

## 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 pays towards this benefit.

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

I \_\_\_\_\_ of,  
(Full Name)

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

## DECLARE AS TRUE THE FOLLOWING:

That payments made for Rent comply with the requirements as defined below. I will inform Paywise if these payments no longer meet the specific requirements.

## RENTAL PAYMENTS REQUIREMENTS:

- Rental payments may only be packaged for the residence that you occupy;
- Part or full rental payments only;
- Payments may be made directly to your real estate agent or landlord or by reimbursement of payment you have made to one of those parties;
- Current lease agreement required;
- Payment made to end of current rental agreement.

Signature:

Date:

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