

# 2021 FRINGE BENEFITS TAX (FBT) QUESTIONNAIRE

## BUSINESS NAME:

At any time from 1 April 2020 to 31 March 2021, **did you:**

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

If you answered yes to one or more of these questions, then we will need to calculate any potential FBT liability or minimise it.

Please take the time to complete this checklist as it is a very important part of the FBT process. It helps you:

- Identify and provide the information we need to prepare your FBT cash out or Fringe Benefits Tax Return
- Minimise the queries from us during the preparation of your FBT cash out or Fringe Benefits Tax Return
- Ensure we can complete your FBT cash out by the due date of your March 2021 BAS or complete your Fringe Benefits Tax Return by the due date of 25<sup>th</sup> June 2021

ITEM	YES	NO	N/A
<b>Motor Vehicle Benefits</b>  Did you provide any motor vehicles to employees or associates (including directors), that were used for private use? If YES, please complete a <a href="#">Motor Vehicle Schedule</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Entertainment Benefits</b>  Have you provided any form of entertainment to employees or associates/directors, such as restaurant meals, end of year parties, prizes, alcohol etc? If YES, please complete an <a href="#">Entertainment Schedule</a> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Loan &amp; Debt Waiver Benefits</b>  Did you provide a loan or advance to an employee or associate throughout FBT year? Did you waive any loans or advances made to an employee or associate during the FBT year? If YES to either of these questions, please complete the <a href="#">Loan &amp; Debt Waiver Schedule</a> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Living Away from Home Allowances (LAFHA)</b>  Did you provide any Living Away From Home Allowances payments to any employees or associates above the market rate accommodation plus a food component over the statutory allowances (i.e. \$42/week for adults and \$21 for children under 12 years old)? If YES, please complete the <a href="#">LAFHA Schedule</a> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



ITEM	YES	NO	N/A
<b>Housing &amp; Board Benefits</b>  Did you provide any housing and/or board to employees or associates? If YES, please complete the <a href="#">Housing &amp; Board Benefit Schedule</a> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Expenses paid on behalf of employees or directors</b>  Please provide details of any private expenses or reimbursement of a private expense paid for on behalf of an employee.(e.g. fuel & oil, subscriptions, private telephone) on the <a href="#">Expense Payment Benefit Schedule</a> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other Benefits</b>  Please provide details of any other benefits provided to employees or associates outside the course of usual employment (e.g. payments of bills on their behalf) on the <a href="#">Other Benefits Schedule</a> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please complete and return this form to our office by Friday 16<sup>th</sup> April 2021 to [fbt@hhhpartners.com.au](mailto:fbt@hhhpartners.com.au)

## AUTHORISATION

I/We authorise HHH Partners Pty Ltd to complete the preparation of Fringe Benefits Tax cash out calculations or Fringe Benefits Tax Returns for us for the 2021 FBT year. I/We understand that the preparation is based on the financial information supplied by us and does not involve the verification of that information. I/We do not require HHH Partners Pty Ltd to carry out an audit or a review assignment on the information provided.

I/We acknowledge that I/We have understood and answered each of the above questions correctly and completely. I/We also acknowledge that the employer may be liable to penalties for incomplete or inaccurate FBT Returns.

### AUTHORISED SIGNATURE(S)

Name	Signature	Date
_____	_____	_____

Name	Signature	Date
_____	_____	_____