# Requested documents

(f) Fringe benefit tax statements.

14		Whole dollars only			
	A Type 1 aggregate amount	X 2.1292 =		]A	
	B Type 2 aggregate amount	X 1.9417 =	, ÇÂ	B	
	C Aggregate non-exempt amount (hospitals and public benevolent institutions only)	- (	260446	] <i>c</i>	
15	Fringe benefits taxable amount $(A + B)$ or C				260446
16	Amount of tax payable (48.5% of item 15 amount)				126316:40
17	Refer to the 2004 FBT return guide for more information.				1 
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 statement Refer to the 2004 FBT return guide for more information.	nts			60086
21	Payment due—SEND THIS AMOUNT WITH YOUR PAYME	NT ADVICE.			6623040

or 22 Credit due to you

23 DETAILS OF FRINGE BENEFITS PROVID	ED	<u>, </u>				
Type of benefits provided			DOLLARS ONL			
(1 April 2003 to 31 March 2004)	Number	G1022 Futbiolog Muno		Value of reductions (c)	Taxable value of benefits (a) – (b) – (c)	
Cars using the statutory formula	A 12	43905.45			43905.00	
Cars using the operating cost method	2				.DK	
Loans granted	С				.00	
Debt waiver	D				.DQ.	
Expense payments	E decerciones	2837220-68			.06	
Housing—units of accommodation provided						
Employees receiving living-away-from-home allowance	G				.DQ.	
Airline transport (airlines and travel agents only)	H				24.	
Board	J				.00	
Property	K				.DC	
Income tax exempt body-entertainment					.20	
Other benefits (residual)	M	6037.85			6038 .00	
Car parking	Ν				.00	
Meal entertainment	P				<u>36.</u>	

#### 24 Tax agent's declaration

		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					
						to lodge the return.	
Signature of agent		Day	Month	Year		Registered no. of agent	
* NOTE: Where the agent is a partners a nominee of that partnership or comp		ed in th	e name of t	he partnership or	company	by a person who is re	jistered as

## 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							
	that th	e information	1 in this	return is	true	and	correct.

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

("proprietor, partner, public officer, trustee or, for government

Year

2004

departments and authorities, the delegated officer)

Date

Day

Month

1705

Australian Government Australian Taxation Office Fringe Demoffice Latx (FBT) return 2009 I April 2008 to 31 March 2009
WHEN COMPLETING THIS RETURN For help with completing this return refer to <i>Completing your 2009 fringe benefits tax return</i> (NAT 2376). Print clearly using a black pen only. Use BLOCK LETTERS and print one character in each box. Place I in all relevant boxes.
Business details
Tax file number (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 Concernence Co
OR NON-INDIVIDUAL (company, partnership, trust etc)
Name of corporate trustee/senior partner
4 Name of employer
INDIVIDUAL Title: Mr Mrs Miss Ms Other Other
OR NON-INDIVIDUAL (company, partnership, trust etc)
CENTRALLLAND COUNCILL LLLL
5 Postal address Plon Blox 1332 1000000000000000000000000000000000
Suburb/town/locality State/territory Postcode
Country if outside Australia (Australia only) (Australia only) (Australia only)

<ul> <li>Previous name and/or postal address</li> <li>If the employer name and/or postal address has changed, print it exactly as shown on the last FBT return lodged.</li> </ul>	
(1) A change of name must be supported by a certified copy of the documentary evidence.	
Title:     Mrs     Miss     Ms     Other     Other     Other       Surname or family name	
NON-INDIVIDUAL (company, partnership, trust etc)	
PREVIOUS POSTAL ADDRESS	
Suburb/town/locality Postcode State/territory Postcode	$\square$
Country if outside Australia (Australia only) (Australia only) (Australia only)	y)
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	
Country if outside Australia (Australia only) (Australia only) (Australia only)	lly)
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.	our
Given name/s	
NON-INDIVIDUAL (company, partnership, trust etc)	
Name of corporate trustee/senior partner	
4	Line L

