



## Your tax file number (TFN)

<sup>^IJH</sup> **1**

<sup>^JGY</sup> **4**

<sup>^JHD</sup> **UPDATE TO ITEMS 10 & 21. INCLUSION OF ITEM 13.**

<sup>^AAD</sup> **999 999 515**

See the **Privacy** note in the *Taxpayer's declaration* on page XX of this tax return.

Are you an Australian resident?

<sup>^AJY</sup>

**Y**

Print **Y** for yes or **N** for no.

Have you included any attachments?

☐

Print **Y** for yes or **N** for no.

## Your name

Title – for example,  
Mr, Mrs, Ms, Miss

<sup>^ABE</sup>

**MR**

## Your sex

Print **X** in the  
relevant box.

Male

<sup>^ABD</sup>

**M**

Female

Surname or family name

<sup>^ABF</sup>

**SAXON**

<sup>^BAW</sup>

**III**

Given names

<sup>^ABG</sup>

**CORNELIUS**

<sup>^BBB</sup>

**HARRIET**

Has any part of your  
name changed since  
completing your last  
tax return?

<sup>^BFG</sup>

**N**

Print **Y** for yes  
or **N** for no.

If you answered yes, print  
previous surname.

<sup>^ABT</sup>

## Your postal address

Has your postal address  
changed since completing  
your last tax return?

☐

Print **Y** for yes  
or **N** for no.

<sup>^ABH</sup>

**70 TAKE ST**

<sup>^AME</sup>

**CAMPBELL**

Suburb or town

<sup>^AMF</sup>

State **ACT**

<sup>^APE</sup>

Postcode **2612**

Country – if not Australia

## Your home address

If the same as your current  
postal address, print **AS**  
**ABOVE.**

<sup>^ABK</sup>

**70 TAKE ST**

<sup>^AXQ</sup>

**CAMPBELL**

Suburb or town

<sup>^AXR</sup>

State **ACT**

<sup>^APH</sup>

Postcode **2612**

Country – if not Australia

## Your date of birth

If you were under 18 years of age  
on 30 June 2012 you must  
complete item **A1** on page 5 of  
this tax return.

Day

Month

Year

<sup>^ABQ</sup>

**01 09 1958**

## Final tax return

If you know this is your  
final tax return, print **FINAL.**

<sup>^ACG</sup>

**N**

## Your daytime phone number

Area  
code

Phone  
number

## Electronic funds transfer (EFT)

Provide your financial institution details.

Write the BSB number, account number  
and account name below. (See relevant  
instructions.)

BSB number  
(must be six digits)

Account  
number

Account name (for example, JQ Citizen. Do not show the account type, such as cheque,  
savings, mortgage offset)



**10 Gross interest**Tax file number amounts  
withheld from gross interest**M**

Gross interest

**L****^AFZ****702.00****11 Dividends**

Unfranked amount

**S**

Franked amount

**T**Tax file number amounts  
withheld from dividends**V**

Franking credit

**U****12 Employee share schemes**Discount from taxed upfront schemes  
– eligible for reduction**D**Discount from taxed upfront schemes  
– not eligible for reduction**E**

Discount from deferral schemes

**F**Discount on ESS Interests acquired pre 1 July 2009  
and 'cessation time' occurred during financial year**G**

Total Assessable discount amount

**B**

TFN amounts withheld from discounts

**C**

Foreign source discounts

**A****I Only used by taxpayers completing the supplementary section**Transfer the amount from **TOTAL SUPPLEMENT INCOME OR LOSS** on page X and write it here.

LOSS

**TOTAL INCOME OR LOSS**Add up the income amounts and deduct any loss amount in the **F** boxes.

LOSS

**F****Deductions****D1 Work related car expenses****A**

CLAIM

TYPE

**D2 Work related travel expenses****B****D3 Work related uniform, occupation specific or protective clothing, laundry and dry cleaning expenses****C**

CLAIM

TYPE

**D4 Work related self-education expenses****D**

CLAIM

TYPE

**D5 Other work related expenses****E****D6 Low value pool deduction****K****D7 Interest deductions****I****^JEE****45.00****D8 Dividend deductions****H****D9 Gifts or donations****J****^AGI****980.00****D10 Cost of managing tax affairs****M****^BMA****650.00****D Only used by taxpayers completing the supplementary section**Transfer the amount from **TOTAL SUPPLEMENT DEDUCTIONS** on page X and write it here.**TOTAL DEDUCTIONS**Items **D1** to **D** – add up the **I** boxes.**SUBTOTAL**

TOTAL INCOME OR LOSS less TOTAL DEDUCTIONS

LOSS

**Losses****L1 Tax losses of earlier income years**Primary production losses carried  
forward from earlier income years**Q**Primary production losses  
claimed this income year**F**Non-primary production losses carried  
forward from earlier income years**R**Non-primary production losses  
claimed this income year**Z****TAXABLE INCOME OR LOSS**Subtract amounts at **F** and **Z** item L1  
from amount at SUBTOTAL.**\$****^ATY****80 132.00**

LOSS

## Tax offsets

### T1 Spouse (without dependent child or student), child-housekeeper or housekeeper

To claim the spouse tax offset you must also complete applicable Income tests on page X and Spouse details – married or de facto on page X.

P		CLAIM TYPE
---	--	------------

Only complete the following question if you had more than one dependent spouse between 1 July 2011 and 30 June 2012.

Did you have a dependent spouse born on or before 30 June 1971?

	Print Y for yes or N for no.
--	------------------------------

Child-housekeeper's adjusted taxable income

V	
---	--

### T2 Senior Australians (includes age pensioners, service pensioners and self-funded retirees)

If you had a spouse during 2011–12 you must also complete Spouse details – married or de facto on page X.

TAX OFFSET	VETERAN
N	Y
CODE	CODE

If you completed item T2 Senior Australians above DO NOT complete this item.

### T3 Pensioner

If you had a spouse during 2011–12 you must also complete Spouse details – married or de facto on page X.

