



Fringe benefits tax:

Nominate or revoke an eligible state or territory body

Send your completed form to:

Australian Taxation Office
PO Box 3006
PENRITH NSW 2740

Name of state/territory

Name of government body lodging nomination

Tax file number

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State/territory contact:

Name

Postal address

Suburb/town

State/territory

Postcode

Phone number

Fax number

Email address

Part A

Eligible state or territory bodies nominated as an employer

! To be an employer for fringe benefits tax (FBT) purposes, you must nominate the state or territory body as an employer on or before 21 May of the relevant FBT year.

Name	Australian business number	Tax file number

Nominated bodies who are to be treated as the employer of a class of employees who do not perform their duties of employment principally in a nominated state or territory body

Class of employees	Nominated state or territory body	Tax file number

This nomination applies to the year starting 1 April

Part B

Nominated bodies ceasing to be an employer

Name	Tax file number	Date on which nomination ceased

Part C

Tax paid by the state or territory and/or the bodies that have ceased to be an employer

Only complete columns (d) and (e) where a nominated body ceases to exist during the FBT year.

(a) Name	(b) Tax file number	(c) Notional tax	(d) Instalments paid	(e) Balance
Total notional tax			Total balance	

Part D

Allocation of notional tax

Name	Tax file number	Notional tax
Total notional tax		

The total notional tax in part D must equal either the total of part C column (c) or column (e).

Declarations

Privacy

We are authorised by the *Fringe Benefits Tax Assessment Act 1986* to ask for the information on this form. We collect personal information in order to administer the taxation system and to contact the relevant entity if we need more information. If the information is not collected, there could be a delay in processing your nomination form. For more information about your privacy go to ato.gov.au/privacy

Tax agent's declaration

I declare that this form has been prepared in accordance with information provided by the State/Territory, and that the State/Territory has given me a declaration stating that the information provided to me is true and correct and that the State/Territory has authorised me to lodge this form.

Name of tax agent

Tax agent registration number

Signature of tax agent*

Date

Day	Month	Year
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

* 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.

State or Territory's declaration – where the State/Territory lodges this form

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

Name of State/Territory

Name of government body lodging nomination

Signature of authorised person

Date

Day	Month	Year
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Print name of person authorised to sign form

! This form will not be regarded as having been lodged unless the appropriate declaration has been signed by the tax agent or the State/Territory.