Form 6

Expense Payment Benefits

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **Nature of Expense****(e.g. school fees, private insurance)** | **Amount (GST Exclusive)** | **GST** | **Name of Employee** | **Otherwise Deductible Amount\*** |
|  |  |  |  |  |  |

*\*This is the amount the employee would have been able to claim as a tax deduction, if the expense had not been paid by their employer.*