TAX OFFSET	VETERAN
O	T
CODE	CODE

### T4 Australian superannuation income stream

S	
---	--

### T5 Private health insurance

You must also complete Private health insurance policy details below.

Amount of refundable tax offset not previously claimed by way of reduced private health insurance premiums

G	
---	--

### T6 Education tax refund

L	
---	--

Number of primary school students

W	
---	--

Number of secondary school students

X	
---	--

### T Only used by taxpayers completing the supplementary section

Transfer the amount from TOTAL SUPPLEMENT TAX OFFSETS on page X and write it here.

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### TOTAL TAX OFFSETS

Items T1, T4, T5, T6 and T – add up the boxes.

U	1 290.00
---	----------

## Private health insurance policy details

You must provide the details for each policy if item T5 or item M2 asked you to complete this section.

Health insurer ID	Membership number	TYPE
B		F
C		F
B		F
C		F
B		F
C		F

## Medicare levy related items

### M1 Medicare levy reduction or exemption

If you complete this item and you had a spouse during 2011–12 you must also complete Spouse details – married or de facto on page X.

#### Reduction based on family income

Number of dependent children and students

Y	
---	--

#### Exemption categories

Full 1.5% levy exemption – number of days

V		CLAIM TYPE
---	--	------------

Half 1.5% levy exemption – number of days

W	
---	--

### M2 Medicare levy surcharge (MLS)

THIS ITEM IS COMPULSORY.

If you do not complete this item you may be charged the full Medicare levy surcharge.

For the whole period 1 July 2011 to 30 June 2012, were you and all your dependants (including your spouse) – if you had any – covered by private patient HOSPITAL cover?

E	N	Print Y for yes or N for no.
---	---	------------------------------

If you printed Y, you must complete Private health insurance policy details above.  
If you printed N, read below.

If you are liable for the surcharge for the whole period 1 July 2011 to 30 June 2012 you must write 0 at A.

If you are liable for the surcharge for part of the period 1 July 2011 to 30 June 2012 you must write the number of days you were NOT liable at A.

Number of days NOT liable for surcharge

^BWZ	3 6 6
------	-------

If you are NOT liable for the surcharge for the whole period 1 July 2011 to 30 June 2012 you must write 366 at A.

Number of dependent children

D	
---	--

If you had a spouse during 2011–12 (and you printed N at E), complete Spouse details – married or de facto on page 6. If you were covered by private patient hospital cover at any time during 2011–12 you must complete Private health insurance policy details above.

You must complete this item if you:

- You must read **Flood levy exemption** on page XX in the instruct

ork out whether you are exempt.

**I am exempt from paying the flood levy.**

<b>F</b>	
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**A1 Under 18**

If you were under 18 years of age on 30 June 2012 you must complete this item or you may be taxed at a higher rate. Read the information on **A1** in the instructions for more information.

J		TYPE
	.00	

Read the information on **A2** in the instructions before completing this item.

Date 

Day	Month	Year

Months eligible  
for threshold

**N**

Read the information on **A3** in the instructions before completing this item.

Income from investment, partnership and other sources

F   .00 COD

Income from employment and business

G		00
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### Deductions from business income

H		.00
---	--	-----

You must complete this section if any of the following apply to you.

- You have a payment summary showing total reportable fringe benefits amount or reportable employer superannuation contributions.
- You or your spouse received family payments, childcare benefits or a tax-free pension from Centrelink or the Department of Veterans' Affairs during 2011–12.
- You or your spouse are intending to claim family payments or childcare benefits as a lump sum for the 2011–12 year.
- Your child received student payments from Centrelink based on parental income.
- You hold a Commonwealth seniors health card.
- You were 55 years old or older on 30 June 2012 and you are entitled to the mature age worker tax offset (see **Net income from working – supplementary section** in the instructions).
- You paid or received child support.
- You have a HELP or SFSS debt.
- You completed any of the following items:
  - **12** Employee share schemes; where you wrote an amount at **D**
  - **T1** Spouse (without dependent child or student), child-housekeeper or housekeeper tax offset
  - **T2** Senior Australians tax offset
  - **T3** Pensioner tax offset
  - **M2** Medicare levy surcharge; where you printed **N** in the **NO** box at **E**
  - **T7** Superannuation contributions on behalf of your spouse tax offset; on the *Tax return for individuals (supplementary section) 2012*
  - **T10** Dependent relative on the *Tax return for individuals (supplementary section) 2012*
  - **T12** Net income from working – supplementary section; on the *Tax return for individuals (supplementary section) 2012*
  - **T13** Entrepreneurs tax offset; on the *Tax return for individuals (supplementary section) 2012*
  - **P9** Business loss activity details; on the *Business and professional items schedule for individuals 2012*.

We need the information requested in this section to accurately assess your tax offset entitlement, Medicare levy surcharge, and HELP or SFSS repayment amount. We may also pass this information to other government agencies such as Centrelink which will use the information to ensure you are receiving your full entitlement to government benefits.

If you had a spouse during 2011–12 you must also complete **Spouse details – married or de facto** on page 6.

**IT1 Total reportable fringe benefits amount**

W 00

## IT2 Reportable employer superannuation contributions

T		.00
---	--	-----

### IT3 Tax-free government pensions

U .00

#### IT4 Target foreign income

V .00

**IT5 Net financial investment loss**

X		.00
---	--	-----

**IT6 Net rental property loss**

Y		.00
---	--	-----

**IT7 Child support you paid**

**Z** <sup>^</sup>JED 37 101.00

## Spouse details – married or de facto

If you had a spouse during 2011–12, did you complete any of the following items or do you consent to use part or all of your 2012 tax refund to repay your spouse's Family Assistance Office debt?

