When completing this return
For help with completing this return visit ato.gov.au/FBT2018

- Print clearly using a black pen only.
- Use BLOCK LETTERS and print one character in each box.
- Place an X in all relevant boxes.
- Send your completed form and attachments to:
  Australian Taxation Office
  GPO Box 9845
  IN YOUR CAPITAL CITY.

### Business details

1. **Tax file number (TFN)**
   - See the Privacy note in the Declaration on page 4 of this return.

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

3. **Name of trustee or senior partner**
   - **INDIVIDUAL**
     - Title: Mr, Mrs, Miss, Ms, Other
     - Family name
     - First given name
     - Other given name/s
   - **NON-INDIVIDUAL** (company, partnership, trust etc)
     - Name of corporate trustee/senior partner

4. **Name of employer**
   - **INDIVIDUAL**
     - Title: Mr, Mrs, Miss, Ms, Other
     - Family name
     - First given name
     - Other given name/s
   - **NON-INDIVIDUAL** (company, partnership, trust etc)

5. **Postal address**
   - Suburb/town/locality (Australia only)
   - Country if outside Australia
6 Previous name and/or postal address
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.

**INDIVIDUAL**
Title: Mr  Mrs  Miss  Ms  Other
Family name
First given name
Other given name/s

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

**PREVIOUS POSTAL ADDRESS**
Suburb/town/locality
State/territory
Postcode
Country if outside Australia

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**

**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.

**INDIVIDUAL**
Title: Mr  Mrs  Miss  Ms  Other
Family name
First given name
Other given name/s

**OR**
**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, regarding the information in this return.

Title:  Mr  Mrs  Miss  Ms  Other

Family name

First given name

Other given names

Daytime contact phone number

Email address (please use BLOCK LETTERS)

10 Number of employees receiving fringe benefits during the period 1 April 2017 to 31 March 2018

11 Hours taken to prepare and complete this form
Visit ato.gov.au/FBT2018 for more information. Do not include tax agent's time.

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

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/FBT2018 for more information.

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

14 Calculated fringe benefits taxable amounts (whole dollars only)

A Type 1 aggregate amount $\times 2.0802 = $ \hspace{1cm} A

B Type 2 aggregate amount $\times 1.8868 = $ \hspace{1cm} B

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

or $ \hspace{1cm} 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/FBT2018 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/FBT2018 for more information.

19 Sub-total (item 16 amount less item 17 amount)

20 Less instalment amounts reported on activity statements


21 Payment due
or

22 Credit due to you
### 23 Details of fringe benefits provided

<table>
<thead>
<tr>
<th>Type of benefits provided</th>
<th>Number</th>
<th>Gross taxable value (a)</th>
<th>Employee contribution (b)</th>
<th>Value of reductions (c)</th>
<th>Taxable value of benefits (a) – (b) – (c)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cars using the statutory formula B</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Cars using the operating cost method A</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Loans granted</td>
<td>C</td>
<td></td>
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<tr>
<td>Debt waiver</td>
<td>D</td>
<td></td>
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<tr>
<td>Expense payments</td>
<td>E</td>
<td></td>
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<td></td>
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<tr>
<td>Housing – units of accommodation provided</td>
<td>F</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Employees receiving living-away-from-home allowance</td>
<td>G</td>
<td></td>
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<td></td>
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<tr>
<td>Board</td>
<td>J</td>
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<tr>
<td>Property</td>
<td>K</td>
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<tr>
<td>Income tax exempt body – entertainment</td>
<td>L</td>
<td></td>
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<tr>
<td>Other benefits (residual)</td>
<td>M</td>
<td></td>
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<tr>
<td>Car parking</td>
<td>N</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Meal entertainment</td>
<td>P</td>
<td></td>
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</tr>
</tbody>
</table>

### Declarations

- **Penalties may be imposed for giving false or misleading information.**

**Privacy**

The ATO is authorised by the Taxation Administration Act 1953 to request the provision of 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.

Taxation law authorises the ATO to collect information and to disclose it to other government agencies. For information about privacy, visit [ato.gov.au/privacy](http://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

Signature of tax agent*

Tax agent registration number

Date

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

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.