



FRINGE BENEFIT TAX RETURN

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TAXATION DIVISION (Inland Revenue Services)

SECTION A - EMPLOYER DETAILS

TIN: 1 1 4 8 7 7 9 8 5

Phone No: +679 333 0000

Employer Name: Demo Distribution Inc.

Mobile No:

Postal Address: P O BOX 12241, Suva, Fiji

Fax No: +679 333 0001

Email: LinkTechnologiesDemo@gmail.com

Number of Employees: 22

Branch No:

Number of Employees Receiving benefit: 1

This return covers Year 2017 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	\$	479.00
add		add		
2 Household Personnel	\$	7 Private Expenditure	\$	
add		add		
3 Housing	\$	8 Property	\$	
add		add		
4 Loan	\$	9 Residual	\$	500.00
add				
5 Meal or Refreshments	\$			

Details of other Residual Benefits provided in Box 9

Mobile: \$500.00

Add Boxes 1 to 9 enter the total in Box 10	10 Net Value of Benefits	\$	979.00
11 Net Value of Benefits subject to VAT	\$	979.00	

SECTION C - CALCULATING FRINGE BENEFIT TAX

Multiply value in Box 10 by 1.25 enter in Box 11	12 Gross Value of Benefits	\$	1,223.75
Multiply value in Box 11 by 20% enter in Box 12	13 FBT Payable	\$	244.75

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

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"/>		