- T1 Spouse (without dependent child or student), child-housekeeper or housekeeper  
T2 Senior Australians (includes age pensioners, service pensioners and self-funded retirees)  
T3 Pensioner  
M1 Medicare levy reduction or exemption  
M2 Medicare levy surcharge and you printed N in the box at **E**  
T7 Superannuation contributions on behalf of your spouse  
T10 Dependent relative  
T13 Entrepreneurs tax offset

NO ☐ You do not need to complete this section. Go to page X.

YES ☐ You must complete this section. Complete the information required below then go to page X.

Spouse's surname or family name	<b>^ABM JONES</b>		
Spouse's given names	<b>^ABN TRIxie</b>	<b>^BBL DELILAH</b>	
Spouse's date of birth	<b>K</b>	Day Month Year <b>^BNG 17 04 1989</b>	Spouse's sex Male <input type="checkbox"/> Female <b>^GFF F</b>

Did you have a spouse for the full year 1 July 2011 to 30 June 2012?

**^BOM**  
**L** **Y** Print Y for yes or N for no.

If you did not have a spouse for the full year, write the dates you had a spouse between 1 July 2011 and 30 June 2012.

From **M** Day Month Year to **N** Day Month Year

The information below relates to your spouse's income – the list shows which details you need to complete.

If you have completed:

- item T1, complete **O, S, Q, A, B, C, D** and **E**
- item T2 or T3, complete **O, T, S, P, Q, A** and **D**
- item M1 (**V** or **W**), complete **O**
- item M1 (**Y** only), complete **O** and **F** if you had a spouse on 30 June 2012
- item M2 and if you printed N for no at **E**, complete **O, T, U, S, A, D** and **F** if you had a spouse for all of 2011–12 or your spouse died during the year
- item T7, complete **O, S** and **A**
- item T10, complete **O, S, Q, A, B, C, D** and **E**
- item T13, complete **O, S, A** and **D** if you had a spouse on 30 June 2012.

If the amount is zero, write 0.

Your spouse's 2011–12 taxable income **O** **^DIL 34 780.00**

Your spouse's share of trust income on which the trustee is assessed under section 98, and which has not been included in your spouse's taxable income **T** **0.00**

Distributions to your spouse on which family trust distribution tax has been paid and which your spouse would have had to show as assessable income if the tax had not been paid **U** **0.00**

Your spouse's total reportable fringe benefits amounts **S** **0.00**

Amount of Australian Government pensions and allowances (see **Q6 Australian Government pensions and allowances** in the instructions) that your spouse received in 2011–12 (exclude **exempt pension** income) **P** **0.00**

Amount of exempt pension income (see **Amounts you do not pay tax on** in the instructions) that your spouse received in 2011–12 (show your spouse's **exempt pension** income) **Q** **0.00**

Amount of your spouse's reportable superannuation contributions (which is the total of reportable employer superannuation contributions and deductible personal superannuation contributions) **A** **0.00**

Your spouse's amount of any tax-free government pensions paid under the *Military Rehabilitation and Compensation Act 2004* that have not been included at **Q** above **B** **0.00**

Your spouse's target foreign income **C** **0.00**

Your spouse's total net investment loss (total of net financial investment loss and net rental property loss) **D** **0.00**

Child support your spouse paid **E** **0.00**

Your spouse's taxed element of a superannuation lump sum for which the tax rate is zero (see **M2 Medicare levy surcharge** in the instructions) **F** **0.00**

Spouses's total ATI  
(ELS Validation purpose only)

**^JDS 34 780.00**

F

Supplementary section
Income

Refer to the instructions before you complete item 13. If you are required to complete item 13 include deferred non-commercial business losses from a prior year at either X or Y as appropriate. Refer to the instructions for the relevant code.

13 Partnerships and trusts

Primary production

Distribution from partnerships N -00
Distribution from trusts L -00
Landcare operations and deduction for decline in value of water facility I -00
Other deductions relating to distribution X -00

Note: If you have a net loss from a partnership business activity, complete items P3 and P9 in the Business and professional items section of this tax return in addition to item 13.

Net primary production distribution -00

Non-primary production

Distribution from partnerships less foreign income O -00
Distribution from trusts less net capital gains and foreign income U ^DGG 57.00
Franked distributions from trusts C ^JIZ 33.00
Landcare operations expenses J -00
Other deductions relating to distribution at O, U and C Y -00

Distributions of net capital gains (including net foreign capital gains) must be included at item 18 on page X. Distributions of foreign income must be included at item 19 or 20 on page X.

Net non-primary production distribution -00

Share of credits from income and tax offsets

Share of credit for tax withheld where Australian business number not quoted P
Share of franking credit from franked dividends Q ^AFA 375.40
Share of credit for tax file number amounts withheld from interest, dividends and unit trust distributions R
Credit for TFN amounts withheld from payments from closely held trusts M ^JGG 64.78
Share of credit for tax paid by trustee S
Share of credit for amounts withheld from foreign resident withholding A
Share of National rental affordability scheme tax offset B

F

14 Personal services income (PSI)

Tax withheld – voluntary agreement G -00
Tax withheld where Australian business number not quoted H
Tax withheld – labour hire or other specified payments J -00

Net PSI – transferred from A item P1 on page XX A -00



## 15 Net income or loss from business

Primary production – transferred from **Y** item **P8** on page **XX**

**B** /  /  LOSS

Non-primary production – transferred from **Z** item **P8** on page **XX**

**C** <sup>^AWY</sup> **31 134.00** /  LOSS

If you show a loss at **B** or **C** you must complete item **P9** on page **XX**.

Tax withheld – voluntary agreement **D**  .00

Tax withheld where Australian business number not quoted **W**  .00

Tax withheld – foreign resident withholding **E**  .00

Tax withheld – labour hire or other specified payments **F**  .00

**F**

## 16 Deferred non-commercial business losses

Item **P9** on page **XX** must be completed before you complete this item.

