

NON CASH BENEFITS - 1/2 yearly Reconciliation Form - First Half**FOR THE PERIOD 1ST APRIL TO 30TH SEPTEMBER ONLY**

This form is to be completed half yearly for claims being made for Remote Area Benefits to enable the correct calculation of your Reportable Fringe Benefit Allowances. Failure to provide the documentation requested may result in Fringe Benefits Tax being incurred.

(PLEASE PRINT)

EMPLOYEE NAME: _____

EMPLOYER NAME: _____

YOUR NCB ACCOUNT NO:

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Supporting documentation MUST be attached to this claim form

For the period 1st April to 30th September this form must reach the CBB by the 20th October.

	Amount Paid By You	Supporting Documentation Attached	Office Use Only
Mortgage Interest Paid (On principal remote area residence only)	\$ <input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/> Y / N	<input style="width: 40px; height: 20px;" type="text"/>
Rent Paid (Complete ONLY if rent NOT paid by CBB)	\$ <input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/> Y / N	<input style="width: 40px; height: 20px;" type="text"/>
Household Fuel Paid (Electricity, Gas, Oil, Wood ONLY)	\$ <input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/> Y / N	<input style="width: 40px; height: 20px;" type="text"/>
Airfares Paid (for travel on annual leave of 3 days or more)	\$ <input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/> Y / N	<input style="width: 40px; height: 20px;" type="text"/>

Phone Contact Numbers: (H) _____ (W) _____ (M) _____

Email address: _____

SIGNATURE: _____

DATE: _____ / _____ / _____

PLEASE FORWARD TO:

Facsimile No.:

08 8244 9145

Email:

ncb@cbb.com.au

Mail:

Community Business Bureau Inc.
Box 485, Woodville, SA 5011

PO