	555	
	9 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
	Surni	
	SIVEI	
Г	саун	
	Emai	address (please use BLOCK LETTERS)
	10	Number of employees receiving fringe benefits during the period 1 April 2008 to 31 March 2009
	ي م	Hours taken to prepare and complete this form (2) 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 🗙
	Re	aturn calculation details
		Befer 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 = \$,,
		C Aggregate non-exempt amount (hospitals, ambulances, public benevolent institutions and health promotion charities only) or \$
	14	Fringe benefits taxable amount (A + B) or C 参, I の み, 多つ いっぷ
	15	Amount of tax payable (46.5% of item 14 amount) \$
		If you are not a rebatable employer, go to question 18 Sub-total.
	16	Aggregate non-rebatable amount S C , C , C , C , C , C , C , C , C , C
	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 Completing your 2009 fringe benefits tax return (NAT 2376) for more information.
	20	Payment due  Send this amount with your payment advice
	21	Gredit due to you \$

Page 3

) D	Details	0Ű	mna.	benefits	provided

			WHOLE DOLLARS ONLY						
Type of benefits provided (1 April 2008 to 31 March 2009)		Number	Gross taxable value (a)	Employee contribution (b)	Value of reductions (C)	Taxable value of benefits (a) - (b) - (c)			
Cars using the statutory formula	A	S	50,795			50,795			
Cars using the operating cost method	8								
Loans granted	C								
Debt waiver	D								
Expense payments	Ę		1,933,097						
Housing units of accommodation provided	5								
Employees receiving living-away-from-home allowance (show total paid including exempt components)	(j								
Airline transport (airlines and travel agents only)	8,1 9 8	· · · · · · ·							
Board						_			
Property	₩ %\\				,,,,,,,,				
Income tax exempt body – entertainment									
Other benefits (residual)	M								
Car parking	洌	-							
Meai entertainment	р			·······					

## Declarations

Penalties may be imposed for giving false or misleading information.

#### Privacy

We are authorised by the *Fringe Benefits Tax* Assessment Act 1986 and the *Taxation Administration Act* 1953 to collect the information requested on this return. We need this information to help us to administer those laws. Some of the information collected will appear on the Australian Business Register. Selected information may be made publicly available and some may be passed to other government agencies, including Commonwealth, state, territory and local government agencies authorised by law to receive it.

#### 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 cleclaration 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
* Where the tax agent is a part	nership or a company, this declarati	ion must be signed in the nam	e of the partnership or company by a
	nominee of that partnership or comp		·
0.1 Secondary de destad	i		
	iion - where the employer lodge		
	nation in this return is true and co.	meci.	
Name of employer	محمدين ومستسبع ومستعدم ومستعدم ومحمد ومحمد ومناقبه والمعادمة ومحمده والمستعم والمحمد	,	
CENTRAL.	LAND CUUNC	IL	
Signature of employer*			
			Date
		-	Day Month Year
			10/06/2007
* Proprietor, partner, public offi	cer, trustee or, for government depa	artments and authorities, the d	elegated officer.
(		vatura the annual state of the	
signed by the tex agent or	egarded as having been lodged u the employer.	6 6	2001 12S Deen
Page 4	MECPHIQEN	CE - when completed	

Australian Government Australian Taxation Office 1 April 2007 to 31 March 2008	urn 2008
WHEN COMPLETING THIS RETURN For help with completing this return refer to <i>How to complete your 2008 fringe benefits tax return</i> (NAT 237 Print clearly using a black pen only. Use BLOCK LETTERS and print one character in each box. Place I in ALL relevant boxes.	
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 if you do not have a TFN, refer to How to complete your 2008 fringe benefits tax return (NAT 2376) for         2       Australian business number (ABN) (if applicable)       719796179	error and/or delay this return. more information.
3 Name of trustee or senior partner	
INDIVIDUAL           Title:         Mrs         Miss         Ms         Other         Oth	
	المسحة السحة المسحة الم
MOR-INDIVIDUAL (company, parmership, trust etc) Name of corporate trustee/senior partner	
4         Name of employer           INDIVIDUAL           Trile:         Mrs           Miss         Ms	
OR NON-INDIVIDUAL (company, partnership, trust etc)	╟╾╍╢┍╾┑╢╌╌╢╴╴╢╴╴╢
CENTRAL LAND COUNCIL	
5 Postal address	]]
POBOR 3321	
Suburo/town/locality ALICESPRIMAS	State/territory Postcode
	(Australia only) (Australia only)
	к (* )

