

**APPROVED FORMAT FOR FRINGE BENEFIT TAX**

**NO PRIVATE-USE DECLARATION  
RESIDUAL BENEFIT**

I, \_\_\_\_\_

(Name of person authorised to make declaration)

on behalf of \_\_\_\_\_

(Name of employer)

declare that the expense payment benefits, described below, and provided during the FBT year from 1 April \_\_\_\_\_ to 31 March \_\_\_\_\_ are payments or reimbursements or expenses which, under the 'otherwise deductible' rule, would have a taxable value of nil.

(Show sufficient detail to enable identification of the relevant benefits, e.g. name of employee(s) and their employee number and or class or employee and or type of expense.)

Signature \_\_\_\_\_

Date \_\_\_\_\_