

# Home Office Expenses Declaration.

## 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 Paywise pay towards this benefit.

Should you require any additional information please contact Paywise on 1800 PAYWISE (729 947).

I \_\_\_\_\_ declare that  
(Full Name)

Home Office Expenses were provided to me by or on behalf of my employer:

\_\_\_\_\_  
(Name of the Employer)

during the period \_\_\_\_\_ to \_\_\_\_\_ and the expense was incurred by me for the following purpose(s):

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*(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 Home Office Expenses comply with the requirements. I will inform Paywise if these payments no longer meet the specific requirements.

### Home Office Expenses Requirements:

- Expenses are classified as 'otherwise deductible' expenses.
- Depreciable items are not allowed.

## Declaration

Signature: \_\_\_\_\_

Date:        /        /