

**PART A Electronic Lodgment Declaration (Form FBT)**

This declaration is to be completed where an employer elects to use the an approved ATO electronic lodgment channel. It is the responsibility of the employer to retain this declaration for a period of five years after the declaration is made; penalties may apply for failure to do so.

**Privacy**

The ATO is authorised by the Taxation Administration Act 1953 to request tax file numbers (TFNs). We will use the TFN to identify the entity in our records. It is not an offence not to provide the TFN. However if you do not provide the TFN, the processing of this form may be delayed.

We are also authorised by the Fringe Benefits Tax Assessment Act 1986 and the Taxation Administration Act 1953 to ask for information on this form as we require it to help us administer relevant taxation laws. If the information is not collected, there could be a delay in processing your return or an error in an assessment.

For more information about fringe benefits tax and your privacy go to [ato.gov.au/FBTprivacy](http://ato.gov.au/FBTprivacy) and [ato.gov.au/privacy](http://ato.gov.au/privacy)

*Electronic funds transfer - direct debit*

Where you have requested an EFT direct debit some of your details will be provided to your financial institution and the Tax Office's sponsor bank to facilitate the payment of your taxation liability from your nominated account.

Tax File Number XXXXXXXXXXYear **2020**Name of Employer  
(proprietor, partner, public officer, trustee or for  
Government bodies, the delegated officer)

ROC CLOUDY PTY LTD

**Declaration****I declare that:**

- ? the information provided to my registered tax agent for the preparation of this tax return, including any applicable schedules is true and correct, and  
? the agent is authorised to lodge this tax return.

Important: The tax law imposes heavy penalties for giving false or misleading information.

Signature of Employer

Date

**PART C****Tax agent's certificate****I declare that:**

- ? I have prepared this fringe benefits tax return in accordance with the information supplied by the entity;  
? I have received a declaration made by the entity that the information provided to me for the preparation of this return is true and correct; and  
? I am authorised by the entity to give the information in this return to the Commissioner.

If the tax agent is a partnership or a company, this declaration must be signed by a person authorised by that partnership or company to sign on its behalf.

That person's name is:

NET ACCOUNTING PTY LTD

Agent's  
signature

Date

Client  
reference

ROCLOUD

Contact  
name

Enquiry

Agent's phone number

02 9281 1880

Agent's reference  
number

73164000

# Fringe benefits tax (FBT) return 2020

1 April 2019 to 31 March 2020

**NOT FOR PAPER  
LODGMET**

For help with completing this return visit [ato.gov.au/FBT2020](http://ato.gov.au/FBT2020)

## Business details

**1 Tax file number (TFN)**

See the Privacy note in the Declaration of this return.

**2 Australian business number (ABN) (if applicable)**

87 066 000 922

**3 Name of trustee or senior partner**

**4 Name of employer**

ROC CLOUDY PTY LTD

**5 Postal address**

8 Ralph Street

ALEXANDRIA
NSW
2015

**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 copy of the documentary evidence.

**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.

**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.

**9 Name of the person to contact**

Provide details below (if applicable) of the person we can contact, if needed, regarding the information in this return.

Enquiry

	Area code	Phone number
Daytime contact phone number	02	9281 1880

Email address rebecca@shumliang.com.au

**10 Number of employees receiving fringe benefits during the period 1 April 2019 to 31 March 2020**

**11 Hours taken to prepare and complete this form**

Visit [ato.gov.au/FBT2020](http://ato.gov.au/FBT2020) for more information. Do not include tax agent's time.

**12 Do you expect to lodge FBT return forms for future years?**

If answering No - We will cancel your FBT registration and future instalments

Y

**13 Electronic funds transfer (EFT)**

We need your financial institution details to pay any refund owing to you, even if you have provided them to us before. Write the BSB number, account number and account name below. Visit [ato.gov.au/FBT2020](http://ato.gov.au/FBT2020) for more information.

BSB number (must be six numbers)

Account number

Account name

**Return calculation details**

Visit [ato.gov.au/FBT2020](http://ato.gov.au/FBT2020) for more information.

**14 Calculated fringe benefits taxable amounts (whole dollars only)**

<b>A</b> Type 1 aggregate amount	737	x 2.0802 =	1,533	<b>A</b>
<b>B</b> Type 2 aggregate amount		x 1.8868 =		<b>B</b>
<b>C</b> Aggregate non-exempt amount (hospitals, ambulances, public benevolent institutions and health promotion charities only)		or		<b>C</b>

**15 Fringe benefits taxable amount**

(A + B) or C 1,533

**16 Amount of tax payable (47% of item 15 amount)**

720.51

**17 Aggregate non-rebatable amount**

Visit [ato.gov.au/FBT2020](http://ato.gov.au/FBT2020) for more information.

**18 Amount of rebate: 47% of (item 16 amount less item 17 amount)**

Only complete this item if you are a rebatable employer. Visit [ato.gov.au/FBT2020](http://ato.gov.au/FBT2020) for more information.

**19 Sub-total (item 16 amount less item 18 amount)**

720.51

**20 Less instalment amounts reported on activity statements**

Visit [ato.gov.au/FBT2020](http://ato.gov.au/FBT2020) for more information.

**21 Payment due**

720.51

or

**22 Credit due to you****23 Details of fringe benefits provided**

Type of benefits provided (1 April 2019 to 31 March 2020)	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	<b>A</b>				
Cars using the operating cost method	<b>B</b> 2	737			737
Loans granted	<b>C</b>				
Debt waiver	<b>D</b>				
Expense payments	<b>E</b>				
Housing-units of accommodation provided	<b>F</b>				
Employees receiving living-away-from-home allowance (show total paid including exempt components)	<b>G</b>				
Board	<b>J</b>				
Property	<b>K</b>				
Income tax exempt body-entertainment	<b>L</b>				
Other benefits (residual)	<b>M</b>				
Car parking	<b>N</b>				
Meal entertainment	<b>P</b>				

Sensitive (when completed)

## Declarations

Penalties may be imposed for giving false or misleading information.

### Privacy

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## 24 Tax agent's declaration

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

Name of tax agent

NET ACCOUNTING PTY LTD

Signature of agent\*

Date  
Day/Month/Year

19/06/2020

Tax agent registration number

73164000

Agent's phone

02 92811880

Contact name

Enquiry

Client's reference

ROCLOUD

\* If the tax agent is a partnership or a company, this declaration must be signed by a person authorised by that partnership or company to sign on its behalf.

## 25 Employer's declaration - where the employer lodges the return

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

Name of employer

Signature of employer\*

Date  
Day/Month/Year

\* 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.*