Your share of deferred losses from partnership activities **F**  .00

Deferred losses from sole trader activities **G**  .00

Primary production deferred losses **I**  .00

Non-primary production deferred losses **J**  .00

## 17 Net farm management deposits or repayments

Deductible deposits **D** <sup>^JIU</sup> **0.00**

Early repayments exceptional circumstances **C** <sup>^JIV</sup> **637.00**

Early repayments natural disaster **N** <sup>^JIW</sup> **874.00**

Other repayments **R** <sup>^JIX</sup> **733.00**

Net farm management deposits or repayments **E** <sup>^BAV</sup> **2244.00** /  LOSS

## 18 Capital gains

Did you have a capital gains tax event during the year?

<sup>^FZS</sup>

**G** **N** Print **Y** for yes or **N** for no.

Did this CGT event relate to a forestry managed investment scheme interest that you held other than as an initial participant?

**Q**  Print **Y** for yes or **N** for no.

You must print **Y** at **G** if you received a distribution of a capital gain from a trust.

Net capital gain **A** /  .00

Total current year capital gains **H**  .00

Net capital losses carried forward to later income years **V**  .00

<sup>^BLT</sup>

## 19 Foreign entities

Did you have either a direct or indirect interest in a controlled foreign company (CFC)?

**I** **N** Print **Y** for yes or **N** for no.

CFC income **K** /  .00

Have you **ever**, either directly or indirectly, caused the transfer of property – including money – or services to a non-resident trust estate?

<sup>^BLV</sup> **W** **N** Print **Y** for yes or **N** for no.

Transferor trust income **B** /  .00



20 Foreign source income and foreign assets or liabilities

Assessable foreign source income **E**

Other net foreign employment income **T**  LOSS

Net foreign pension or annuity income WITHOUT an undeducted purchase price **L**  LOSS

Net foreign pension or annuity income WITH an undeducted purchase price **D**  LOSS

Net foreign rent **R**  LOSS

Other net foreign source income **M**  LOSS

Australian franking credits from a New Zealand company **F**

Also include at **F** Australian franking credits from a New Zealand company that you have received indirectly through a partnership or trust distribution.

Net foreign employment income – payment summary **U**  LOSS

Exempt foreign employment income **N**

Foreign income tax offset **O**

During the year did you own, or have an interest in, assets located outside Australia which had a total value of AUD\$50,000 or more? **P** **N** Print Y for yes or N for no.

21 Rent

Gross rent **P** **^AFS**

Interest deductions **Q** **^AKA**

Capital works deductions **F** **^GCG**

Other rental deductions **U** **^AKB**

**P** less ( **Q** + **F** + **U** )  Net rent LOSS

22 Bonuses from life insurance companies and friendly societies

**W**

23 Forestry managed investment scheme income

**A**

24 Other income

Type of income 

Category 1

Category 2

Tax withheld – lump sum payments in arrears **E**

Taxable professional income **Z**

TOTAL SUPPLEMENT INCOME OR LOSS

Items 13 to 24 – add up the **Y** boxes for income amounts and deduct any loss amounts in the **V** boxes.  LOSS

Transfer this amount to **I** on page X.

## Deductions

**D11** Deductible amount of undeducted purchase price of a foreign pension or annuity **Y** .00

## D12 Personal superannuation contributions

Full name of fund

**ARC** **LEO**

Account number

**GZG** **669**

**H** **AMP** **14 980.00**

Fund Australian business number

**HEA** **8 2 4 9 9 3 1 9 2 4 0**

Fund tax file number

**HEN** **999999917**

**D13** Deduction for project pool **D** .00

## D14 Forestry managed investment scheme deduction

Product or private ruling information

Code

Year

Number

**U**

**V**

**W**

**F** .00

## D15 Other deductions – not claimable at items D1 to D14

Description of claim

Election expenses **E** .00

Other deductions **J** .00

### TOTAL SUPPLEMENT DEDUCTIONS

Items **D11** to **D15** – add up the **I** boxes and transfer this amount to **D** on page X.

.00

## Tax offsets

### T7 Superannuation contributions on behalf of your spouse

You must also complete **Spouse details – married or de facto** on page 6.

Contributions paid

**BWY** **3 000.00**

**A** **BWX** **540.00**

**T8** Zone or overseas forces **R** .00

**T9** 20% tax offset on net medical expenses over the threshold amount **X** **BMM** **750.00**

**T10** Dependent relative **B** .00

**T11** Landcare and water facility **T** .00

Landcare and water facility tax offset brought forward from earlier income years

### T12 Net income from working – supplementary section

**M** .00

LOSS

Read the information on **T12** in the instructions before completing this item.

### T13 Entrepreneurs tax offset

Small business entity aggregated turnover

**K** .00

Net small business entity income

**N** .00

CODE

Read the information on **T13** in the instructions before completing this item.

MARITAL

**O**

STATUS

### T14 Other tax offsets

If you are entitled to a low-income tax offset, do not write it anywhere on your tax return. The Tax Office will calculate it for you.

**C** .00

CLAIM

TYPE

**F**

### TOTAL SUPPLEMENT TAX OFFSETS

Items **T7**, **T8**, **T9**, **T10**, **T11** and **T14** – add up the **I** boxes.

.00

Transfer this amount to **T** on page 4.

## Adjustment

### A4 Amount on which family trust distribution tax has been paid

Read the information on **A4** in the instructions before completing this item.

**X** .00

## Credit for interest on tax paid

### C1 Credit for interest on early payments – amount of interest

**L**

**F**

## Business and professional items section

### P1 Personal services income (PSI)

Print **X** in the appropriate box.

Did you receive any personal services income?

**^IFP**

**YES** ☐ Read on.

**NO** **N** Go to item **P2**.

#### Part A

Did you satisfy the results test?

**P** **NO** ☐ Read on.

**YES** ☐ Go to item **P2**.

Have you received a personal services business determination(s) that was in force for the whole of the period you earned PSI?

**C** **NO** ☐ Read on.

**YES** ☐ Go to item **P2**.

Did you receive 80% or more of your PSI from one source?

