



FRINGE BENEFIT TAX RETURN

F

TAXATION DIVISION (Inland Revenue Services)

SECTION A – EMPLOYER DETAILS

TIN :

Employer Name :

Postal Address :

Email :

Branch No :

Phone No:

Mobile No:

Fax No:

Number of Employees:

Number of Employees receiving benefit:

This return covers Year Jan-Mar Apr-Jun Jul-Sep Oct-Dec (Place a tick in the relevant box)

SECTION B – VALUE OF BENEFITS

1	Debt Waiver	\$	6	Motor Vehicle	\$
		add			add
2	Household Personnel	\$	7	Private Expenditure	\$
		add			add
3	Housing	\$	8	Property	\$
		add			add
4	Loan	\$	9	Residual	\$
		add			
5	Meal or Refreshments	\$			

Details of other Residual Benefits provided in Box 9

Add Boxes 1 to 9 enter the total in Box 10

10	Net Value of Benefits	\$
-----------	-----------------------	----

SECTION C – CALCULATING FRINGE BENEFIT TAX

Multiply value in Box 10 by 1.25 enter in Box 11	11	Gross Value of Benefits	\$
			x 1.25
Multiply value in Box 11 by 20 % enter in Box 12	12	FBT Payable	\$
			X 20%

SECTION D - DECLARATION

I, declare that this return is true and complete

Signature Designation Date

IT IS A SERIOUS OFFENCE TO MAKE A FALSE FRINGE BENEFIT TAX RETURN

OFFICIAL USE ONLY

Stamp here

Lodged by	<input type="text"/>	Amount Received	<input type="text"/>	FSIC	<input type="text"/>
Data Entry	<input type="text"/>	Batch No.	<input type="text"/>		
Reconciliation Officer	<input type="text"/>	Return No.	<input type="text"/>		