

1ST OCTOBER - 31ST MARCH

REMOTE AREA CLAIM FORM - STANDARD

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: _____

YOUR NCB ACCOUNT NO:

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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.

	Amount Paid By You	Supporting Documentation Attached	Office Use Only
Mortgage Interest Paid (Principal 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="checkbox"/>
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="checkbox"/>
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="checkbox"/>
Airfares Paid (for travel on leave)	\$ <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="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