**Q** **NO** ☐ Read on.

**YES** ☐ Go to part B.

If you received less than 80% of your PSI from each source for the whole of the period you earned PSI and you satisfied any of the following personal services business tests, indicate which business test(s) you satisfied. Print **X** in the appropriate box(es). Refer to the publication *Business and professional items 2012* before you complete this item.

Unrelated clients test **D1** ☐

Employment test **E1** ☐

Business premises test **F1** ☐

If you printed **X** at **D1**, **E1** or **F1**, go to item **P2** below; otherwise go to part B.

#### Part B

Do not show amounts at part B that were subject to foreign resident withholding. Show these at item **P8**.

PSI – voluntary agreement **M**  -00

PSI – where Australian business number not quoted **N**  -00

PSI – labour hire or other specified payments **O**  -00

PSI – other **J**  -00

Deductions for payments to associates for principal work **K**  -00

Total amount of other deductions against PSI **L**  -00

Net PSI ( **M** + **N** + **O** + **J** ) less ( **K** + **L** ) **A**  -00 /  **F**

Transfer the amount at **A** above to **A** item **14** on page 7.

Complete items **P2** and **P3**. Do not show at item **P8** any amount you have shown at part B of item **P1**.

### P2 Description of main business or professional activity

**^ADQ** **CONFECTIONARY MANUFACTURING**

Industry code **A** **^AIC** **11820**

### P3 Number of business activities

**^GAM**  
**B**  **1**

### P4 Status of your business – print **X** in one box only.

Ceased business **C1** ☐

Commenced business **C2** ☐

### P5 Business name of main business and Australian business number (ABN)

**^AVO** **MORE TRUFFLES**

ABN

### P6 Business address of main business

**^AVY** **115 PIRIE ST**

**^AJP** Suburb or town **FYSHWICK**

**^AJX** State **ACT** **D** **^APD** Postcode **2609**

### P7 Did you sell any goods or services using the internet?

**^BWE**  
**Q** **Y** Print **Y** for yes or **N** for no.

**F**

# P8 Business income and expenses

Income		Primary production	Non-primary production	Totals
Gross payments where Australian business number not quoted	<b>C</b>	-00	<b>D</b>	-00
Gross payments subject to foreign resident withholding	<b>A</b>	-00	<b>B</b>	-00
Gross payments – voluntary agreement	<b>E</b>	-00	<b>F</b>	-00
Gross payments – labour hire or other specified payments	<b>N</b>	-00	<b>O</b>	-00
Assessable government industry payments	<b>G</b>	-00	<b>H</b>	-00
Other business income	<b>I</b>	-00	<b>J</b>	-00
<b>Total business income</b>		-00	-00	-00

  

Expenses		Primary production	Non-primary production	Totals
Opening stock		-00	-00	<b>K</b>
Purchases and other costs		-00	-00	<b>L</b>
Closing stock		-00	-00	<b>M</b>
Cost of sales ( <b>K</b> + <b>L</b> – <b>M</b> )		-00	-00	
Foreign resident withholding expenses		-00	-00	<b>U</b>
Contractor, subcontractor and commission expenses		-00	-00	<b>F</b>
Superannuation expenses		-00	-00	<b>G</b>
Bad debts		-00	-00	<b>I</b>
Lease expenses		-00	-00	<b>J</b>
Rent expenses		-00	-00	<b>K</b>
Interest expenses within Australia		-00	-00	<b>Q</b>
Interest expenses overseas		-00	-00	<b>R</b>
Depreciation expenses		-00	-00	<b>M</b>
Motor vehicle expenses		-00	-00	<b>N</b>
Repairs and maintenance		-00	-00	<b>O</b>
All other expenses		-00	-00	<b>P</b>
<b>Total expenses</b>		-00	-00	-00

  

Reconciliation items		Primary production	Non-primary production	Totals
Deduction for environmental protection expenses		-00	-00	<b>V</b>
Section 40-880 deduction		-00	-00	<b>A</b>
Business deduction for project pool		-00	-00	<b>L</b>
Small business and general business tax break		-00	-00	<b>F</b>
Landcare operations and business deduction for decline in value of water facility		-00	-00	<b>W</b>
Income reconciliation adjustments		-00	-00	<b>X</b>
Expense reconciliation adjustments		-00	-00	<b>H</b>
<b>Net income or loss from business this year</b>		-00	-00	-00
Deferred non-commercial business losses from a prior year	<b>D</b>	-00	<b>E</b>	-00
<b>Net income or loss from business</b>		-00	-00	-00

Transfer the amounts at **Y** and **Z** to item 15 on page 7.

**P9 Business loss activity details**

Show details of up to three business activities in which you made a net loss this year. List them in order of size of loss – greatest first. If you print loss code **8** at **G**, **M** or **S** you must also complete item **16** on page **X**.

**Activity 1** Description of activity **D**  **F**

Industry code **E**  Partnership (P) or sole trader (S) **F**

Type of loss **G**  Reference for code 5 **C**  **Y**  /  Number

Deferred non-commercial business loss from a prior year **H**  **-00** Net loss **I**  **-00** **F**

**Activity 2** Description of activity **J**  **F**

Industry code **K**  Partnership (P) or sole trader (S) **L**

Type of loss **M**  Reference for code 5 **C**  **Y**  / **A**  Number

Deferred non-commercial business loss from a prior year **N**  **-00** Net loss  **-00** **F**

**Activity 3** Description of activity **P**  **F**

Industry code **Q**  Partnership (P) or sole trader (S) **R**

Type of loss **S**  Reference for code 5 **C**  **Y**  / **A**  Number

Deferred non-commercial business loss from a prior year **T**  **-00** Net loss  **-00** **F**

**P10 Small business entity depreciating assets**

For completion by small business entities only. Small business entities using this concession are not required to complete a Capital Allowances schedule 2012.

