

Revenue Services Lesotho

Fringe Benefits Tax (FBT) Return



**Revenue
Services
Lesotho**

FBT1

Taxpayer's Name and Address:

TIN

Date:

Return Period

Quarter Ended: *(Please tick the appropriate box [√])*

Tax Year

30 June 30 September 31 December 31 March

You are required, by law, to make a return of all fringe benefits provided by you, or your associate, to any of your employees or their associate. This return must be filed within fourteen (14) days after the end of the period/quarter to which the return relates.

If there is insufficient space on this form, or you need to show your calculations or additional information, please attach a separate sheet.

Part 1: Calculation of Fringe Benefits Tax Due

In column 1, show the total number of employees, or their associates, who receive the benefits. In column 2 please give the gross taxable value of the benefits, and in column 3, the amount made good by employees.

	Column 1 No. of Employees	Column 2 Gross Taxable Value	Column 3 Employees' Contribution
Motor Vehicles <i>(give full details overleaf in Part 2)</i>			
Housing <i>(give full details overleaf in Part 3)</i>			
Utilities			
Meal or Refreshment			
Domestic Assistance			
Medical			
Loan			
Debt Waiver			
Excessive Superannuation Contributions			
Total			
<i>Less Employees' Contributions</i>			
Net Taxable Value			X 1.67
Fringe Benefits Taxable Amount			@ 40%
Fringe Benefits Tax Due			

Part 2: Motor Vehicles

	Vehicle No. (1)	Vehicle No. (2)	Vehicle No. (3)	Vehicle No. (4)	
Make, model and year of manufacture (a)					
Cost when new (b)					
Value at the time it was first provided for private use (c)					
Number of days available for private use in a quarter (d)					
Employee contribution (e)					
Gross Taxable Value ((Line (c)*15%*X/Y) - Line (e)) where: X = Line (d); and Y = number of days in the year of assessment (e.g. 365 days)					
	+	+	+	=	

Total of Gross Taxable Values brought forward from continuation sheets

Gross Taxable Value (transfer this amount to Part 1 under Motor Vehicles)

Part 3: Housing

Please show below the details of all the properties provided.

Description and Address of property	Taxable value computed by reference to:			20% of employee remuneration	Gross Taxable Value <i>(the lesser between market value of rental and 20% of employee remuneration)</i>
	Market value of rental				
	Open market value	Less employee contribution	Amount		
(1)					
(2)					
(3)					
(4)					
(5)					

Total of Gross Taxable Values brought forward from continuation sheets

Gross Taxable Value (transfer this amount to Part 1 under Housing)

DECLARATION

I declare that, to the best of my knowledge and belief, the information in this return is true and correct. The return is a full and complete statement of the net amount of all taxable fringe benefits provided to current, future and/or former employees and their associates.

I understand that false statements can result in prosecution and the imposition of penalties. A payment for the amount due for the quarter covered by this return is enclosed.

Name in Full:	Contact Number:
Designation:	Date:
	Signature:

NB: You will find the complete text of the legislation in Sections 119 to 127 of the Income Tax Act 1993 (as amended).