

1ST APRIL to 31ST MARCH

This form **MUST** be completed if you intend to claim Remote Area Benefits to maximise the amount you can salary package in the Fringe Benefits Tax year for the period - 1st April to 31st March of each year.

Supporting documentation IS NOT required with this form

(PLEASE PRINT)

EMPLOYEE NAME: _____

EMPLOYER NAME: _____

ANNUAL INCOME \$ _____

YOUR NCB ACCOUNT NO:

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It is important that the information provided on this form is accurate and can be substantiated in the future. If there are any changes to the details you have provided to us then you must immediately advise the CBB and your employer.

REMOTE AREA CLAIM FORM - STANDARD

	Estimated expenses for the period 1st April to 31st March	CBB Office Use Only
Mortgage Interest (Your remote area principal residence only)	\$ <input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>
Rent Paid (Your remote area principal residence only)	\$ <input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>
Household Fuel (Electricity, Gas, Oil, Wood) # Not Water #	\$ <input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>
Airfares (Only when incurred in conjunction with annual leave of 3 days or more and travel is to the capital city from which you were employed)	\$ <input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>
Pre Tax Superannuation in addition to your Salary Packaging:	\$ <input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>

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

E-mail Address: _____

SIGNATURE: _____

DATE: ____ / ____ / ____

PLEASE FORWARD TO:

Facsimile No.: 08 8244 9145
 Email: sp-clientservices@cbb.com.au
 Community Business Bureau Inc.
 PO Box 485, Woodville, SA 5011

