



**FRINGE BENEFITS TAX QUARTERLY RETURN AND REMITTANCE FORM**

QUARTER ENDING ..... NUMBER OF EMPLOYEES .....

1. Housing	NATURE OF BENEFIT	Value of Benefit	Rate of Taxable Value	Month 1 Taxable Value	Month 2 Taxable Value	Month 3 Taxable Value	Total Taxable Value
2. Motor Vehicles	Property Rented by the Employer						
3. School Fees							
4. Loans							
5. Other							
Total							
Tax (at.....%) of the Total shown above							

I declare that this return contains the correct taxable values of fringe benefits provided by this employer.

NAME OF EMPLOYER ..... TPIN.....

ADDRESS ..... PHONE NUMBER.....

DATE .....  
*Signature of Employer's Representative*