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 Other
Given name/s
NON-INDIVIDUAL (company, partnership, trust etc)
Suburb/town/locality Postcode
Country if outside Australia only (Australia only) (Australia only) (Australia only)
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 ADDRESS
Suburb/town/locality Control C
Country if outside Australia (Australia only) (Australia only) (Australia only)
<ul> <li>8 Previous name of trustee or senior partner</li> <li>6 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</li> </ul>
organisation as shown on the last FBT return lodged.
Title: Mr Miss Miss Ms Other Surname or family name
Given name/s
or
NON-INDIVIDUAL (company, partnership, trust etc)
Name of corporate trustee/senior partner
· └──┧└──┧└──┧└──┧└──┧└──┧└──┧└──┧└──┧└──

Ĩ

1000000		
9	Name of the person to contact	
	Provide the name, daytime contact phone number and email address (if applicable we can contact, if needed, regarding the information in this return.	e) of the person
Title:	Mr X Mrs Miss Ms Other	
Sum	ame or ismily pame	
Give		
DAVA		
Γ		
Ema	a address (Digase Use DEUCK LETTERS)	
10	Number of employees receiving fringe benefits during the period 1 April 2007 to 31 March 2008	,137
427774 Ny INSEE	Hours taken to prepare and complete this form Refer to How to complete your 2008 fringe benefits tax return (NAT 2376) for mor information. Do not include tax agent's time.	e 70 hours
eres No	Do you expect to lodge an FBT return for 2008-09 or future years?	No Yes X
	eturn calculation details	, კოლ ეს გად საიაკოლია კა ადია არი არმანია. არი მიმიი ადებით არებული და დადია და მია არი მის მართა ადი არი არი 
	. Refer to How to complete your 2008 fringe benefits tax return (NAT 2376) for mo	re information.
13	Calculated tringe benefits taxable amounts (whole dollars only) 🔒 🦂	• •
	A Type 1 aggregate amount \$	= \$,,,,,,,
	.B Type 2 aggregate amount 💲	= \$,,, B
	C Aggregate non-exempt amount (hospitals, ambulances, public benevolent institutions and health promotion charities only)	r\$,16/,517~~ c
9 G	Fringe benefits taxable amount (A + B) or (	\$
15	Amount of fax payable (46.5% of item 14 amount)	\$75,105.60
	If you are not a rebatable employer, go to question 18 Sub-total.	
46	Aggregate non-rebatable amount Refer to How to complete your 2008 fringe benefits tax return (NAT 2376) for more information.	\$ , , , , , , , , , , , , , , , , , _ , , _ , , _ , , _ , , _ , , _ ,
the second	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 How to complete your 2008 fringe benefits tax return (NAT 2376) for more information.	\$, <b>_77</b> ,926·×
20	Payment due 🛞 Send this amount with your payment advice or	\$,,
21	Gredit due to you	\$ <u>,</u> , <u>2</u> ,820.40
	0	i , L' s , usual ,

ener Ener	Details	$\mathbb{O}\{$	fringe	benefits	provided
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Cale De a Casha de Tret sono instructure ter para		91: No.7 Vals		WHOLE DO	LARS ONLY	
Type of benefits provided (1 April 2007 to 31 March 2008)		Number	Gross taxable value (a)	Employee contribution (b)	Value of reductions (c)	Taxable value of benefits (a) – (b) – (c)
Cars using the statutory formula	fi.	6	48,840			48,840
Cars using the operating cost method	B					
Loans granted	(;					
Debt waiver	63					
Expense payments	Real and a second se	137	1,891,399			1,891,399
Housing – units of accommodation provided	e la la		a			
Employees receiving living-away-from-home allowance (show total paid including exempt components)	G	· · · · · · · · · · · · · · · · · · ·				
Airline transport (airlines and travel agent: only)	ngu ngu					
Board	erect.					
Property	K					
Income tax exempt body - entertainment	L.	1				
Other benefits (residual)						
Car parking	NAK V					
Meal entertainment	55					
Please check that you have provide Penalties Please be aware that penalties may Privacy The Australian Taxation Office is auth ask for information on this return. We government agencies authorised in t 23 Tax agent's declaration I declare that this return has been I declaration stating that the information Name of tax agent	oris brea	imposed for g ed by the <i>Fring</i> ed this informa tion law – for e pared in accor	giving false or mislea ge Benefits Tax (Asse tition to help us to adi xample, the Australia rotance with informa	ding information. assment) Act 1986 ar minister the taxation I in Bureau of Statistics ation supplied by my	aws. We may give t s and the Reserve E client, that my clie t has authorised m	his information to other lank of Australia. Int has given me a
Signature of tax agent*					Date	mith /
* Where the tax agent is a partnership of person who is registered as a nominee of				signed in the name	of the partnership of	or company by a
24 Employer's declaration – wh I declare that the information in the Name of employer CENTQALLAN Signature of employer*	this				Date	onth Year
* Proprietor, partnet public officer, truste	e o	r, for governm	ent departments an	d authorities, the del		
This return will not be regarded signed by the tax agent or the empl	as i oye	naving been l r.	odged unless the a	ippropriate declara	tion has been <sup>1</sup>	R C

Australian Government	Fringe benefits tax (FBT) retu	rn 2007
Australian Taxation Office	1 April 2006 to 31 March 2007	
WHEN COMPLETING THIS RETURN		
For help with completing this return refer to <i>How</i> Print clearly using a black or blue pen.	to complete your 2007 fringe benefits tax return (NAT 2376	δ).
Use BLOCK LETTERS and print one characte	er in each box. SMITHST	
Place $X$ in ALL relevant boxes.		
Business details		
1 Tax file number (TFN)		
It is not an offence not to your your in you do not have a TFN, refer to How to cor	mout not quoting it may increase the risk of administrative mplete your 2007 fringe benefits tax return (NAT 2376) for n	error and/or delay this return. If nore information.
	المعتمر المعتمر المتعدية المعتمر المعتم	
2 Australian business number (ABN	(if applicable) 71 979 619	393
3 Name of trustee or senior partner	r	
Title: Mr Mrs Miss Miss Other		
Given name/s		
OR		
NON-INDIVIDUAL (company, partnership, trust e Name of corporate trustee/senior partner	الـــــا (ـــــا (ـــــا الــــا الــــا اــــا اــــا اــــا اــــا اـــــا اـــــا اـــــا (ــــا ا	
4 Name of employer	· · · · · · · · · · · · · · · · · · ·	
Title: Mr Mrs Miss Ms Othe	er	х.
Surname or family name		
Given name/s		
OR NON-INDIVIDUAL (company, partnership, trust e	atc	
CENTRAL LAND	COUNCIL	
5 Postal address		······································
PO BOK 3321		
Suburb/town/locality		State/territory Postcode
ALICESPRINKS		(Australia only)
Country if outside Australia		e increase or any (increase or any)

### 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 cl	hange of name	must be supported	f by a certified	copy of the	documentary evidence.
--------	---------------	-------------------	------------------	-------------	-----------------------

INDIVIDUAL
Title: Mr Mrs Miss Ms Other
Liululululululululululululululululululul
OR NON-INDIVIDUAL (company, partnership, trust etc)
PREVIOUS POSTAL ADDRESS
Suburb/town/locality Postcode Postcode
Country if outside Australia only) (Australia only) (Australia only)
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 only (Australia only) (Australia only) (Australia only)
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
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.

