

Requested documents

- (f) Fringe benefit tax statements.

14 Calculated fringe benefits taxable amounts

Refer to the 2004 FBT return guide for more information.

Whole dollars only

- A Type 1 aggregate amount X 2.1292 = A
- B Type 2 aggregate amount X 1.9417 = B
- C Aggregate non-exempt amount (hospitals and public benevolent institutions only) C

- 15 Fringe benefits taxable amount (A + B) or C
- 16 Amount of tax payable (48.5% of item 15 amount)
- 17 Aggregate non-rebatable amount
- 18 Amount of rebate: 48% of (item 16 amount less item 17 amount)
- 19 Sub-total (item 16 amount less item 18 amount)
- 20 Less instalment amounts reported on activity statements
- 21 Payment due—SEND THIS AMOUNT WITH YOUR PAYMENT ADVICE.
- or
- 22 Credit due to you

23 DETAILS OF FRINGE BENEFITS PROVIDED

| Type of benefits provided (1 April 2003 to 31 March 2004) | Number | WHOLE DOLLARS ONLY | | | |
|--|--------|-------------------------|---------------------------|-------------------------|---|
| | | Gross taxable value (a) | Employee contribution (b) | Value of reductions (c) | Taxable value of benefits (a) - (b) - (c) |
| Cars using the statutory formula | A 12 | 43905.45 | | | 43905.45 |
| Cars using the operating cost method | B | | | | |
| Loans granted | C | | | | |
| Debt waiver | D | | | | |
| Expense payments | E | 2837220.68 | | | |
| Housing—units of accommodation provided | F | | | | |
| Employees receiving living-away-from-home allowance | G | | | | |
| Airline transport (airlines and travel agents only) | H | | | | |
| Board | J | | | | |
| Property | K | | | | |
| Income tax exempt body—entertainment | L | | | | |
| Other benefits (residual) | M | 6037.85 | | | 6038 |
| Car parking | N | | | | |
| Meal entertainment | P | | | | |

24 Tax agent's declaration

I, ,
 declare that this return has been prepared in accordance with information supplied by my client, that my client has given me a declaration stating that the information provided to me is true and correct and that my client has authorised me to lodge the return.

Signature of agent Day Month Year Registered no. of agent

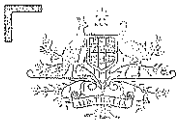
* NOTE: Where the agent is a partnership or a company, this certificate must be signed in the name of the partnership or company by a person who is registered as a nominee of that partnership or company. That person's name must be appended.

25 Employer's declaration

Privacy The Australian Taxation Office is authorised by the *Fringe Benefits Tax (Assessment) Act 1986* and the *Taxation Administration Act 1953* to ask for information on this return. We need this information to help us to administer the taxation laws. We may give this information to other government agencies authorised by law to receive it—for example, the Australian Bureau of Statistics and the Reserve Bank of Australia.

Employer's declaration where the employer lodges the return
 I, ,
 declare that the information in this return is true and correct.

(proprietor, partner, public officer, trustee or, for government departments and authorities, the delegated officer)
 Date



WHEN COMPLETING THIS RETURN

For help with completing this return refer to *Completing your 2009 fringe benefits tax return* (NAT 2376).

- Print clearly using a black pen only.
- Use BLOCK LETTERS and print one character in each box.
- Place in all relevant boxes.

S M I T H S T

Business details

1 Tax file number (TFN)

[Redacted TFN]

We are authorised by the *Taxation Administration Act 1953* to collect your TFN. You are not required by law to provide your TFN. However, quoting your TFN reduces the risk of administration errors that could delay the processing of this return. If you do not have a TFN, refer to *Completing your 2009 fringe benefits tax return* (NAT 2376) for more information.

2 Australian business number (ABN) (if applicable)

71 979 619 393

3 Name of trustee or senior partner

INDIVIDUAL

Title: Mr Mrs Miss Ms Other

Surname or family name

Given name/s

OR

NON-INDIVIDUAL (company, partnership, trust etc)

Name of corporate trustee/senior partner

4 Name of employer

INDIVIDUAL

Title: Mr Mrs Miss Ms Other

Surname or family name

Given name/s

OR

NON-INDIVIDUAL (company, partnership, trust etc)

CENTRAL LAND COUNCIL

5 Postal address

PO BOX 3321

Suburb/town/locality

ALICE SPRINGS

State/territory
NT (Australia only)

Postcode
0871 (Australia only)

Country if outside Australia

6 Previous name and/or postal address

If the employer name and/or postal address has changed, print it exactly as shown on the last FBT return lodged.

