RESIDUAL BENEFIT DECLARATION

I ................................................................................. ( .................................. ) declare that
(employee name) (employee number)

................................................................................ to the value of $....................... (incl. GST)
(show nature of benefit eg. airfare)

was provided to me by or on behalf of the University of Western Australia during the period from

........... - ................. - 20 ....... to ........... - .................. - 20 ........... and the benefit/s

was used by me for the following purpose(s):

.........................................................................................................................................................
.........................................................................................................................................................

(give sufficient information to demonstrate the extent to which the benefit was used by you for the purpose of earning your assessable income)

I also declare that, had I purchased the service or privilege etc, for its market value, I would have

been entitled to claim an income tax deduction equal to ............ % of the purchase price.

* This percentage is the amount that you would reasonably be able to claim as a work-related deduction in your individual tax return. For further information about the deductibility of such expenses, please contact your personal tax accountant or the ATO directly. *

I acknowledge that this declaration is true and correct.

________________________________________  ________________________  ____________
Signature                  Printed Name                 Date

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Business Unit Authorisation

(must be authorised by a 5b delegate or higher)

Please charge any FBT arising from the provision of this fringe benefit to:  BU    PG

_________________________   _______________________  ____________
Signature                  Printed Name                 Date

______________  ________________  ________________
Position Title             BU                     Phone                  Mail Bag #

Once completed, please send original declaration and copies of tax invoices to FS-Tax at M449.