Australian Government

Australian Taxation Office

WHEN COMPLETING THIS RETURN

Fringe benefits tax (FBT) retur 1 April 2013 to 31 March 2014

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For help with completing this return refer to Completing your 2014 fringe benefits tax return (NAT 2376). ■ ■ Print clearly using a black pen only. ■													
Use BLOCK LETTERS and print one character in each box. S M / T H S T													
 Place X in all relevant boxes. Send your completed form and attachments to: 													
Australian Taxation Office GPO Box 9845 IN YOUR CAPITAL CITY.													
Business details													
1 Tax file number (TFN)													
See the Privacy note in the Declaration on page 4 of this return.													
2 Australian business number (ABN) (if applicable)													
3 Name of trustee or senior partner INDIVIDUAL													
Title: Mr Miss Ms Other Control Contro													
OR													
NON-INDIVIDUAL (company, partnership, trust etc) Name of corporate trustee/senior partner													
4 Name of employer													
INDIVIDUAL Title: Mr Miss Ms Other Othe													
First given name Other given name/s Other given name/s													
OR NON-INDIVIDUAL (company, partnership, trust etc)													
5 Postal address													
Country if outside Australia (Australia only) (Australia only)	istralia only)												

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**

Suburb/town/locality State/territory Postcoc															de														
Col	Country if outside Australia only) (Australia only) (Australia only)																												

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	JAL																												
Titl		Mr		Mrs	6	Mis	s	N	1s		Othe	ər																			
Far	nily	nam	e																												
Fire	st gi	ven r	name	Э											Ot	ner (give	n n	am	e/s											
																		T				Γ									
	DR																														
NC	NON-INDIVIDUAL (company, partnership, trust etc)																														
Na	Name of corporate trustee/senior partner																														
																						Τ									

9 Name of the person to contact

	Provide details below (if applicable) of the person we can contact, if needed, rega	arding the information in this return.
Title:		
Fami		
First	given name 	
Davt	ime contact phone number	
Emai	il address (please use BLOCK LÉTTÉRS)	
10	Number of employees receiving fringe benefits during the period 1 April 2013 to 31 March 2014	
11	Hours taken to prepare and complete this formRefer 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 Yes
13	Electronic funds transfer (EFT) We need your financial institution details to pay any refund owing to you, even if y Write the BSB number, account number and account name below. (See relevant	
BSE	3 number (must be six numbers)	
Acc		
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 \$	= \$,,, <i>B</i>
	C Aggregate non-exempt amount (hospitals, ambulances, public benevolent institutions and health promotion charities only)	r\$,,,, ∞ ⊂
15	Fringe benefits taxable amount $(A + B)$ or C	\$, , _ _, _ ×
16	Amount of tax payable (46.5% of item 15 amount)	\$,,·
17	Aggregate non-rebatable amount Only complete this item if you are a rebatable employer, refer to NAT 2376.	\$ <u></u>
10		
10	Amount of rebate: 48% of (item 16 amount less item 17 amount) Only complete this item if you are a rebatable employer, refer to NAT 2376.	\$,,
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	\$,,,
22	or Credit due to you	\$

23 Details of fringe benefits provided

			WHOLE DOLLARS ONLY									
Type of benefits provided (1 April 2013 to 31 March 2014)		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											
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, go to **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 ag	gent regis	stration nu	umber								
Signature of tax agent*												
D)ate											
	Day	Month		ear								
* If the tax agent is a partnership or a company, this declaration must be signed by a person author company to sign on its behalf.	rised by	that part	nersnip o	r								
25 Employer's declaration – where the employer lodges the return												
I declare that the information in this return is true and correct.												
Signature of employer*												
D	Date											
	Day	Month	Ye	ear								
* Proprietor, partner, public officer, trustee or, for government departments and authorities, the dele	egated o	fficer.										
This return will not be regarded as having been ledged unless the appropriate declarat	tion has	boon										
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)												