

Individual tax return

2017

1 July 2016 to 30 June 2017

Please print neatly in BLOCK LETTERS with a black or blue ballpoint pen only.

Your tax file number	See the P	rivacy note in the Taxpayer's on on page 15 of this return.	Are you an Australian reside	or N for fig.
Your name	Title – for examp Mr, Mrs, Ms, Mi Surname or family nar Given nam	ne		
Has any part of your name changed since completing your last tax return?	Print Y for yes or N for no.	To find out how to update y or phone 13 28 61 .	our name on our records, go to ato.gov.	au/updatedetails
Your postal address				
Has your postal address changed since completin your last tax return?	Print Y for yes or N for no.	Suburb or town Country – if not Australia	State , ,	Postcode , , ,
Your home address If the same as your curre postal address, print AS ABOVE.	nt	Suburb or town Country – if not Australia	State , ,	, Postcode , , ,
Your mobile phone r	number			
Your daytime phone (if different from your mol number above)	number	Area code	Phone number	
Your email address				
Your contact details may to advise you of tax ref to correspond with you to issue notices to you to conduct research ar	urn lodgment options with regards to your to or	axation and superannuation af	fairs	
Your date of birth If you were under 18 year on 30 June 2017 you mu complete item A1 on pag this tax return.	st	Day Month Year	Final tax return If you know this is your final tax return, print FINAL.	
Electronic funds train We need your financial in to pay any refund owing you have provided them white the BSB number, and account name.	stitution details to you, even if to us before.	BSB number (must be six digits) Account name (for example savings, mortgage offset)	Account number 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	pe, such as cheque,

Income Salary or wages Your main salary and wage occupation Occupation code Tax withheld Income Payer's Australian business number (do not show cents) (do not show cents) -00 C -00 -00 -00 -00 -00 -00 -00 -00 -00 Allowances, earnings, tips, director's fees etc -00 -00 Amount A in lump **Employer lump sum payments** sum payments box -00 R -00 5% of amount B in lump sum payments box -00 -00 **Employment termination payments (ETP)** Taxable component Month Year Date of payment -00 -00 Payer's ABN Australian Government allowances and payments like -00 Α .00 newstart, youth allowance and austudy payment **Australian Government pensions and allowances** -00 В .00 You must complete item T1 in Tax offsets on page 4. Australian annuities and superannuation income streams -00 -00 **Taxable component** Taxed element Untaxed element -00 Lump sum in arrears - taxable component Taxed element -00 -00 Untaxed element Australian superannuation lump sum payments -00 Taxable component Taxed element -00 Date of payment Payer's ABN -00 Untaxed element Attributed personal services income -00 -00

Add up the boxes.

\$

-00

Total tax withheld

Attach all requested attachmen	ts here.				
10 Gross interest Tax f withhele	file number amounts d from gross interest		Gross interest		-00
I1 Dividends			Unfranked amount	S	-90
			Franked amount	T/	-90
	file number amounts hheld from dividends		Franking credit	U	-90
2 Employee share schemes	Discount from taxed upfront s – eligible for r		-90		
	Discount from taxed upfront s – not eligible for r		-00		
	Discount from deferral s	schemes F	-90		
Discount and 'ces	on ESS Interests acquired pre 1 J ssation time' occurred during finan	uly 2009 ncial year G	-00		
			able discount amount	В	-00
	TFN amounts withheld from di		•		
	Foreign source d		-90		
Only used by taxpayers con Transfer the amount f	mpleting the supplementar from TOTAL SUPPLEMENT INC	-	n page 10 and write it h	ere.	-90/
TOTAL INCOME OR LOSS	Add up the income amounts	s and deduct any l	oss amount in the box	(es.	- 90 /
Deductions					
O1 Work related car expense	s			А	-00/
2 Work related travel expen	ses			В	-00
Work related uniform, occ clothing, laundry and dry		tive		С	·90/
04 Work related self-education	on expenses			D	-00 /
O5 Other work related expens	ses			Е	-90
6 Low value pool deduction				K	-00
7 Interest deductions				1	-90
08 Dividend deductions				Н	-90
9 Gifts or donations				J	-90
010 Cost of managing tax affa	irs			М	-90
	ompleting the supplement	•	n nama 11 and write it le	- VO	90
TOTAL DEDUCTIONS	ount from TOTAL SUPPLEMENT		D - add up the box		.00
SUBTOTAL			<u>-</u>		LC
	TOTAL INC	OME OR LOSS I	ess TOTAL DEDUCTIO	ONS	-90/
osses 1 Tax losses of earlier incon	_ · · · —				
Primary production loss forward from earlier inc	come years	Cli	mary production losses aimed this income year	F	-00
Non-primary production lose forward from earlier inc	ses carried come years R	-90 Non-prii	mary production losses aimed this income year	Z	-90
TAXABLE INCOME OR LO	SS	Subtract amounts	s at F and Z item L1 amount at SUBTOTAL.	\$	- DQ /

