



**WHEN COMPLETING THIS RETURN**

For help with completing this return refer to *Completing your 2013 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 I T H S T

■ Place  in all relevant boxes.

■ Send your completed form and attachments to:

**Australian Taxation Office**

**GPO Box 9845**

**IN YOUR CAPITAL CITY.**

**^AWR**

**^ABB**

**^AAE**

**Business details**

**1 Tax file number (TFN)**

**^AAD**

! We are authorised by the *Taxation Administration Act 1953* to collect your TFN. You are not required by law to provide your TFN. However, quoting your TFN reduces the risk of administration errors that could delay the processing of this return. If you do not have a TFN, refer to *Completing your 2013 fringe benefits tax return* (NAT 2376) for more information.

**2 Australian business number (ABN) (if applicable)**

**^EBN**

**3 Name of trustee or senior partner**

**INDIVIDUAL**

Title: Mr  Mrs  Miss  Ms  Other

**^ABE**

Family name

**^ABF**

**^BAW**

First given name

**^ABG**

Other given name/s

**^BBB**

**OR**

**NON-INDIVIDUAL** (company, partnership, trust etc)

Name of corporate trustee/senior partner

**^ACU**

**^ACU**

**4 Name of employer**

**INDIVIDUAL**

Title: Mr  Mrs  Miss  Ms  Other

**^BGH**

Family name

**^BGI**

**^BGJ**

First given name

**^BGK**

Other given name/s

**^BGL**

**OR**

**NON-INDIVIDUAL** (company, partnership, trust etc)

**^AAU**

**^AAU**

**5 Postal address**

**^ABH**

**^ABH**

Suburb/town/locality

**^AME**

Country if outside Australia

**^AMG**

State/territory

**^AMF**

(Australia only)

Postcode

**^APE**

(Australia only)



- If the employer name and/or postal address has changed, print it exactly as shown on the last FBT return lodged.
- ❗ A change of name must be supported by a certified copy of the documentary evidence.





## 9 Name of the person to contact

➤ Provide details below (if applicable) of the person we can contact, if needed, regarding the information in this return.

Title: Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐ ^BJO   
Family name  
^AXA  ^BJP   
First given name Other given name/s  
^AXB  ^BFB   
Daytime contact phone number  
^BJQ  ^BLK   
Email address (please use BLOCK LETTERS)  
^DZD

## 10 Number of employees receiving fringe benefits during the period 1 April 2012 to 31 March 2013

^FYR

## 11 Hours taken to prepare and complete this form

➤ Refer to NAT 2376 for more information. Do not include tax agent's time. ^DYF  hours

## 12 Do you expect to lodge FBT return forms for future years? No ☐ We will cancel your FBT registration and future instalments Yes ☐

^BGW

## 13 Provide your financial institution details to have your credit paid directly to you

If a credit is due to you provide the following details. It's faster and simpler to have your credit paid in this way.

➤ Refer to NAT 2376 for more information.

BSB number (must be six numbers) ^ABV  Account number ^BFE   
Account name ^ANH

## Return calculation details

➤ Refer to NAT 2376 for more information.

## 14 Calculated fringe benefits taxable amounts (whole dollars only)

A Type 1 aggregate amount \$ ^FZA  × 2.0647 = \$ ^FZB  A  
B Type 2 aggregate amount \$ ^FZC  × 1.8692 = \$ ^FZD  B  
C Aggregate non-exempt amount (hospitals, ambulances, public benevolent institutions and health promotion charities only) or \$ ^FZE  C

## 15 Fringe benefits taxable amount (A + B) or C \$ ^BJC

## 16 Amount of tax payable (46.5% of item 15 amount) \$ ^BJE

## 17 Aggregate non-rebatable amount ☐ Only complete this item if you are a rebatable employer, refer to NAT 2376. \$ ^GST

## 18 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. \$ ^BJF

## 19 Sub-total (item 16 amount less item 18 amount) \$ ^BJG

## 20 Less instalment amounts reported on activity statements ☐ Refer to NAT 2376 for more information. \$ ^BJL

## 21 Payment due or 22 Credit due to you \$ ^BJM





## 23 Details of fringe benefits provided

Type of benefits provided (1 April 2012 to 31 March 2013)	Number	WHOLE DOLLARS ONLY			
		Gross taxable value (a)	Employee contribution (b)	Value of reductions (c)	Taxable value of benefits (a) – (b) – (c)
Cars using the statutory formula	<b>A</b>	<b>^BHA</b>	<b>^BHB</b>	<b>^BHC</b>	<b>^BHD</b>
Cars using the operating cost method	<b>B</b>	<b>^BHE</b>	<b>^BHF</b>	<b>^BHG</b>	<b>^BHI</b>
Loans granted	<b>C</b>	<b>^FWY</b>	<b>^BHK</b>	<b>^BHL</b>	<b>^BHM</b>
Debt waiver	<b>D</b>	<b>^BHO</b>			<b>^BHP</b>
Expense payments	<b>E</b>	<b>^BHQ</b>	<b>^BHR</b>	<b>^BHS</b>	<b>^BHT</b>
Housing – units of accommodation provided	<b>F</b>	<b>^BHU</b>	<b>^BHV</b>	<b>^BHW</b>	<b>^BHX</b>
Employees receiving living-away-from-home allowance (show total paid including exempt components)	<b>G</b>	<b>^BHY</b>	<b>^BHZ</b>	<b>^IJW</b>	<b>^BIA</b>
Airline transport (airlines and travel agents only)	<b>H</b>	<b>^BIC</b>	<b>^BID</b>	<b>^BIE</b>	<b>^BIF</b>
Board	<b>J</b>	<b>^BIH</b>	<b>^BII</b>	<b>^BIJ</b>	<b>^BIK</b>
Property	<b>K</b>	<b>^BIM</b>	<b>^BIN</b>	<b>^BIO</b>	<b>^BIP</b>
Income tax exempt body – entertainment	<b>L</b>	<b>^BIQ</b>			<b>^BIR</b>
Other benefits (residual)	<b>M</b>	<b>^BIS</b>	<b>^BIT</b>	<b>^BIU</b>	<b>^BIV</b>
Car parking	<b>N</b>	<b>^BIX</b>	<b>^BIY</b>		<b>^BIZ</b>
Meal entertainment	<b>P</b>	<b>^BJA</b>			<b>^BJB</b>

## Declarations

Penalties may be imposed for giving false or misleading information.

### Privacy

We are authorised by the *Fringe Benefits Tax Assessment Act 1986* and the *Taxation Administration Act 1953* to collect the information requested on this return. We need this information to help us to administer those laws. Some of the information collected will appear on the Australian Business Register. Selected information may be made publicly available and some may be passed to other government agencies, including Commonwealth, state, territory and local government agencies authorised by law to receive it.

## 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

**^ACR**    **^BLI**    **^BLJ**    **^AWB**    Tax agent registration number

Signature of tax agent\*

Date

Day / Month / Year  
  /   /

\* If the tax agent is a partnership or a company, this declaration must be signed by a person authorised by that partnership or company to sign on its behalf.

## 25 Employer's declaration – where the employer lodges the return

*I declare that the information in this return is true and correct.*

Name of employer

Signature of employer\*

Date

Day / Month / Year  
  /   /

\* Proprietor, partner, public officer, trustee or, for government departments and authorities, the delegated officer.

This return will not be regarded as having been lodged unless the appropriate declaration has been signed by the tax agent or the employer.