	regarding the information in this return.
Title: Surn:	
(-iiver	
Uaytı	
Emai	Laddress (please use BLOCK LETTERS)
	└──╎└──╎└──╎└──╎└──╎└──╎└──╎└──╎└──╎└──
10	Number of employees receiving fringe benefits during the period 1 April 2006 to 31 March 2007
11	Hours taken to prepare and complete this form Refer to <i>How to complete your 2007 fringe benefits tax return</i> (NAT 2376) for more information. Do not include tax agent's time.
12	Do you expect to lodge an FBT return for 2007–08 or future years? No Yes X
Re	eturn 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 \$,, X 2.0647 = \$,, A
	B Type 2 aggregate amount \$,, × 1.8692 = \$,, B
	C Aggregate non-exempt amount (hospitals, ambulances, public benevolent institutions and health promotion charities only) or \$,333,711, c
14	Fringe benefits taxable amount $(A + B)$ or $C $ , $333$ , $711$
15	Amount of tax payable (46.5% of item 14 amount) \$
	If you are not a rebatable employer, go to question 18 Sub-total.
16	Aggregate non-rebatable amount 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) \$
18	Sub-total (item 15 amount less item 17 amount)     \$
19	Less instalment amounts reported on activity statements Prefer to How to complete your 2007 fringe benefits tax return (NAT 2376) for more information.
20	Payment due Send this amount with your payment advice
21	Credit due to you $\$$

#### 22 Details of fringe benefits provided

Construction of the second se Second second s Second second seco second second sec			WHOL	E DOLLARS ONLY	
Type of benefits provided (1 April 2006 to 31 March 2007)	Number	Gross taxable value (a)	Employee contribution (b)	Value of reductions (c)	Taxable value of benefits (a) - (b) - (c)
Cars using the statutory formula	5	55 126			55,126 -38
Cars using the operating cost method		1			•><
Loans granted				· · · · · · · · · · · · · · · · · · ·	·×
Debt waiver					٠X
Expense payments (PBI) - (PBI)	129	1,741,455	n Marine en Annen de La La de Annen de La de Anne		1,741,455.00
Housing - units of accommodation provided		······································	1		·×
Employees receiving living-away-from-home allowance (show total paid including exempt components)				, (2, (2, (1), (1), (2, (1), (1), (1), (1), (1), (1), (1), (1)	٠X
Airline transport (airlines and travel agents only)	1797 (2014) 신종 홍영종				·×
Board				-	·×
Property		(1) Margara W. Margara and a second secon			٠X
Income tax exempt body – entertainment					•×
Other benefits (residual)					۰×
Car parking			: : :		۰Ж
Meal entertainment	na i Staardi	Hereiter and the state of the s			• ***

## **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

Signature of tax agent*	Tax agent registration number
	Date
	Day Month Year
* Where the tax agent is a partnership or a company, this declaration must be signed in the nam	e of the partnership or company by a

\* 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.

] [] [] [] [] [] [] []
Month Year
106/2007
n signed by the tax agent



Australian Government

Australian Taxation Office

# Fringe benefits tax

2006

(FBT) return

1 April 2005 to 31 March 2006

	Tax file number (TFN) It is not an offence not to g	uote your tax file number bi	ut not quoting it may increase
t date of the	to the 2006 FBT return guid	ror and/or delay this return. le for more information.	. If you do not have a TFN, refer
2	Australian business n	umber (ABN) – if applic	71979619393
3	Name of trustee or se	enior partner	
	Individual	Title – for example,   Mr, Mrs, Ms, Miss Surname or	•
	OR	family name	
		Given names	
	Non-individual (company, partnership, trust etc)	Name of corporate trustee/senior partner	
4	Name of employer	arren ander en	
	Individual	Title – for example, Mr, Mrs, Ms, Miss Surname or	
	OR	family name	
		Given names	
	<b>Non-indivídual</b> (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/c If the employer name and/c A CHANGE OF NAME MUS	or postal address has chan	nged, print it exactly as shown on the last FBT return lodged. ERTIFIED COPY OF THE DOCUMENTARY EVIDENCE.
	Individual	Title – for example, ( Mr, Mrs, Ms, Miss	
	OR	Surname or family name	
		Given names	
	Non-individual		
	(company, partnership, trust etc)		
		Address	
			· · · · · · · · · · · · · · · · · · ·
		Suburb or town	
		State	Postcode Country
			L J L Australia L

	Business/trading name	· · · · · · · · · · · · · · · · · · ·
		Briefe all the second
		r
	Business/trading address	n di Malanda ang ang ang ang ang ang ang ang ang an
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Individual	Title - for example,	2 1
	Mr, Mrs, Ms, Miss	s and a standard and a standard and a standard and a standard a standard and a stan
	Mr, Mrs, Ms, Miss Surname or	
OR	Mr, Mrs, Ms, Miss Surname or family name	
	Mr, Mrs, Ms, Miss Surname or	
	Mr, Mrs, Ms, Miss Surname or family name	
OR	Mr, Mrs, Ms, Miss Surname or family name Given names	
OR Non-individual	Mr, Mrs, Ms, Miss Surname or family name Given names Name of corporate	
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OR Non-individual (company,	Mr, Mrs, Ms, Miss Surname or family name Given names Name of corporate	
OR Non-individual (company,	Mr, Mrs, Ms, Miss Surname or family name Given names Name of corporate	
OR Non-individual (company,	Mr, Mrs, Ms, Miss Surname or family name Given names Name of corporate	

Title – for example, Mr, Mrs, Ms, Miss Surname or	
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

NÔ

YES

al and the second s	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.



12	Do you	expect	ţ0	lodge	ອກ	FST	return	for	2008-07	$\circ r$	future	years?
											16	

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Refer to the 2006 FBT return guide for more in		Whole dollars	only					
A Type 1 aggregate amount		x 2.1292 =	· · · · · · · · · · · · · · · · · · ·	Å				
B Type 2 aggregate amount		x 1.9417 =		Ś				
C Aggregate non-exempt amount (hospitals and public benevolent instit	utions only)		3638	34 : 0				
14 Fringe benefits taxable amount (A +	B) or C				363834			
15 Amount of tax payable (48.5% of item 14	Amount of tax payable (48.5% of item 14 amount)							
16 Aggregate non-rebatable amount Refer to the 2006 FBT return guide for more in	formation.				- 			
17 Amount of rebate: 48% of (item 15 amo	unt less item 16 a	mount)			· · · · · · · · · · · · · · · · · · ·			
18 Sub-total (item 15 amount less item 17 amo	unt)				h			
	9 Less instalment amounts reported on activity statements Refer to the 2006 FBT return guide for more information.							
<ol> <li>Payment due - SEND THIS AMOUNT or</li> <li>Credit due to you</li> </ol>	WITH YOUR I	PAYMENT ADV	ICE		12961			
22 Details of fringe benefits provided								
Type of benefits provided				DOLLARS ONI	Y			
(1 April 2005 to 31 March 2006)	Number	Gross taxable value (a)	Employee contribution (b)	Value of reductions (c)	Taxable value of benefits (a) - (b) - (c)			
Cars using the statutory formula	\$	28765			28765			
Cars using the operating cost method	12							
Loans granted								
Debt waiver								
Expense payments	3   37	1796181			· · · · · · · · · · · · · · · · · · ·			
Housing - units of accommodation provided								

23 Tax	agent's	declaration
	- U	

Other benefits (residual)

Meal entertainment

Employees receiving living-away-from-home

Airline transport (airlines and travel agents only)

Income tax exempt body - entertainment

Board

Property

Car parking

allowance (show total paid including exempt components)

	. m	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 provident 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 o registered as a nominee of that part	thership or company.			me of the pa	irtnersl	nip or company by a person who is
24 Employer's declaration – v	, d	eclare tha		ation in this act,		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
Signature		Day 9	Month 05	Year 200	.6	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

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r government and autnomies, me delegated officer

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This verture will not be recarded as having been lodged unler

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example, the Australian Bureau of Statistics and the Reserve Bank of Australia.