A change of name must be supported by a certified copy of the documentary evidence.

INDIVIDUAL

Title: Mr Mrs Miss Ms Other

Surname or family name

Given name/s

OR

NON-INDIVIDUAL (company, partnership, trust etc)

PREVIOUS POSTAL ADDRESS

Suburb/town/locality State/territory Postcode
 (Australia only) (Australia only)

Country if outside Australia

7 Current business/trading name and/or address

If your business/trading name and/or address has changed since last year, or this is your first FBT return, print the details here.

BUSINESS/TRADING NAME

BUSINESS/TRADING ADDRESS

Suburb/town/locality State/territory Postcode
 (Australia only) (Australia only)

Country if outside Australia

8 Previous name of trustee or senior partner

If your organisation is a trust or partnership, and your details have changed, show the name of the trustee or the senior partner of your organisation as shown on the last FBT return lodged.

INDIVIDUAL

Title: Mr Mrs Miss Ms Other

Surname or family name

Given name/s

OR

NON-INDIVIDUAL (company, partnership, trust etc)

Name of corporate trustee/senior partner

9 Name of the person to contact

Provide the name, daytime contact phone number and email address (if applicable) of the person we can contact, if needed, regarding the information in this return.

Title: Mr Mrs Miss Ms Other

Surname or family name

Daytime contact phone number

Daytime contact phone number

Email address (please use BLOCK LETTERS)

10 Number of employees receiving fringe benefits during the period 1 April 2008 to 31 March 2009 , 151

11 Hours taken to prepare and complete this form hours
 Refer to *Completing your 2009 fringe benefits tax return* (NAT 2376) for more information. Do not include tax agent's time.

12 Do you expect to lodge an FBT return for 2009-10 or future years? No Yes

Return calculation details

Refer to *Completing your 2009 fringe benefits tax return* (NAT 2376) for more information.

13 Calculated fringe benefits taxable amounts (whole dollars only)

A Type 1 aggregate amount \$, , x 2.0647 = \$, , A
 B Type 2 aggregate amount \$, , x 1.8692 = \$, , B
 C Aggregate non-exempt amount (hospitals, ambulances, public benevolent institutions and health promotion charities only) or \$, 103, 801 C

14 Fringe benefits taxable amount (A + B) or C \$, 103, 801

15 Amount of tax payable (46.5% of item 14 amount) \$, 48, 267.72

If you are not a rebatable employer, go to question 18 Sub-total.

16 Aggregate non-rebatable amount \$, , .

Refer to *Completing your 2009 fringe benefits tax return* (NAT 2376) for more information.

17 Amount of rebate: 48% of (item 15 amount less item 16 amount) \$, , .

18 Sub-total (item 15 amount less item 17 amount) \$, 48, 267.72

19 Less instalment amounts reported on activity statements \$, 74, 969
 Refer to *Completing your 2009 fringe benefits tax return* (NAT 2376) for more information.

20 Payment due Send this amount with your payment advice or \$, , .

21 Credit due to you \$, 26, 701.28



WHEN COMPLETING THIS RETURN

For help with completing this return refer to *How to complete your 2008 fringe benefits tax return* (NAT 2376)

• Print clearly using a black pen only.

• Use BLOCK LETTERS and print one character in each box.

S M I T H S T

• Place in ALL relevant boxes.

FILE COPY

Business details

1 Tax file number (TFN)

It is not an offence not to quote your TFN but not quoting it may increase the risk of administrative error and/or delay this return. If you do not have a TFN, refer to *How to complete your 2008 fringe benefits tax return* (NAT 2376) for more information.

2 Australian business number (ABN) (if applicable)

7 1 9 7 9 6 1 9 3 9 3

3 Name of trustee or senior partner

INDIVIDUAL

Title: Mr Mrs Miss Ms Other

Surname or family name

Given name/s

OR

NON-INDIVIDUAL (company, partnership, trust etc)

Name of corporate trustee/senior partner

4 Name of employer

INDIVIDUAL

Title: Mr Mrs Miss Ms Other

Surname or family name

Given name/s

OR

NON-INDIVIDUAL (company, partnership, trust etc)

CENTRAL LAND COUNCIL

5 Postal address

PO BOX 3321

Suburb/town/locality

ALICE SPRINGS

State/territory

NT

Postcode

0871

Country if outside Australia

6 Previous name and/or postal address

If the employer name and/or postal address has changed, print it exactly as shown on the last FBT return lodged.

A change of name must be supported by a certified copy of the documentary evidence.

INDIVIDUAL

Title: Mr Mrs Miss Ms Other

Surname or family name

Given name/s

OR

NON-INDIVIDUAL (company, partnership, trust etc)

PREVIOUS POSTAL ADDRESS

Suburb/town/locality State/territory Postcode

Country if outside Australia

7 Current business/trading name and/or address

If your business/trading name and/or address has changed since last year, or this is your first FBT return, print the details here.

BUSINESS/TRADING NAME

BUSINESS/TRADING ADDRESS

Suburb/town/locality State/territory Postcode

Country if outside Australia

8 Previous name of trustee or senior partner

If your organisation is a trust or partnership, and your details have changed, show the name of the trustee or the senior partner of your organisation as shown on the last FBT return lodged.

INDIVIDUAL

Title: Mr Mrs Miss Ms Other

Surname or family name

Given name/s

OR

NON-INDIVIDUAL (company, partnership, trust etc)

Name of corporate trustee/senior partner

9 Name of the person to contact

Provide the name, daytime contact phone number and email address (if applicable) of the person we can contact, if needed, regarding the information in this return.

Title: Mr Mrs Miss Ms Other

Surname or family name

Given names

Daytime contact phone number

Email address (please use BLOCK LETTERS)

10 Number of employees receiving fringe benefits during the period 1 April 2007 to 31 March 2008 , 137

11 Hours taken to prepare and complete this form Refer to *How to complete your 2008 fringe benefits tax return* (NAT 2376) for more information. Do not include tax agent's time. 70 hours

12 Do you expect to lodge an FBT return for 2008-09 or future years? No Yes

Return calculation details

Refer to *How to complete your 2008 fringe benefits tax return* (NAT 2376) for more information.

13 Calculated fringe benefits taxable amounts (whole dollars only)

A Type 1 aggregate amount \$, , x 2.0647 = \$, , A

B Type 2 aggregate amount \$, , x 1.8692 = \$, , B

C Aggregate non-exempt amount (hospitals, ambulances, public benevolent institutions and health promotion charities only) or \$, 161, 517 C

14 Fringe benefits taxable amount (A + B) or C \$, 161, 517

15 Amount of tax payable (46.5% of item 14 amount) \$, 75, 105.60

If you are not a rebatable employer, go to question 18 Sub-total.

16 Aggregate non-rebatable amount \$, , .

Refer to *How to complete your 2008 fringe benefits tax return* (NAT 2376) for more information.

17 Amount of rebate: 48% of (item 15 amount less item 16 amount) \$, , .

18 Sub-total (item 15 amount less item 17 amount) \$, , .

19 Less instalment amounts reported on activity statements \$, 77, 926

Refer to *How to complete your 2008 fringe benefits tax return* (NAT 2376) for more information.

20 Payment due Send this amount with your payment advice \$, , .

21 Credit due to you \$, 2, 820.40

22 Details of fringe benefits provided

| Type of benefits provided (1 April 2007 to 31 March 2008) | Number | WHOLE DOLLARS ONLY | | | |
|--|--------|----------------------------|------------------------------|----------------------------|--|
| | | Gross taxable value (a) | Employee contribution (b) | Value of reductions (c) | Taxable value of benefits (a) - (b) - (c) |
| Cars using the statutory formula | A 6 | 48,840 | | | 48,840 |
| Cars using the operating cost method | B | | | | |
| Loans granted | C | | | | |
| Debt waiver | D | | | | |
| Expense payments | E 137 | 1,891,399 | | | 1,891,399 |
| Housing - units of accommodation provided | F | | | | |
| Employees receiving living-away-from-home allowance (show total paid including exempt components) | G | | | | |
| Airline transport (airlines and travel agents only) | H | | | | |
| Board | J | | | | |
| Property | K | | | | |
| Income tax exempt body - entertainment | L | | | | |
| Other benefits (residual) | M | | | | |
| Car parking | N | | | | |
| Meal entertainment | P | | | | |

Declarations

Before you sign this form

Please check that you have provided accurate and complete information.

Penalties

Please be aware that penalties may be imposed for giving false or misleading information.

Privacy

The Australian Taxation Office is authorised by the *Fringe Benefits Tax (Assessment) Act 1986* and the *Taxation Administration Act 1953* to ask for information on this return. We need this information to help us to administer the taxation laws. We may give this information to other government agencies authorised in taxation law - for example, the Australian Bureau of Statistics and the Reserve Bank of Australia.

23 Tax agent's declaration

I declare that this return has been prepared in accordance with information supplied by my client, that my client has given me a declaration stating that the information provided to me is true and correct and that my client has authorised me to lodge the return.

Name of tax agent

Tax agent registration number

| | |
|--|--|
| | |
|--|--|

Signature of tax agent*

Date

| | | |
|-----|-------|------|
| Day | Month | Year |
| 10 | 06 | 2008 |

* Where the tax agent is a partnership or a company, this declaration must be signed in the name of the partnership or company by a person who is registered as a nominee of that partnership or company.

24 Employer's declaration - where the employer lodges the return

I declare that the information in this return is true and correct.

Name of employer

| | |
|----------------------|--|
| CENTRAL LAND COUNCIL | |
|----------------------|--|

Signature of employer*

Date

| | | |
|-----|-------|------|
| Day | Month | Year |
| 10 | 06 | 2008 |

* Proprietor, partner, public officer, trustee or, for government departments and authorities, the delegated officer.

This return will not be regarded as having been lodged unless the appropriate declaration has been signed by the tax agent or the employer.



FILE COPY

WHEN COMPLETING THIS RETURN

For help with completing this return refer to *How to complete your 2007 fringe benefits tax return* (NAT 2376).

Print clearly using a black or blue pen.

Use BLOCK LETTERS and print one character in each box.

S M I T H S T

Place in ALL relevant boxes.

Business details

1 Tax file number (TFN)

[Redacted]

It is not an offence not to quote your TFN but not quoting it may increase the risk of administrative error and/or delay this return. If you do not have a TFN, refer to *How to complete your 2007 fringe benefits tax return* (NAT 2376) for more information.

2 Australian business number (ABN) (if applicable)

71 979 619 393

3 Name of trustee or senior partner

INDIVIDUAL

Title: Mr Mrs Miss Ms Other

Surname or family name

[Redacted]

Given name/s

[Redacted]

OR

NON-INDIVIDUAL (company, partnership, trust etc)

Name of corporate trustee/senior partner

[Redacted]

[Redacted]

4 Name of employer

INDIVIDUAL

Title: Mr Mrs Miss Ms Other

Surname or family name

[Redacted]

Given name/s

[Redacted]

OR

NON-INDIVIDUAL (company, partnership, trust etc)

CENTRAL LAND COUNCIL

[Redacted]

5 Postal address

PO BOX 3321

[Redacted]

Suburb/town/locality

ALICE SPRINGS

State/territory

NT

Postcode

0871

Country if outside Australia

[Redacted]

6 Previous name and/or postal address

➤ If the employer name and/or postal address has changed, print it exactly as shown on the last FBT return lodged.

❶ A change of name must be supported by a certified copy of the documentary evidence.

INDIVIDUAL

Title: Mr Mrs Miss Ms Other

Surname or family name

Given name/s

OR

NON-INDIVIDUAL (company, partnership, trust etc)

PREVIOUS POSTAL ADDRESS

Suburb/town/locality

State/territory

Postcode

(Australia only)

(Australia only)

Country if outside Australia

7 Current business/trading name and/or address

➤ If your business/trading name and/or address has changed since last year, or this is your first FBT return, print the details here.

BUSINESS/TRADING NAME

BUSINESS/TRADING ADDRESS

Suburb/town/locality

State/territory

Postcode

(Australia only)

(Australia only)

Country if outside Australia

8 Previous name of trustee or senior partner

➤ If your organisation is a trust or partnership, and your details have changed, show the name of the trustee or the senior partner of your organisation as shown on the last FBT return lodged.

INDIVIDUAL

Title: Mr Mrs Miss Ms Other

Surname or family name

Given name/s

OR

NON-INDIVIDUAL (company, partnership, trust etc)

Name of corporate trustee/senior partner

9 Name of the person to contact

Provide the name, daytime contact phone number and email address (if applicable) of the person we can contact, if needed, regarding the information in this return.

Title: Mr Mrs Miss Ms Other

Surname or family name

Given name/s

Daytime contact phone number

Email address (please use BLOCK LETTERS)

10 Number of employees receiving fringe benefits during the period 1 April 2006 to 31 March 2007

000,135

11 Hours taken to prepare and complete this form

Refer to *How to complete your 2007 fringe benefits tax return* (NAT 2376) for more information. Do not include tax agent's time.

62 hours

12 Do you expect to lodge an FBT return for 2007-08 or future years?

No Yes

Return calculation details

Refer to *How to complete your 2007 fringe benefits tax return* (NAT 2376) for more information.

13 Calculated fringe benefits taxable amounts (whole dollars only)

A Type 1 aggregate amount \$ 000,000,000 x 2.0647 = \$ 000,000,000 A

B Type 2 aggregate amount \$ 000,000,000 x 1.8692 = \$ 000,000,000 B

C Aggregate non-exempt amount (hospitals, ambulances, public benevolent institutions and health promotion charities only) or \$ 000,333,711 C

14 Fringe benefits taxable amount

(A + B) or C \$ 000,333,711

15 Amount of tax payable (46.5% of item 14 amount)

\$ 000,155,175.69

If you are not a rebatable employer, go to question 18 Sub-total.

16 Aggregate non-rebatable amount

\$ 000,000,000.00

Refer to *How to complete your 2007 fringe benefits tax return* (NAT 2376) for more information.

17 Amount of rebate: 48% of (item 15 amount less item 16 amount)

\$ 000,000,000.00

18 Sub-total (item 15 amount less item 17 amount)

\$ 000,000,000.00

19 Less instalment amounts reported on activity statements

Refer to *How to complete your 2007 fringe benefits tax return* (NAT 2376) for more information.

\$ 000,169,183

20 Payment due Send this amount with your payment advice or

\$ 000,000,000.00

21 Credit due to you

\$ 000,14,007.31



1 April 2005 to 31 March 2006

1 Tax file number (TFN)

It is not an offence not to quote your tax file number but not quoting it may increase the risk of administrative error and/or delay this return. If you do not have a TFN, refer to the 2006 FBT return guide for more information.

| | |
|--|--|
| | |
|--|--|

2 Australian business number (ABN) - if applicable

| |
|----------------|
| 71 979 619 393 |
|----------------|

3 Name of trustee or senior partner

| | | |
|--|--|---|
| Individual | Title - for example, Mr, Mrs, Ms, Miss | <input style="width: 95%;" type="text"/> |
| | Surname or family name | <input style="width: 95%;" type="text"/> |
| OR | Given names | <input style="width: 65%;" type="text"/> <input style="width: 30%;" type="text"/> |
| Non-individual (company, partnership, trust etc) | Name of corporate trustee/senior partner | <input style="width: 95%;" type="text"/> |
| | | <input style="width: 95%;" type="text"/> |

4 Name of employer

| | | |
|--|--|---|
| Individual | Title - for example, Mr, Mrs, Ms, Miss | <input style="width: 95%;" type="text"/> |
| | Surname or family name | <input style="width: 95%;" type="text"/> |
| OR | Given names | <input style="width: 65%;" type="text"/> <input style="width: 30%;" type="text"/> |
| Non-individual (company, partnership, trust etc) | CENTRAL LAND COUNCIL | |
| | <input style="width: 95%;" type="text"/> | |

5 Postal address

| | | | |
|-----------------------|--|---------------------------------|---|
| Address | <input style="width: 95%;" type="text" value="P O Box- 3321"/> | | |
| | <input style="width: 95%;" type="text"/> | | |
| Suburb or town | <input style="width: 95%;" type="text" value="ALICE SPRINGS"/> | | |
| State | <input style="width: 50px;" type="text" value="NT"/> | Postcode | <input style="width: 100px;" type="text" value="0871"/> |
| | | Country if not Australia | <input style="width: 150px;" type="text"/> |

6 Previous name and/or postal address

If the employer name and/or postal address has changed, print it exactly as shown on the last FBT return lodged. A CHANGE OF NAME MUST BE SUPPORTED BY A CERTIFIED COPY OF THE DOCUMENTARY EVIDENCE.

| | | | |
|--|---|---|--|
| Individual | Title - for example, Mr, Mrs, Ms, Miss | <input style="width: 95%;" type="text"/> | |
| | Surname or family name | <input style="width: 95%;" type="text"/> | |
| OR | Given names | <input style="width: 65%;" type="text"/> <input style="width: 30%;" type="text"/> | |
| Non-individual (company, partnership, trust etc) | <input style="width: 95%;" type="text"/> | | |
| | <input style="width: 95%;" type="text"/> | | |
| Address | <input style="width: 95%;" type="text"/> | | |
| | <input style="width: 95%;" type="text"/> | | |
| Suburb or town | <input style="width: 95%;" type="text"/> | | |
| State | <input style="width: 50px;" type="text"/> | Postcode | <input style="width: 100px;" type="text"/> |
| | | Country if not Australia | <input style="width: 150px;" type="text"/> |

7 Current business/trading name and/or address

If your business/trading name and/or address has changed since last year, or this is your first FBT return, print the details here.

Business/trading name

Business/trading address

Suburb or town

State

Postcode

Country
if not
Australia

8 Previous name of trustee or senior partner

If your organisation is a trust or partnership, and your details have changed, show the name of the trustee or the senior partner of your organisation as shown on the last FBT return lodged.

Individual

Title -- for example,
Mr, Mrs, Ms, Miss

Surname or
family name

OR

Given names

Non-individual
(company,
partnership, trust etc)

Name of corporate
trustee/senior partner

9 Name of the person to contact

Provide the name, daytime contact phone number and email address (if applicable) of the person we can contact, if needed, regarding the information in this return.

Title -- for example,
Mr, Mrs, Ms, Miss

Surname or
family name

Given names

Email address

10 Number of employees receiving fringe benefits during the period 1 April 2005 to 31 March 2006

137

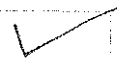
11 Hours taken to prepare and complete this form

Refer to the 2006 FBT return guide for more information. Do not include tax agent's time.

0.52

12 Do you expect to lodge an FBT return for 2006-07 or future years?

YES



NO



13 Calculated fringe benefits taxable amounts
Refer to the 2006 FBT return guide for more information.

Whole dollars only

| | | | | | |
|---|--|--|------------|--------|---|
| A | Type 1 aggregate amount | | x 2.1292 = | | A |
| B | Type 2 aggregate amount | | x 1.9417 = | | B |
| C | Aggregate non-exempt amount (hospitals and public benevolent institutions only) | | | 363834 | C |

| | | |
|----|---|--------|
| 14 | Fringe benefits taxable amount (A + B) or C | 363834 |
| 15 | Amount of tax payable (48.5% of item 14 amount) | 176460 |
| 16 | Aggregate non-rebatable amount Refer to the 2006 FBT return guide for more information. | |
| 17 | Amount of rebate: 48% of (item 15 amount less item 16 amount) | |
| 18 | Sub-total (item 15 amount less item 17 amount) | |
| 19 | Less instalment amounts reported on activity statements Refer to the 2006 FBT return guide for more information. | 163499 |
| 20 | Payment due - SEND THIS AMOUNT WITH YOUR PAYMENT ADVICE or | 12961 |
| 21 | Credit due to you | |

22 Details of fringe benefits provided

| Type of benefits provided (1 April 2005 to 31 March 2006) | Number | WHOLE DOLLARS ONLY | | | Taxable value of benefits (a) - (b) - (c) |
|---|--------|----------------------------|------------------------------|----------------------------|--|
| | | Gross taxable value (a) | Employee contribution (b) | Value of reductions (c) | |
| Cars using the statutory formula | A 5 | 28765 | | | 28765 |
| Cars using the operating cost method | B | | | | |
| Loans granted | C | | | | |
| Debt waiver | D | | | | |
| Expense payments | E 137 | 1796181 | | | |
| Housing - units of accommodation provided | F | | | | |
| Employees receiving living-away-from-home allowance (show total paid including exempt components) | G | | | | |
| Airline transport (airlines and travel agents only) | H | | | | |
| Board | I | | | | |
| Property | J | | | | |
| Income tax exempt body - entertainment | K | | | | |
| Other benefits (residual) | L | | | | |
| Car parking | M 2 | 2397 | | | 2397 |
| Meal entertainment | N | | | | |
| | P | | | | |

23 Tax agent's declaration

I, _____
 declare that this return has been prepared in accordance with information supplied by my client, that my client has given me a declaration stating that the information provided to me is true and correct and that my client has authorised me to lodge the return.

Signature of agent* _____ Registered no. of agent _____
 Day Month Year

* Where the agent is a partnership or a company, this declaration must be signed in the name of the partnership or company by a person who is registered as a nominee of that partnership or company.

24 Employer's declaration - where the employer lodges the return

I, _____
 declare that the information in this return is true and correct.

Signature _____ Day Month Year 19 05 2006

* proprietor or government departments and authorities, the delegated officer

Privacy: The Australian Taxation Office is authorised by the Fringe Benefits Tax (Assessment) Act 1986 and the Taxation Administration Act 1953 to ask for information on this return. We need this information to help us to administer the taxation laws. We may give this information to other government agencies authorised in taxation law - for example, the Australian Bureau of Statistics and the Reserve Bank of Australia.



1 April 2004 to 31 March 2005

1 Tax file number (TFN)

It is not an offence not to quote your tax file number but not quoting it may increase the risk of administrative error and/or delay this return. If you do not have a TFN, refer to the 2005 FBT return guide for more information.

[Redacted]

2 Australian business number (ABN) - if applicable

71 979 619 393

3 Name of trustee or senior partner

Individual Title - for example, Mr, Mrs, Ms, Miss []
Surname or family name []
OR Given names [] []

Non-individual (company, partnership, trust etc) Name of corporate trustee/senior partner []
[]

4 Name of employer

Individual Title - for example, Mr, Mrs, Ms, Miss []
Surname or family name []
OR Given names [] []

Non-individual (company, partnership, trust etc) CENTRAL LAND COUNCIL
[]

5 Postal address

Address PO BOX - 3321
[]

Suburb or town ALICE SPRINGS
[]

State NT Postcode 0871 Country if not Australia []

6 Previous name and/or postal address

If the employer name and/or postal address has changed, print it exactly as shown on the last FBT return lodged. A CHANGE OF NAME MUST BE SUPPORTED BY A CERTIFIED COPY OF THE DOCUMENTARY EVIDENCE.

Individual Title - for example, Mr, Mrs, Ms, Miss []
Surname or family name []
OR Given names [] []

Non-individual (company, partnership, trust etc) []
[]

Address []
[]

Suburb or town []

State [] Postcode [] Country if not Australia []

If your business/trading name and/or address has changed since last year, or this is your first FBT return, print the details here.

Business/trading name

Business/trading address

Suburb or town

State Postcode Country if not Australia

8 Previous name of trustee or senior partner

If your organisation is a trust or partnership, and your details have changed, show the name of the trustee or the senior partner of your organisation as shown on the last FBT return lodged.

Individual Title - for example, Mr, Mrs, Ms, Miss

OR Surname or family name

Given names

Non-individual (company, partnership, trust etc) Name of corporate trustee/senior partner

9 Name of the person to contact

Provide the name, daytime contact phone number and email address (if applicable) of the person we can contact, if needed, regarding the information in this return.

Title - for example, Mr, Mrs, Ms, Miss

Surname or family name

Given names

Email address

10 Number of employees receiving fringe benefits during the period 1 April 2004 to 31 March 2005

11 Hours taken to prepare and complete this form

Refer to the 2005 FBT return guide for more information. Do not include tax agent's time.

12 Do you expect to lodge an FBT return for 2005-06 or future years?

YES NO

Refer to the 2005 FBT return guide for more information.

Whole dollars only

- A Type 1 aggregate amount x 2.1292 = A
- B Type 2 aggregate amount x 1.9417 = B
- C Aggregate non-exempt amount (hospitals and public benevolent institutions only) C

- 14 Fringe benefits taxable amount (A + B) or C
- 15 Amount of tax payable (48.5% of item 14 amount)
- 16 Aggregate non-rebatable amount
Refer to the 2005 FBT return guide for more information.
- 17 Amount of rebate: 48% of (item 15 amount less item 16 amount)
- 18 Sub-total (item 15 amount less item 17 amount)
- 19 Less instalment amounts reported on activity statements
Refer to the 2005 FBT return guide for more information.
- 20 Payment due - SEND THIS AMOUNT WITH YOUR PAYMENT ADVICE
or
- 21 Credit due to you

22 Details of fringe benefits provided

| Type of benefits provided (1 April 2004 to 31 March 2005) | Number | WHOLE DOLLARS ONLY | | | |
|---|--------|-------------------------|---------------------------|-------------------------|---|
| | | Gross taxable value (a) | Employee contribution (b) | Value of reductions (c) | Taxable value of benefits (a) - (b) - (c) |
| Cars using the statutory formula | A 8 | 43116 | | | 43116 .00 |
| Cars using the operating cost method | B | | | | .00 |
| Loans granted | C | | | | .00 |
| Debt waiver | D | | | | .00 |
| Expense payments | E 126 | 172042 | | | .00 |
| Housing - units of accommodation provided | F | | | | .00 |
| Employees receiving living-away-from-home allowance (show total paid including exempt components) | G | | | | .00 |
| Airline transport (airlines and travel agents only) | H | | | | .00 |
| Board | J | | | | .00 |
| Property | K | | | | .00 |
| Income tax exempt body - entertainment | L | | | | .00 |
| Other benefits (residual) | M 3 | 8304 | | | 8304 .00 |
| Car parking | N | | | | .00 |
| Meal entertainment | P | | | | .00 |

23 Tax agent's declaration

I,

declare that this return has been prepared in accordance with information supplied by my client, that my client has given me a declaration stating that the information provided to me is true and correct and that my client has authorised me to lodge the return.

Signature of agent*

Day Month Year

Registered no. of agent

* Where the agent is a partnership or a company, this declaration must be signed in the name of the partnership or company by a person who is registered as a nominee of that partnership or company.

24 Employer's declaration - where the employer lodges the return

I,

declare that the information in this return is true and correct.

Signature of emp

Day Month Year

Privacy:
The Australian Taxation Office is authorised by the Fringe Benefits Tax (Assessment) Act 1986 and the Taxation Administration Act 1953 to ask for information on this return. We need this information to help us to administer the taxation laws. We may give this information to other government agencies authorised by law to receive it - for example, the Australian Bureau of Statistics and the Reserve Bank of Australia.

* proprietor, partner, sole trader, or an authorised officer of a company, partnership, government departments and authorities, the delegated officer

This return will not be regarded as having been lodged unless the appropriate declaration has been signed by the tax agent or the employer.



Fringe benefits tax (FBT) return 2004

1 April 2003 to 31 March 2004

OFFICE USE ONLY

2004

1 Tax file number (TFN)

It is not an offence not to quote your tax file number but not quoting it may increase the risk of administrative error and/or delay this return. If you do not have a TFN, refer to the 2004 FBT return guide for more information.

2 Australian business number (ABN)—if applicable

3 Name of trustee or senior partner

Individual

Title—for example, Mr, Mrs, Ms, Miss

Surname or family name

Given names

Non-individual (company, partnership, trust etc.)

Name of corporate trustee/senior partner

4 Name of employer

Individual

Title—for example, Mr, Mrs, Ms, Miss

Surname or family name

Given names

Non-individual (company, partnership, trust etc.)

5 Postal address

Address

Office use only

Suburb or town

State

Postcode

Country if not Australia

6 Previous name and/or postal address

If the employer name and/or postal address has changed, print it exactly as shown on the last FBT return lodged.

A CHANGE OF NAME MUST BE SUPPORTED BY A CERTIFIED COPY OF THE DOCUMENTARY EVIDENCE.

Individual

Title—for example, Mr, Mrs, Ms, Miss

Surname or family name

Given names

Non-individual (company, partnership, trust etc.)

Address

Suburb or town

State

Postcode

Country if not Australia

7 Current business/trading name and/or address

If your business/trading name and/or address has changed since last year, or this is your first FBT return, print the details here.

| | | | |
|--------------------------|----------|--------------------------|--|
| Business/trading name | | | |
| Business/trading address | | | |
| Suburb or town | | | |
| State | Postcode | Country if not Australia | |

8 Previous name of trustee or senior partner

If your organisation is a trust or partnership, and your details have changed, show the name of the trustee or the senior partner of your organisation as shown on the last FBT return lodged.

Individual

| | |
|--------------------------------------|--|
| Title—for example, Mr, Mrs, Ms, Miss | |
| Surname or family name | |
| Given names | |

**Non-individual
(company,
partnership, trust etc.)**

| | |
|--|--|
| Name of corporate trustee/senior partner | |
| | |

9 Name of the person to contact

Provide the name, daytime contact phone number and email address (if applicable) of the person we can contact, if needed, regarding the information in this return.

| | |
|--------------------------------------|--|
| Title—for example, Mr, Mrs, Ms, Miss | |
| Surname or family name | |
| Given names | |

10 Number of employees receiving fringe benefits during the period 1 April 2003 to 31 March 2004

| |
|-----|
| 120 |
|-----|

11 Total reportable fringe benefits amounts—for all employees for the period 1 April 2003 to 31 March 2004. Refer to the 2004 FBT return guide for more information.

| |
|------------|
| 2186924.00 |
|------------|

12 Hours taken to prepare and complete this form

Refer to the 2004 FBT return guide for more information. Do not include tax agent's time.

| |
|----|
| 17 |
|----|

13 Do you expect to lodge an FBT return for 2004-05 or future years?

| | | | |
|-----|-------------------------------------|----|--------------------------|
| YES | <input checked="" type="checkbox"/> | NO | <input type="checkbox"/> |
|-----|-------------------------------------|----|--------------------------|