



SCHEDULE G

2019/20 FBT OTHERS

BENEFITS

Business Name:

Please Note: These questions relate to the period between 1 April 2019 and 31 March 2020.

Description of benefit provided to staff member or his/her associate			
Does your organisation produce the goods or service provided? (Y/N)			
Name of employee or associate receiving benefit			
Business related % If applicable			
GST incl amount paid by your organisation for the goods or services \$			
GST incl. market value of goods or service provided			
Contribution by employee or associate* for benefit \$			

Name of Person Making Declaration

Signature

Date