

2023 FRINGE BENEFITS TAX (FBT) QUESTIONNAIRE

BUSINESS NAME:

At any time from 1 April 2021 to 31 March 2023, **did you:**

make vehicles owned or leased by the business available to employees/associates for private
use?
provide loans at reduced interest rates to employees/associates?
forgive or release any debts owed by employees/associates?
pay for, or reimburse, any private expenses incurred by employees/associates?
provide a house or unit of accommodation to employees/associates?
provide employees with living-away-from-home (LAFH) allowances?
provide entertainment by way of food, drink or recreation to employees (including any
Christmas party)?
provide any employees with a salary package (salary sacrifice) arrangement?
 provide any employees/associates with goods at a lower price than they are normally sold
to the public?
change your business address or contact details?

* An "associate" is a relative of an employee, such as a spouse or a child.

If you ticked one or more of these questions then we will need to calculate any potential FBT liability, or to 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 Fringe Benefits Tax Return





- Minimise the queries from us during the preparation of your Fringe Benefits Tax Return
- Ensure we can complete your Fringe Benefits Tax Return by the due date of 25 June 2023

ITEM	YES	NO	N/A
First Time Fringe Benefits Tax Return			
If we are preparing your FBT for the first time, please provide copies of your			
last FBT return lodged with the Australian Taxation Office.			
Motor Vehicle Benefits			
Did you provide any motor vehicles to employees or associates (including			
directors), that were used for private use? If YES, please complete a Motor			
Vehicle Schedule and Odometer Readings Form			
Entertainment Benefits			
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 Entertainment Schedule ; OR			
Please provide a print out from your computerised accounts with the following			
additional information noted:			
• Details of entertainment (e.g. meal, recreation activity)			
• Where entertainment was provided			
• Who entertainment was provided to (incl. all names of employees,			
spouses/family members and clients)			
• Number of people attended function			
• If a meal, was it during business travel?			
• If a meal, was it consumed on business premises?			





ITEM	YES	NO	N/A
Loan Benefits			
 Please provide details of each loan or advance provided to an employee or associate throughout FBT year: Date loan commenced Interest rate Repayments made Drawdowns made Purpose of Loan Who took out the loan? 			
Debt Waiver Benefits			
 Please provide details of each loan provided to an employee or associate that was waived throughout the FBT year: - Date loan commenced Date and amount waived Who took out the loan How much was received by the employee in relation to the waiver? 			
Board Benefits			
 Please provide details of any board provided to employees or associates: Employee names Number of days board provided Number of meals provided Any payments employees made towards board 			





ITEM	YES	NO	N/A
Car Park Benefits			
 Please provide details of any car parking benefits (or facilities) provided to employees or associates (including directors): Employee name Date and place vehicle parked 			
 Nature of journey to and from car park (e.g. to and from work) Hours parked Collective days parked Employee payments towards the parking Not required if your business income is less than \$10 million and the car			
park provided is not a commercial car park station			
Airline Transport Benefits Please provide details of any free or discounted airline travel provided to employees or associates. Only applies to businesses in the Travel Industry			
Property Benefits			
Please provide details of any property provided to employees or associates free or at a discount price? If YES, please complete an Expense Benefits Schedule ; OR			
 Please provide a print out from your computerised accounts with the following additional information noted: Who received the benefit Details of product, including type of property provided 			





ITEM	YES	NO	N/A
Date benefit received			
Business related %			
• Cost of Benefit (including GST)			
• If given under a salary sacrifice arrangement provide the market value			
and after-tax employee contribution amounts.			
Other Benefits			
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)			

OTHER INFORMATION Please list any other information that you believe may assist us below:

AUTHORISATION

I/We authorize to complete the preparation of Fringe Benefits Tax Returns for me/us for the 2022 FBT year. I/We understand that the preparation is based on the financial information supplied by me/us and does not involve the verification of that information. I/We do not require 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)

N	ame:

Name:

Date:

Date:

