

**APPROVED FORMAT FOR FRINGE BENEFITS TAX  
LIVING-AWAY-FROM-HOME ALLOWANCE BENEFIT DECLARATION**

I, \_\_\_\_\_

(Full name of employee and employee number)

declare that during the period \_\_\_\_\_ 20 \_\_\_\_\_ to \_\_\_\_\_ 20 \_\_\_\_\_

I was required to live away from my usual place of residence in order to perform the duties of my employment and that during that period my usual place of residence was

\_\_\_\_\_  
\_\_\_\_\_

(State the place where you usually live)

and the nature of that residence was \_\_\_\_\_;

and during the period the place at which I actually resided was

\_\_\_\_\_

(State all addresses at which you resided while away from home in the period stated above)

Signature \_\_\_\_\_

Date \_\_\_\_\_

*Please note: Benefits may result in a reportable fringe benefit amount being reported on your payment summary.*

*This form is to be used when an employee is absent from their usual place of residence and intends to return to that place of residence.*