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Previous name and/or postal address 6 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 copy of the documentary evidence. INDIVIDUAL Other Ms Title: Mr Mrs Miss Family name First given name Other given name/ OR NON-INDIVIDUAL (company, partnership, trust etc) **PREVIOUS POSTAL ADDRESS** Suburb/town/localit State/territory Posto Country if outside Australia (Australia only) (Australia only) 7 Current business/trading name and/or address If your business/trading name and/or address has changed since last year, or this is your first FBT return, print the details here. **BUSINESS/TRADING NAME BUSINESS/TRADING ADDRESS** Suburb/town/localit te/territory Country if outside Austral (Australia only) tralia only 8 Previous name of trustee or senior partner If your organisation is a trust or partnership, and your details have changed, show the name of the trustee or the senior partner of your organisation as shown on the last FBT return lodged.

		AL																										
Title:	Mr		Mr	s	Ν	Viss		N	/Is		Othe	ər																
Family																												
First g	iven r	name	Э												Oth	ner g	iven	nan	ne/s									
OR																												١,
NON	NON-INDIVIDUAL (company, partnership, trust etc) Name of corporate trustee/senior partner																											
]

9 Name of the person to contact

	Provide details below (if applicable) of the person we can contact, if needed, reg	ardin	g the	e info	orma	atior	n in t	his re	əturn.			
Title:	Mr Mrs Miss Ms Other											
Famil												
First (
Dayti	ne contact phone number											
Email	address (please use BLOCK LETTERS)											
	Number of employees receiving fringe benefits during the period 1 April 2024 to 31 March 2025],[] [
11	 Hours taken to prepare and complete this form Visit ato.gov.au/FBT2025 for more information. Do not include tax agent's to a second secon	time.				hou	ırs					
12	Do you expect to lodge FBT return forms for future years? No			cane					ment	S	Yes	
13	Electronic funds transfer (EFT) We need your financial institution details to pay any refund owing to you, even if y	you h	ave	prov	ridec	d the	em t	o us	befor	re.		
	Write the BSB number, account number and account name below. Visit ato.gov	.au/F	BT2	2025	for	moi	re int	forma	ation.			
BSB	number (must be six numbers)		L									
Acco	punt name											
14	 Visit ato.gov.au/FBT2025 for more information. Calculated fringe benefits taxable amounts (whole dollars only) A Type 1 aggregate amount \$,,, • × 2.0802 = B Type 2 aggregate amount \$,,, • × 1.8868 = C Aggregate non-exempt amount (hospitals, ambulances, public benevolent institutions and health promotion charities only) 	= \$[],[],[,[× × ×	A B C
15	Fringe benefits taxable amount $(A + B)$ or C	\$	T		,]_[,][\times	
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/FBT2025 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/FBT2025 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/FBT2025 for more information. 	\$],[],[•	\times	
21	Payment due	\$],[],[•		
22	or Credit due to you	¢										

23 Details of fringe benefits provided

				WHOLE DO	ULLARS ONLY	
Type of benefits provided (1 April 2024 to 31 March 2025)		Number	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	\triangleright		\triangleright		
Expense payments	Ε	\succ				
Housing – units of accommodation provided	F				>	
Employees receiving living-away-from-home allowance (show total paid including exempt components)	G			\triangleright		
Board	J	\succ				
Property	K	\triangleright				
Income tax exempt body – entertainment	L	\triangleright		\triangleright	\triangleright	
Other benefits (residual)	М	\succ				
Car parking	N	\succ			>	
Meal entertainment	Ρ	$>\!$		\geq		

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													
^t 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.														
Page 4 OFFICIAL: Sensitive (when completed)														