17 exappropriate declaration has been signed by the tax agent of the employer size

		Australian Government Australian Taxation Office	<b>Fringe benefits tax</b> (FBT) return	2005
	~7(3), · · · ·		1 April 2004 to 31 March 2005	
Yypena	the risk of admin	er (TFN) Se not to quote your tax file number bu istrative error and/or delay this return. return guide for more information.	t not quoting it may increase If you do not have a TFN, refer	
2	Australian bu	siness number (ABN) – if applica	able 71979619	393
3	Name of trus	tee or senior partner	маналан жалар талан талан түүнөн бар алан болоон бор алан болоон болоон болоон болоон болоон болоон болоон боло	
	Individual	Title – for example, Mr. Mrs, Ms, Miss Surname or		
	OR	family name		 
	Non-individual (company, partnership, trus	Name of corporate trustee/senior partner		
4	Name of emp	bloyer		
	Individual	Title - for example, Mr, Mrs, Ms, Miss Surname or		
	OR ·	family name Given names		
	Non-individual (company, partnership, trus	st etc)	CENTRAL LAND COL	UNCIL
5	Postal addre	SS Address	PO BOX-3321	
		Suburb or town	ALICE SPRINGS NT Postcocle 0871 Country If not Australia	
6	If the employer r		led, print it exactly as shown on the last FBT return lodged. ERTIFIED COPY OF THE DOCUMENTARY EVIDENCE.	
	Individual	Title – for example, Mr, Mrs, Ms, Miss Surname or		
	OR	family name Given names		
	<b>Non-individual</b> (company, partnership, tru			
		Address		· · · · · · · · · · · · · · · · · · ·
		Suburb or town		
		State	Postcode Country it not Australia	

·····································	HARE ARRIVE AVAILESS.
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	If your business/trading name and/or address I this is your first FBT return, print the details held	has changed since last year re.	, or	
	Business/trading name	2		
	Business/trading address	3		
	Suburb or towr State		Country if not	
as), PP Chian	، 	۱	J Australia L	
8	Previous name of trustee or senior par If your organisation is a trust or partnership, and trustee or the senior partner of your organisation	your details have changed, sl	now the name of the urn lodged.	
	Inclividual Title - for example Mr, Mrs, Ms, Miss	s		
	OR Surname of family name of family	e [		
	Non-individual Name of corporate (company, trustee/senior partne partnership, trust etc)			· · · · · · · · · · · · · · · · · · ·
0	Name of the person to contact Provide the name, daytime contact phone number of the person we can contact, if needed, regardin Title – for example Mr, Mrs, Ms, Mis Surname o family name Given name	ng the information in this retur e, is or ie is	sable) m	
10	Number of employees receiving fringe during the period 1 April 2004 to 31 Ma			126
	Hours taken to prepare and complete Refer to the 2005 FBT return guide for more info		gent's time.	38
-12	Do you expect to lodge an FBT return	for 2005–06 or future y	ears? YES 🗸	NO

PAGE 2

.19 www.ato.gov.au

	Ref	er to the 2005 FBT return guide for more information.	Whole dollars on	ly	
	А	Type 1 aggregate amount	x 2.1292 =	A	
	В	Type 2 aggregate amount	x 1.9417 =		
	С	Aggregate non-exempt amount (hospitals and public benevolent institutions only)		337111 0	
14	Fri	nge benefits taxable amount $(A + B)$ or C			337111
15	An	nount of tax payable (48.5% of item 14 amount)			163499
16	-	gregate non-rebatable amount er to the 2005 FBT return guide for more information.			
17	An	nount of rebate: 48% of (item 15 amount less item 1			
18	Su	b-total (item 15 amount less item 17 amount)			
19		ss instalment amounts reported on activity stee for the 2005 FBT return guide for more information.	tatements		94737
20	Pa	yment due – SEND THIS AMOUNT WITH YOU	JR PAYMENT ADVIC	E	68762
21	Cr	r edit due to you			
22	De	tails of fringe benefits provided			

