Fringe Benefits Tax (FBT) Questionnaire

Please take the time to complete this Questionnaire and sign the declaration below. Please **return it to our office before Monday 20 April 2026** as it is a very important part of the FBT process. It helps:

- Identify and provide the information we need to prepare your FBT Return (if required)
- Minimise the questions from us during the preparation of your FBT Return
- Ensure that we can complete your FBT Return by the due date

Business Name:			
Preferred Contact No.:		**Email:**	

At any time from 1 April 2025 to 31 March 2026, did you or a third party			
	Yes	**No**	**Unsure**
1. make any vehicle, including a ute or van, (owned or leased by the business) available to employees* for private use?	☐	☐	☐
2. provide car parking facilities, including 'free parking' on or near the business premises?	☐	☐	☐
3. provide entertainment by way of food, drink, or recreation to employees (including a Christmas party or staff social functions)?	☐	☐	☐
4. provide any loans, including advances. at reduced interest rates to employees?	☐	☐	☐
5. forgive or release any debts owed by employees?	☐	☐	☐
6. provide a house, flat, unit, or mobile accommodation to employees?	☐	☐	☐
7. provide employees with living-away-from-home (LAFH) allowances?	☐	☐	☐
8. provide employees with any property either free or at a lower price than normally sold to the public?	☐	☐	☐
9. pay for, or reimburse, any expenses incurred by employees?	☐	☐	☐
10. provide employees with a salary package (salary sacrifice) arrangement?	☐	☐	☐
11. provide any other benefit which is not included in any of the questions above?	☐	☐	☐

*** Employees include Directors (working and non-working) and Associates (relatives, children, partners, de facto spouses, trustees, related entities)**

If you answered 'NO' to all questions, would you like VBD prepare and lodge a $Nil Fringe Benefits Tax Return on your behalf? (Refer to our Schedule of Fees).	☐	☐

Declaration

I/We acknowledge that I/we have understood and answered each of the questions above correctly and completely. I/we also acknowledge that the employer may be liable to penalties for incomplete or inaccurate Fringe Benefits Tax Returns.

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Date: / /2026 Date: / /2026