



FRINGE BENEFIT TAX RETURN

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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	\$
<small>add</small>		<small>add</small>	
2 Household Personnel	\$	7 Private Expenditure	\$
<small>add</small>		<small>add</small>	
3 Housing	\$	8 Property	\$
<small>add</small>		<small>add</small>	
4 Loan	\$	9 Residual	\$
<small>add</small>			
5 Meal or Refreshments	\$		
<small>add</small>			

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	\$
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11 Net Value of Benefits subject to VAT	\$
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SECTION C – CALCULATING FRINGE BENEFIT TAX

Multiply value in Box 10 by 1.25 enter in Box 12	12 Gross Value of Benefits	\$
	<small>x 1.25</small>	
Multiply value in Box 12 by 20 % enter in Box 13	13 FBT Payable	\$
	<small>X 20%</small>	

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"/>		