

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
Family name
First given name Other given name/s
Daytime contact phone number
Email address (please use BLOCK LETTERS)

10 Number of employees receiving fringe benefits during the period 1 April 2025 to 31 March 2026 ,

11 Hours taken to prepare and complete this form hours
Visit ato.gov.au/FBT2026 for more information. Do not include tax agent's time.

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

13 Electronic funds transfer (EFT)

We need your financial institution details to pay any refund owing to you, even if you have provided them to us before.

Write the BSB number, account number and account name below. Visit ato.gov.au/FBT2026 for more information.

BSB number (must be 6 numbers) Account number
Account name

Return calculation details

Visit ato.gov.au/FBT2026 for more information.

14 Calculated fringe benefits taxable amounts (whole dollars only)

A Type 1 aggregate amount \$ × 2.0802 = \$ A

B Type 2 aggregate amount \$ × 1.8868 = \$ B

C Aggregate non-exempt amount (hospitals, ambulances, public benevolent institutions and health promotion charities only) or \$ C

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

16 Amount of tax payable (47% of item 15 amount) \$

17 Aggregate non-rebatable amount \$
Only complete this item if you are a rebatable employer. Visit ato.gov.au/FBT2026 for more information.

18 Amount of rebate 47% of (item 16 amount less item 17 amount) \$
Only complete this item if you are a rebatable employer. Visit ato.gov.au/FBT2026 for more information.

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

20 Less instalment amounts reported on activity statements \$
Visit ato.gov.au/FBT2026 for more information.

21 Payment due \$
or

22 Credit due to you \$

23 Details of fringe benefits provided

Type of benefits provided (1 April 2025 to 31 March 2026)	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	A				
Cars using the operating cost method	B				
Loans granted	C				
Debt waiver	D				
Expense payments	E				
Housing – units of accommodation provided	F				
Employees receiving living-away-from-home allowance (show total paid including exempt components)	G				
Board	J				
Property	K				
Income tax exempt body – entertainment	L				
Other benefits (residual)	M				
Car parking	N				
Meal entertainment	P				

Declarations

 Penalties may be imposed for giving false or misleading information.

Privacy

The ATO is authorised by the *Taxation Administration Act 1953* to request tax file numbers (TFNs). We will use the TFN to identify the entity in our records. It is not an offence not to provide the TFN. However, if you do not provide the TFN, the processing of this form may be delayed.

We are also authorised by the *Fringe Benefits Tax Assessment Act 1986* and the *Taxation Administration Act 1953* to ask for information on this form as we require it to help us administer relevant taxation laws. If the information is not collected, there could be a delay in processing your return or an error in an assessment.

For more information about fringe benefits tax and your privacy go to ato.gov.au/FBTprivacy and ato.gov.au/privacy

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

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.