Deduction for low-cost assets (less than \$1,000)

**A**  **-00**

Deduction for general pool assets (less than 25 years)

**B**  **-00**

Deduction for long-life pool assets (25 years or more)

**C**  **-00**

**Other business and professional items**

**P11 Trade debtors** **E**  **-00**

**P12 Trade creditors** **F**  **-00**

**P13 Total salary and wage expenses** **G**  **-00** /  TYPE

**P14 Payments to associated persons** **H**  **-00**

**P15 Intangible depreciating assets first deducted** **I**  **-00**

**P16 Other depreciating assets first deducted** **J**  **-00**

**P17 Termination value of intangible depreciating assets** **D**  **-00**

**P18 Termination value of other depreciating assets** **K**  **-00**

**P19 Trading stock election** **P**

Print **Y** for yes or leave blank.

Hours taken to prepare and complete the Business and professional items section

**S**

**F**

**Family Assistance Office** consent

Complete this section only if you consent to use part or all of your 2012 tax refund to repay your spouse's Family Assistance Office (FAO) debt.

Complete the details below only if:

- you were the spouse of a family tax benefit (FTB) claimant, or the spouse of a child care benefit claimant on 30 June 2012 **and**
- your spouse has given you authority to quote their customer reference number (CRN) on your tax return – if your spouse does not know their CRN they can contact FAO **and**
- your spouse has a debt due to the FAO or expects to have a FAO debt for 2012 **and**
- you expect to receive a tax refund for 2012 **and**
- you consent to use part or all of your tax refund to repay your spouse's FAO debt.

### Spouse's CRN

**Z** | 

**Important:** You also need to provide your spouse's name, date of birth and their sex on page X.

I consent to the Tax Office using part or all of my 2012 tax refund to repay any FAO debt of my spouse, whose details I have provided on page X. I have obtained my spouse's permission to quote their CRN.

Your  
signature

--

Date \_\_\_\_\_

Day      Month      Year

## Taxpayer's declaration

Read and sign the declaration after completing your tax return, including the Supplementary section, Business and professional items section and other schedules if applicable.

**I declare that:**

- the information provided to my registered tax agent for the preparation of this tax return is true and correct, and
- I authorise my registered tax agent to lodge this tax return.

Taxpayer's  
signature

\_\_\_\_\_

Date \_\_\_\_\_

Day	Month	Year

**Important:** The tax law imposes heavy penalties for giving false or misleading information.

The Tax Office will issue your assessment based on your tax return. However, the Tax Office has some time to review your tax return, and issue an amended assessment if a review shows inaccuracies that change the assessment. The standard review period is two years but for some taxpayers it is four years.

## Privacy:

The Tax Office is authorised by the *Taxation Administration Act 1953* to request you to quote your tax file number (TFN). It is not an offence not to quote your TFN. However, your assessment may be delayed if you do not quote your TFN. The Tax Office is also authorised by the *Income Tax Assessment Act 1936*, the *Income Tax Assessment Act 1997* and the *A New Tax System (Family Assistance) (Administration) Act 1999* to ask for the other information on this tax return. We need this information to help us to administer the taxation laws. We may give this information to other government agencies as authorised in taxation law – for example, benefit payment agencies such as Centrelink, the Department of Education, Employment and Workplace Relations, and the Department of Families, Housing, Community Services and Indigenous Affairs; law enforcement agencies such as state and federal police; and other agencies such as the Child Support Agency, the Australian Bureau of Statistics and the Reserve Bank of Australia. The Commissioner of Taxation, as Registrar of the Australian Business Register, may use the ABN and business details which you provide on this tax return to maintain the integrity of the register.

## Tax agent's declaration

1.

declare that this tax return has been prepared in accordance with information supplied by the taxpayer, that the taxpayer has given me a declaration stating that the information provided to me is true and correct and that the taxpayer has authorised me to lodge the tax return.

Agent's signature

\_\_\_\_\_

Date \_\_\_\_\_

Day      Month      Year

Client's reference

**^AWB EI-10**

Contact name

^ACR **JOHN DOE**

Agent's telephone number

Area code **02** Telephone number **1234 5678**

Agent's reference number

**^AAE 00013000**

**B****Rental Property  
Schedule****2012**

DD/MM/CCYY to DD/MM/CCYY

Your tax file no (TFN)  
(See Privacy note on the bottom of this page.)

Your name  
Surname or family name  
Given names

Your date of birth

**Rental details**

Address of property **^CXI 10 FENHURST AVE**  
**^CXJ CREMORNE** **^CXK NSW** **^CXL 2090**

Date property first earned rental income **^CXM 01 07 2004**

Number of weeks property was rented this year **^DAF 47**

**Taxpayer's declaration**

I declare that all the information I have given is true and correct.

Signature..... Date ....../....../....  
The tax law imposes heavy penalties for giving false or misleading information

**Privacy**

It is not an offence not to quote your TFN. However, your TFN helps the Australian Taxation Office (ATO) to correctly identify your tax records. The ATO is authorised by the Income Tax Assessment Act 1936 and the Income Tax Assessment Act 1997 to ask for information in this tax return. We need this information to help us to administer the tax laws. We may give some of this information to other government agencies authorised by law to receive it, including Centrelink and the departments of Family and Community Services, Veteran's Affairs, Education, Training and Youth Affairs.

~~IN-CONFIDENCE-when completed~~



Taxpayer name

Signature.....