		WHOLE DOLLARS ONLY					
Type of benefits provided (1 April 2004 to 31 March 2005)	Number	Gross taxable value (a)	Employee contribution (b)	Value of reductions (c)	Taxable value of benefits (a) - (b) - (c)		
Cars using the statutory formula	8	43116		ng digatik se sist Gilan se se siste	43116.00		
Cars using the operating cost method					1999 2389		
Loans granted			5. 19 <b>19</b> 19 19		ta fa		
Debt waiver	and and the same						
Expense payments	126	1720412	1				
Housing – units of accommodation provided					9 <i>6</i> .		
Employees receiving living-away-from-home allowance (show total paid including exempt components)							
Airline transport (airlines and travel agents only)	an an an an	· · · · · · · · · · · · · · · · · · ·			A REAL		
Board					.00		
Property							
Income tax exempt body - entertainment	and stand the second stands				941, 59 14 15 14 15 14 15 14 15 14 15		
Other benefits (residual)	3-	8304			8304		
Car parking							
Meal entertainment			startan bir si si sa Manan si si si sa				

## 23 Tax agent's declaration

	declare that this return has been prepared in a my client, that my client has given me a declar to me is true and correct and that my client has	ation stating that the information provided
Signature of agent*	Day Month Year	Registered no. of agent
* Where the agent is a partnership or a company, registered as a nominee of that partnership or c	this declaration must be signed in the name of the partnership ompany.	or company by a person who is
24 Employer's declaration - where the a	employer lodges the return	Privacy:
<b>R</b> ,	declare that the information in this return is true and correct.	The Australian Taxation Office is authorised by the <i>Fringe Benefits Tax</i> (Assessment) Act 1986 and the Taxation Administration Act 1953 to ask for information on this return. We
Signature of emp	Day Month 605205	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,
* proprietor, partne departments and authorities, the delegated offic	ernment Cer	the Australian Bureau of Statistics and the Reserve Bank of Australia.

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ř.	muc mulatou	an an art so
	proprietor,	narine

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.
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# Australian Government

Australian Taxation Office

# Fringe benefits tax (FBT) return 2004

1 April 2003 to 31 March 2004



an an an Arran ann an Arran a Arran an Arran an Arr	ormation.		r to the	·	
Australian business number	r (ABN)—if applicable		71979	619393	
fam	example,				
Non-individual Name of c (company, trustee/senior partnership, trust etc.)					
Giver Non-Individual (company, partnership, trust etc.)		JTRAL	LAND CO	UNCIL	
Postal address	Address PO	BOX-33	321	Contraction of the second s	
Suburt	ortown <u>ALIC</u> State NT	E SPRI Postcode 08	NGS 371 Country if not Australia		Office use only
	al address	nt it evently as she	vn on the last FBT return l	odged.	
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Business/trading address Suburt or town State Provious name of trustee or senior partner If you organisation is a fixed on preference on generative and senior partner If you organisation is a fixed on preference on generative and senior of the senior of the trustee of the senior partner of your organisation as a fixed on the last FGT return lodged. Individual Indix Individual Individual Individual Individual Indiv										
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Suburb or town         State       Postcode         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 abown on the last FB return lodged.         Individual       The-or younged of the period to contact.         Previous name of the period to contact.       Previous names         Worn-individual       The-or younged of the period to contact.         Provide the numes       Other names         Quertership, trust etc.)       Previous name, deprive to provide return of the period to contact.         Provide the nume, deprive to the contact.       Previous the nume, deprive to the period to contact.         Provide the num, deprive to the contact.       Previous the num, deprive to contact.         Provide the num, deprive to the contact.       Previous the num, deprive to contact.         Previous the num, deprive to contact.       Previous the num, deprive to contact.         Provide the num, deprive to contact.       Previous the num, deprive to contact.         If the period to contact.       Previous the num.         O Number of employees receiving fringe benefits during the period 1 April 2003 to 31 March 2004       Inter to the 2004 FBT return guide for more information.         11       Total reportable fringe benefits amounts—for all employees for the period.       2.186692				- mu <sup>st</sup>						
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Wr, Wrs, Wrs, Wrs, Wrs, Wrs, Wrs, Wrs, W					e of the		our details l	ist or partnership, and yo	If your organisation is a tr	
Mrs. Ms. Miss         Surmane or         Given names         Provide the name, dayline contact         Provide the name, dayline contact thore number and email address (if applicable)         of the person to contact.         If needed, regarding the information in this return.         Timefor synaple.         Mr. Mrs. Ms. Miss         Surname or         Given names								Title—for example.	Individual	
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