



# HHH PARTNERS

## FRINGE BENEFIT TAX (FBT) 2020 QUESTIONNAIRE URGENT ACTION REQUIRED

Please Complete:

Business Name	
Email Address	

### DO YOU...

- Provide any of the benefits in the Table below to your employees?
- Operate your business in a Company or Trust and it pays/provides for any of the following?

	Yes/ No	If Yes, please print and complete the schedule:
<b>A. Motor vehicles provided to employees or directors</b>		
Did your organisation provide motor vehicles to employees (or their associates*) that are leased or owned by the organisation? (*An associate is a relative such as a spouse or child)		<a href="#">Schedule A Motor Vehicle Summary</a>
<b>B. Expenses paid on behalf of employees or directors</b>		
Did your organisation: <ul style="list-style-type: none"> <li>• Pay a private expense or</li> <li>• Reimburse a private expense (such as fuel &amp; oil, subscriptions to clubs, rent on accommodation, private telephone, restaurant meals) on behalf of an employee (or his/her associate)?</li> </ul>		<a href="#">Schedule B Expense Payment Fringe Benefits</a>
<b>C. Loans to employees or directors</b>		
Did your organisation loan any money to an employee (or his/her associate)?		<a href="#">Schedule C Loan Fringe Benefits</a>
<b>D. Entertainment provided to employees or directors</b>		
Did your organisation provide any form of entertainment to an employee (or his/her associate) such as restaurant meals, parties, prizes, alcohol etc.?		<a href="#">Schedule D Entertainment Summary</a>
<b>E. Housing and board provided to employees or directors</b>		
Did your organisation provide housing and/or board to an employee (or his/her associate)?		<a href="#">Schedule E Housing Summary</a>
<b>F. Living away from home allowances</b>		
Did your organisation pay an allowance to any employee as compensation for living away from home?		<a href="#">Schedule F LAFHA</a>
<b>G. Other benefits</b>		
Did your organisation provide any other type of benefit to an employee (or director/ associate) which has not been noted in any of the questions above?		<a href="#">Schedule G Other Benefits</a>

Please complete and return this form to our office by Friday 12th April 2020 to [fbt@hhpartners.com.au](mailto:fbt@hhpartners.com.au).

Declaration:

I acknowledge that I have understood and answered each of the questions above correctly and completely. I also acknowledge that the employer may be liable for penalties charged by the ATO for incomplete or inaccurate fringe benefits tax returns.



Authorised signatory	Name (please print)	Date