**Income**

Rental income	<b>^CXP</b>	A	<b>13 160</b>
Other rental related income		B	

**Gross rent**

Add income amounts (A and B)	C	
------------------------------	---	--

**Expenses**

Advertising for tenants	<b>^CXU</b>	D	<b>270</b>
Body corporate fees		E	
Borrowing expenses	<b>^CXW</b>	F	<b>785</b>
Cleaning	<b>^CXY</b>	G	<b>80</b>
Council rates	<b>^CYE</b>	H	<b>1 690</b>
Capital allowances (depreciation on plant)	<b>^CXZ</b>	I	<b>100</b>
Gardening/lawn mowing	<b>^CYD</b>	J	<b>530</b>
Insurance	<b>^CYA</b>	K	<b>370</b>
Interest on loan(s)	<b>^CXR</b>	L	<b>5 980</b>
Land tax	<b>^CYG</b>	M	<b>2 497</b>
Legal fees		N	
Pest control		O	
Property agent fees/commission	<b>^CXS</b>	P	<b>520</b>
Repairs and maintenance	<b>^CYH</b>	Q	<b>130</b>
Capital works deductions (special building write off)		R	
Stationery, telephone and postage		S	
Travel expenses	<b>^CYI</b>	T	<b>75</b>
Water charges	<b>^CYF</b>	U	<b>680</b>
Sundry rental expenses		V	

**Total expenses**

Add expenses amounts (D to V)	W	
-------------------------------	---	--

**NET RENT**

Take W away from	<b>^CYL</b>	X	<b>547 /L</b>
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**IN-CONFIDENCE-when completed**

\*\*\*\*\* NOTE \*\*\*\*\*

THIS SCHEDULE CANNOT BE LODGED WITH THE ATO AS A PAPER REPRESENTATION OF THE SCHEDULE.

FOR PAPER LODGEMENT PLEASE USE THE PRE PRINTED FORMAT ISSUED BY THE ATO.

\*\*\*\*\*

**B****Rental Property  
Schedule****2012**

DD/MM/CCYY to DD/MM/CCYY

Your tax file no (TFN)  
(See Privacy note on the bottom of this page.)

Your name  
Surname or family name  
Given names

Your date of birth

**Rental details**

Address of property **^CXI 102 RAINWATER CLOSE**  
**^CXJ CREMORNE** **^CXK NSW** **^CXL 2090**

Date property first earned rental income **^CXM 01 09 2007**

Number of weeks property was rented this year **^DAF 52**

**Taxpayer's declaration**

I declare that all the information I have given is true and correct.

Signature..... Date ....../....../....  
The tax law imposes heavy penalties for giving false or misleading information

**Privacy**

It is not an offence not to quote your TFN. However, your TFN helps the Australian Taxation Office (ATO) to correctly identify your tax records. The ATO is authorised by the Income Tax Assessment Act 1936 and the Income Tax Assessment Act 1997 to ask for information in this tax return. We need this information to help us to administer the tax laws. We may give some of this information to other government agencies authorised by law to receive it, including Centrelink and the departments of Family and Community Services, Veteran's Affairs, Education, Training and Youth Affairs.

**IN-CONFIDENCE-when completed**

Taxpayer name

Signature.....

**Income**

Rental income	<b>^CXP</b>	A	<b>18 720</b>
Other rental related income		B	

<b>Gross rent</b>	Add income amounts (A and B)	C
-------------------	------------------------------	---

**Expenses**

Advertising for tenants		D	
Body corporate fees		E	
Borrowing expenses		F	
Cleaning		G	
Council rates	<b>^CYE</b>	H	<b>1 690</b>
Capital allowances (depreciation on plant)		I	
Gardening/lawn mowing	<b>^CYD</b>	J	<b>300</b>
Insurance	<b>^CYA</b>	K	<b>380</b>
Interest on loan(s)	<b>^CXR</b>	L	<b>7 690</b>
Land tax	<b>^CYG</b>	M	<b>2 497</b>
Legal fees		N	
Pest control		O	
Property agent fees/commission	<b>^CXS</b>	P	<b>430</b>
Repairs and maintenance	<b>^CYH</b>	Q	<b>320</b>
Capital works deductions (special building write off)	<b>^GKT</b>	R	<b>590</b>
Stationery, telephone and postage		S	
Travel expenses	<b>^CYI</b>	T	<b>175</b>
Water charges	<b>^CYF</b>	U	<b>930</b>
Sundry rental expenses		V	

<b>Total expenses</b>	Add expenses amounts (D to V)	W
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<b>NET RENT</b>	Take W away from	<b>^CYL</b>	X	<b>3 718</b>
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**IN-CONFIDENCE-when completed**

\*\*\*\*\* NOTE \*\*\*\*\*

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\*\*\*\*\*

**B****Rental Property  
Schedule****2012**

DD/MM/CCYY to DD/MM/CCYY

Your tax file no (TFN)  
(See Privacy note on the bottom of this page.)

Your name  
Surname or family name  
Given names

Your date of birth

**Rental details**

Address of property    **^CXI** 12 BARRY PLACE  
                                 **^CXJ** CREMORNE                                    **^CXK** NSW                                    **^CXL** 2090

Date property first earned rental income                                    **^CXM** 29 05 2008

Number of weeks property was rented this year                                    **^DAF** 52

**Taxpayer's declaration**

I declare that all the information I have given is true and correct.

Signature..... Date ....../....../....  
The tax law imposes heavy penalties for giving false or misleading information

**Privacy**

It is not an offence not to quote your TFN. However, your TFN helps the Australian Taxation Office (ATO) to correctly identify your tax records. The ATO is authorised by the Income Tax Assessment Act 1936 and the Income Tax Assessment Act 1997 to ask for information in this tax return. We need this information to help us to administer the tax laws. We may give some of this information to other government agencies authorised by law to receive it, including Centrelink and the departments of Family and Community Services, Veteran's Affairs, Education, Training and Youth Affairs.

**IN-CONFIDENCE-when completed**

Taxpayer name

Signature.....

