax agent registration number
Signature of tax agent*	
	Date
	Day Month Year
* Where the tax agent is a partnership or a company, this declaration must be signed in the	name of the partnership or company by a
person who is registered as a nominee of that partnership or company.	
24 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
	Date Day Month Year
* Proprietor, partner, public officer, trustee or, for government departments and authorities, t	Day Month Year
* Proprietor, partner, public officer, trustee or, for government departments and authorities, t	Day Month Year
* Proprietor, partner, public officer, trustee or, for government departments and authorities, t	Day Month Year