



RECURRING EXPENSE PAYMENT FRINGE BENEFIT DECLARATION

I, _____ declare that
expenses for

(Show the nature of expenses eg. telephone rental and / or calls)

were provided to me by or on behalf of my employer during the period from

_____/_____/_____ to _____/_____/_____

for the following purpose(s):

(Please give sufficient information to demonstrate the extent to which the expenses were incurred for the purpose of earning your assessable income)

I also declare that _____ % of those expenses were incurred in earning my assessable income.

I understand that this declaration is to apply to the above stated benefit and to any identical benefit for a period up to five years from the date of this declaration or until the stated percentage incurred in earning my assessable income decreases by more than 10 percentage points. This declaration will also be revoked if another recurring expense payment fringe benefit declaration is provided in respect of a subsequent identical benefit.

Signature of Claimant: _____ **Date:** _____/_____/_____

Note:

Identical benefits are the same in all respects except for any differences that are minimal or insignificant, or that relate to the value of the benefits, or to a change in the deductible proportion of 10 percentage points or less.

For more detail see the [FBT Expense Payment Benefits Guide](#) on the FBSD website