

APPROVED FORMAT FOR FRINGE BENEFITS TAX
LIVING-AWAY-FROM-HOME DECLARATION
EMPLOYEE RELATED EXPENSES

I, _____

(Full name of employee and employee number)

declare that

From _____ 20 _____ to _____ 20 _____

I have incurred the following expenses for which a living away from home allowance fringe benefit has been provided

1. Accommodation

The total amount of accommodation expenses which I can substantiate with documentary evidence is \$ _____ (including accommodation expenses for all eligible family members living with me during the above period).

2. Food and Drink (mark one only)

I have incurred food and drink expenses which do not exceed the amount that the Commissioner considers reasonable based on the number of eligible family members living with me for the above period and therefore I am not required to substantiate these expenses

I have incurred food and drink expenses which exceed the amount that the Commissioner considers reasonable for the above period. The total amount of my food or drink expenses which I can substantiate with documentary evidence is \$ _____ (including food or drink expenses for all eligible family members living with me during the above period).

You must retain documentary evidence of these expenses for a period of five years starting from the declaration date

Signature _____

Date _____