NIL RETURN DECLARATION

I (…………………………………………………………………………………) of business unit
(employee name and number)

…………………………………………………………………………………………
(BU name and number)

from the period commencing ……../………/………. to………/………/……….none of the following
benefits have been provided to any employee within our Business Unit.

(Please tick off the benefits you have reviewed and declared as not provided to any employee)

Expenses Payment Benefits

☐ Professional Membership Fees
☐ Education Expenses (Course Fees)
☐ Mobile Phone Costs
☐ Home Phone & Internet

Residual Benefits

☐ Home Desktop
☐ Dual Purpose Travel (Private/Business)

Property Benefits

☐ Gifts to Staff Members

☐ Housing Fringe Benefits

Housing Benefits

NB: Although some benefits do not attract Fringe Benefits Tax, FS-Tax still requires a declaration for substantiation and compliance purposes (e.g. Professional Membership Fees).

I have completed a full review of all relevant Business Unit accounts and to the best of my knowledge no staff member has been provided with any of the benefits listed above.

By signing below I acknowledge that this declaration is true and correct.

_________________________  _________________________  ______________
Signature                  Printed Name                      Date

Business Unit Authorisation

This is to authorise that the declaration is true and correct for:

BU  PG

_________________________  _________________________  ______________
Signature                  Printed Name                      Date

Position Title  BU  Phone  Mail Bag #

Once completed, please send original declaration to FS-Tax at M449.