**Income**

Rental income	<b>^CXP</b>	A	<b>19 760</b>
Other rental related income		B	

**Gross rent**

Add income amounts (A and B)	C
------------------------------	---

**Expenses**

Advertising for tenants		D	
Body corporate fees		E	
Borrowing expenses	<b>^CXW</b>	F	<b>1 430</b>
Cleaning		G	
Council rates	<b>^CYE</b>	H	<b>1 690</b>
Capital allowances (depreciation on plant)		I	
Gardening/lawn mowing		J	
Insurance	<b>^CYA</b>	K	<b>430</b>
Interest on loan(s)	<b>^CXR</b>	L	<b>815</b>
Land tax	<b>^CYG</b>	M	<b>2 497</b>
Legal fees		N	
Pest control		O	
Property agent fees/commission		P	
Repairs and maintenance	<b>^CYH</b>	Q	<b>570</b>
Capital works deductions (special building write off)	<b>^GKT</b>	R	<b>1 620</b>
Stationery, telephone and postage		S	
Travel expenses	<b>^CYI</b>	T	<b>85</b>
Water charges	<b>^CYF</b>	U	<b>73</b>
Sundry rental expenses		V	

**Total expenses**

Add expenses amounts (D to V)	W
-------------------------------	---

**NET RENT**

Take W away from C	<b>^CYL</b>	X	<b>10 550</b>
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**IN-CONFIDENCE-when completed**

\*\*\*\*\* NOTE \*\*\*\*\*

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FOR PAPER LODGEMENT PLEASE USE THE PRE PRINTED FORMAT ISSUED BY THE ATO.

\*\*\*\*\*

## Employment termination payment schedule

Use the information on your payment summaries to complete this schedule.

## WHEN COMPLETING THIS FORM

- Print clearly in BLOCK LETTERS using a black or blue pen.

S M I T H S T

- Place  $\chi$  in ALL applicable boxes.



717441208

## Income year

Use only four digits, for example, for income year 2008–09, write 2009.

Page 10 of 10

## Payee's details

## Full name

Title:    Mr     Mrs     Miss     Ms     Other

Family name

[illegible]

First given name

[illegible]

Other given name

[illegible]

**Tax file number (TFN)**



 See the **Privacy** note in the *Taxpayer's declaration* on the last page of your *Tax return for individuals*.

## Payment details

**Date of payment**

Tax withheld	\$	1,268.00
--------------	----	----------

**Taxable component** \$       ☒

Complete by placing an ☒ in the applicable box.

Is this payment part of a payment made in an earlier income year for the same termination? No ☒ Yes ☐

Is this payment a transitional termination payment? No **N** Yes

Is this payment a death benefit? No ☐ Yes ☒ If so, are you a dependant of the deceased? No ☐ Yes ☐

**Payer's Australian business number (ABN)**  **55 222 288 889**  

**Date of payment**

Tax withheld	\$	^ISB			508.00
--------------	----	------	--	--	--------

**Taxable component** \$  ^IRV  -  2392

Complete by placing an ☐ in the applicable box.

Is this payment part of a payment made in an earlier income year for the same termination? No ☒ Yes ☐

Is this payment a transitional termination payment? No **N** Yes

Is this payment a death benefit? No ☐ Yes ☒ If so, are you a dependant of the deceased? No ☐ Yes ☐

**Payer's Australian business number (ABN)**  **55 222 288 889**  

Date of payment   /   /

Tax withheld \$    ,    .

Taxable component \$    ,    . ☒

Complete by placing an ☒ in the applicable box.

Is this payment part of a payment made in an earlier income year for the same termination? No ☐ Yes ☐

Is this payment a transitional termination payment? No ☐ Yes ☐

Is this payment a death benefit? No ☐ Yes ☐ If so, are you a dependant of the deceased? No ☐ Yes ☐

Payer's Australian business number (ABN)

Date of payment   /   /

Tax withheld \$    ,    .

Taxable component \$    ,    . ☒

Complete by placing an ☒ in the applicable box.

Is this payment part of a payment made in an earlier income year for the same termination? No ☐ Yes ☐

Is this payment a transitional termination payment? No ☐ Yes ☐

Is this payment a death benefit? No ☐ Yes ☐ If so, are you a dependant of the deceased? No ☐ Yes ☐

Payer's Australian business number (AFN)

## Taxpayer's signature

When you have completed the schedule sign and date it.

Name of signatory

Signature

Date

/   /

➤ What to do when you have completed the schedule.

- sign and date the schedule
- attach it to page 3 of your tax return.

There is no data on this page of the return form.





# Superannuation lump sum schedule

Use the information on your payment summaries to complete this form.

## WHEN COMPLETING THIS FORM

■ Print clearly in BLOCK LETTERS using a black or blue pen.

S M I T H S T

■ Place ☒ in ALL applicable boxes.

## Income year

Use only four digits, for example, for income year 2007–08, write 2008.

## Payee's details

### Full name

Title: Mr Mrs Miss Ms Other

Family name

First given name Other given name

Tax file number (TFN)

See the **Privacy** note in the *Taxpayer's declaration* on the last page of your *Tax return for individuals*.

## Payment details

Date of payment Day Month Year

Tax withheld \$

### Taxable component

Taxed element \$

Untaxed element \$

Is this payment a death benefit? No Yes

Payer's Australian business number (ABN)

Date of payment Day Month Year

Tax withheld \$

### Taxable component

Taxed element \$

Untaxed element \$

Is this payment a death benefit? No Yes

Payer's Australian business number (ABN)

**Date of payment**      Day      Month      Year

□ □ / □ □ / □ □ □ □

**Tax withheld**      \$    .    . ~~00~~

## Taxable component

Taxed element      \$    ,    .~~00~~

Untaxed element \$    .    . ~~00~~

**Is this payment a death benefit?** No ☐ Yes ☐

**Payer's Australian business number (ABN)**

**Date of payment**      Day      Month      Year

**Tax withheld**      \$    .    . ~~00~~

## Taxable component

Taxed element     \$    .    .

Untaxed element \$    .    .~~00~~

**Is this payment a death benefit?** No ☐ Yes ☒

**Payer's Australian business number (ABN)**

**Date of payment**   Day /   Month /   Year

**Tax withheld**      \$    .    .

## Taxable component

Taxed element \$     .

Untaxed element \$

Is this payment a death benefit? ☒ No ☐ Yes

Payer's Australian business number (ABN) [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

## Taxpayer's signature

When you have completed the schedule sign and date below.

Name of signatory

[illegible]

Signature

Date

Day                      Month                      Year

/   /



## What to do when you have completed the schedule.

- sign and date the schedule
- attach it to page 3 of your tax return.