

NON CASH BENEFITS - 1/2 yearly RECONCILIATION FORM - 2nd Half

FOR THE PERIOD 1ST OCTOBER TO 31ST MARCH 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: CENTRAL AUSTRALIAN ABORIGINAL CONGRESS

YOUR NCB ACCOUNT NO: -

Supporting documentation MUST be attached to this claim form

For the period 1st October to 31st March this form must reach the CBB with the supporting documentation by the 15th April each year.

1st OCTOBER - 31ST MARCH
REMOTE AREA CLAIM FORM - CAAC

	Amount Paid By You	Supporting Documentation Attached	Office Use Only
Mortgage Interest Paid (Principal residence only)	\$ <input type="text"/>	<input type="text"/> Y / N	<input type="checkbox"/>
Rent Paid (Complete ONLY if rent not paid by CBB)	\$ <input type="text"/>	<input type="text"/> Y / N	<input type="checkbox"/>
Household Fuel Paid (Electricity, Gas, Oil, Wood ONLY)	\$ <input type="text"/>	<input type="text"/> Y / N	<input type="checkbox"/>
Airfares Paid (for travel on leave)	\$ <input type="text"/>	<input type="text"/> Y / N	<input type="checkbox"/>
Childcare fees Paid (In-house ONLY)	\$ <input type="text"/>	<input type="text"/> Y / N	<input type="checkbox"/>

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.
PO Box 485, Woodville, SA 5011

