

# SELF EDUCATION EXPENSES

## PLEASE COMPLETE THIS FORM AND RETURN TO EASISALARY

Email: [info@easisalary.com.au](mailto:info@easisalary.com.au) | Post: 484 Albany Highway, Victoria Park WA 6100

### INSTRUCTIONS

Please complete and sign this form in order for this expense payment to be made. Without this declaration you will be liable for the Fringe Benefits Tax (FBT) on the amount Easisalary pay towards this benefit. Should you require any additional information please contact Easisalary on 1300 729 629.

I,  declare that

(Full name)

Self Education Expenses were provided to me by or on behalf of my employer:

(Name of employer)

during the current FBT year from 1 April to 31 March and the expense was incurred by me for the following purpose(s):

*(Please provide information to demonstrate that the expenses were incurred in earning assessable income).*

I declare that the percentage of those expenses incurred in earning my assessable income was 100% (If this is not 100%, FBT will be charged).

I declare that the payments made on my behalf for the Self Education Expenses comply with the relevant rules as defined under the benefit's requirements. I will inform easisalary if these payments no longer meet the specific requirements.

## SELF EDUCATION REQUIREMENTS:

- Self Education includes courses undertaken at an educational institution, attendance at work related seminars or conferences, self paced learning and study tours (overseas or within Australia). Only where there is a direct connection between the course undertaken and my current role can I make a claim.
- Does not include reimbursement or payments for Higher Education Contribution Scheme (HECS/HELP) amounts or depreciable items.

## DECLARATION

I understand that this declaration is to apply to the above stated benefit and to any identical benefit for a period of five years from the date of this declaration or until the stated percentage incurred in earning my assessable income decreases by more than 10 percentage points. This declaration will be revoked if another recurring expense payment fringe benefit declaration is provided in respect of a subsequent identical benefit.

Signature
<input type="text"/>

Name Printed
<input type="text"/>

Date
<input type="text"/>