Australian Governmen Australian Taxation Offi	ce 1 April 2023 to 31 March 2024	
 WHEN COMPLETING THIS RETUR For help with completing this return visit at Print clearly using a black pen only. Use BLOCK LETTERS and print one cha Place X in all relevant boxes. Send your completed form and attachmentation office 	aracter in each box. S M I T H S T	
GPO Box 9845 [insert the name, state and postcode	of your capital city]	
Business details		
 Tax file number (TFN) See the Privacy note in the Declar 	aration on page 4 of this return.	
2 Australian business number (A	BN) (if applicable)	
3 Name of trustee or senior parts	ner	
INDIVIDUAL Title: Mr Mrs Miss Family name	Other	
First given name	Other given name/s	
OR NON-INDIVIDUAL (company, partnership, tru		
Name of corporate trustee/senior partner		
4 Name of employer INDIVIDUAL Title: Mr Mrs Miss Ms C		
	Other given name/s	
OR		
NON-INDIVIDUAL (company, partnership, tru		
5 Postal address		
Suburb/town/locality		;
Country if outside Australia	(Australia only) (Australia	only)

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.

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Title:		Mr		Mr	s		Miss		М	ls		Othe	er																			
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First	aive	en n	name	 }											Oth	er a	iven	nam	ne/s													
OR NON	1-11	ND		DUA	L (c	com	pany	/, pa	Irtne	ershi	p, tr	rust	etc)][]]] [J [·] [L	
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Subu	rb/	tow	n/lo	cality	/																				Sta	te/te	rrito	y	Pos	stcoc	le	
Cour	itry	if o	utsic	le Ai	ustra	alia								 											(Aus	stralia	only)		(/	Austra	lia on	ly)

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.

BU	SIN	ES	S/T	RA	DIN	G N	IAN	١E																		
BU	SIN	ES	S/T	RA	DIN	G A	DD	RE	SS																	
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Cou	intry	if ou	utsic	le A	ustra	lia				 		(Aus	stralia	only)		(A	ustra	ia onl	y)							

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.

IN	DIVI	DU	AL																												
Title	€:	Mr		Mr	s	Ν	Viss		N	1s		Othe	ər																		
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9 Name of the person to contact

	Provide details below (if applicable) of the person we can c	ontact, if needed, regarding the information in this return.
Title:		
Fami		
First		ın name/s
	me contact phone number	
Ema	I address (please use BLOCK LETTERS)	
10	Number of employees receiving fringe benefits of the period 1 April 2023 to 31 March 2024	luring
11	 Hours taken to prepare and complete this form Visit ato.gov.au/FBT2024 for more information. Do not 	t include tax agent's time.
12	Do you expect to lodge FBT return forms for fut	ure years? No We will cancel your FBT Yes
13	Electronic funds transfer (EFT) We need your financial institution details to pay any refund Write the BSB number, account number and account name	
BSE	3 number (must be six numbers)	
Acc	ount name	
	 Visit ato.gov.au/FBT2024 for more information. Calculated fringe benefits taxable amounts (whole A Type 1 aggregate amount \$,	$\cdot \times 2.0802 = $
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 employed Visit ato.gov.au/FBT2024 for more information. 	r. \$,
18	Amount of rebate 47% of (item 16 amount less item 17 a Only complete this item if you are a rebatable employe Visit ato.gov.au/FBT2024 for more information.	
19	Sub-total (item 16 amount less item 18 amount)	\$,,
20	Less instalment amounts reported on activity st Visit ato.gov.au/FBT2024 for more information.	stements
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 2023 to 31 March 2024)		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	
Other benefits (residual)	М	\triangleright				
Car parking	N	\triangleright			>	
Meal entertainment	Ρ	\succ		\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
* If the tax agent is a partnership or a compar company to sign on its behalf.	ny, this declaration must be signed by a p	erson authorised by that partnership or
25 Employer's declaration – where the I declare that the information in this return		
Name of employer		
Signature of employer*		
		Date
		Day Month Year
* Proprietor, partner, public officer, trustee or,	for government departments and author	ties, the delegated officer.
This return will not be regarded as have signed by the tax agent or the employ		te declaration has been
Page 4	OFFICIAL: Sensitive (when complete) d)