**FRINGE BENEFITS TAX 2019**

**Annual Motor Vehicle Declaration**

**Benefit**

Name of Employee: \_\_\_\_\_\_\_\_\_\_

Name of Employer \_\_\_\_\_\_\_\_\_\_

Date of Entry: \_\_\_\_\_\_\_\_\_\_

Make and model of vehicle: \_\_\_\_\_\_\_\_\_\_

Car registration: \_\_\_\_\_\_\_\_\_\_

Motor Vehicle Cost \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Acquisition date:

Acquisition cost:

Disposal date:

Engine capacity:

Opening odometer reading at 01/04/2018:

Closing odometer reading at 31/03/2019:

Signature as true and correct record: