FRINGE BENEFIT TAX RETURN F

TAXATION DIVISION (Inland Revenue Services)

SECTION A – EMPLOYER DETAILS

TIN :

Phone No:

Employer Name :

Mobile No:

Postal Address :

Fax No:

Email :

Number of Employees:

Branch No :

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	$
11 Net Value of Benefits subject to VAT	$		

SECTION C – CALCULATING FRINGE BENEFIT TAX

x 1.25

Multiply value in Box 10 by 1.25 enter in Box 12	**12**	Gross Value of Benefits	$

X 20%

Multiply value in Box 12 by 20 % enter in Box 13	**13**	FBT Payable	$

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

IRS510 [Last Revised: 18-Oct-2013]