INDIVIDUAL TAX RETURN 2017

TAX Seniors and pensioners (includes self-funded retirees) If you had a spouse during 2016-17 you must also complete Spouse details - married or de facto on page 7. -00 Australian superannuation income stream Only used by taxpayers completing the supplementary section Transfer the amount from TOTAL SUPPLEMENT TAX OFFSETS on page 11 and write it here. -00 **TOTAL TAX OFFSETS** -00 Items T2 and T - add up the \ boxes. U Medicare levy related items Reduction based on family income M1 Medicare levy reduction or exemption Number of dependent children and students If you complete this item and you had **Exemption categories** a spouse during 2016-17 you must also complete Spouse details - married or Full 2.0% levy exemption - number of days de facto on page 7. Half 2.0% levy exemption - number of days 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 2016 to 30 June 2017, were you and all your dependants Print Y for yes or N for no. (including your spouse) - if you had any - covered by private patient HOSPITAL cover? If you printed Y, you must complete Private health insurance policy details on the next page. If you printed N, read below. If you are liable for the surcharge for the whole period 1 July 2016 to 30 June 2017 you must write 0 at A. If you are liable for the surcharge for part of the period 1 July 2016 to Number of days **NOT** 30 June 2017 you must write the number of days you were NOT liable at A. liable for surcharge If you are **NOT** liable for the surcharge for the whole period 1 July 2016 to 30 June 2017 you **must** write **365** at **A**. If you had a spouse during 2016–17 (and you printed N at Ĕ), complete Spouse details – married or de facto on page 7. If you were covered by private patient hospital cover at any time during 2016-17 you must complete Private health insurance policy details on the next page.

Tax offsets

Priv	vate health insurance policy de You must read Private health insurance Fill all the labels below unless directed	ce policy details in the instructions before completing this item.	
	Health insurer ID B Membershi number	^p C	
	Your premiums eligible for Australian Government rebate	Your Australian Government rebate received K CODE	
	Benefit code	Tax claim code. Read the instructions.	
	Health insurer ID B Membershi	^p C	
	Your premiums eligible for Australian Government rebate	Your Australian Government rebate received K .90	
	Benefit code	Tax claim code. Read the instructions.	
	Health insurer ID B Membershi number	p C	
	Your premiums eligible for Australian	Your Australian Government rebate received K .90	
	Government rebate Benefit code	Tax claim code. Read the instructions.	
	Health insurer ID B Membershi number	^p C	
	Your premiums eligible for Australian Government rebate	Your Australian Government rebate received	
	Benefit code	Tax claim code. Read the instructions.	
Adj A1	ustments Under 18		
AI	If you were under 18 years of age on 30	June 2017 you must complete this item or you may be ion on A1 in the instructions for more information.	oo / Type
A2	Part-year tax-free threshold Read the information on A2 in the		
	instructions before completing this item.	Date Day Month Year Months eligible for threshold N	
А3	Government super contributions Read the information on A3 in the instruction	ons before completing this item	CODE
	Tiodd the information on Ac in the instruction		-00 LOSS
		Other income from employment and business G	.00 D
		Other deductions from business income	-00
A 4	Working holiday maker net income		-00

Income tests

You must complete this section.

If you had a spouse during 2016–17 you must also complete **Spouse details – married or de facto** on page 7.

If the amount is zero, write **0**.

IT1	Total reportable fringe benefits amounts		
	Employers exempt from FBT under section 57A of the FBTAA 1986	N	-90
	Employers not exempt from FBT under section 57A of the FBTAA 1986	W	-90
IT2	Reportable employer superannuation contributions	Т	-90
IT3	Tax-free government pensions	U	-90
IT4	Target foreign income	V	-90
T5	Net financial investment loss	Х	-90
T6	Net rental property loss	Υ	-90
IT7	Child support you paid	Z	-90
IT8	Number of dependent children	D	

Spouse details - married or de facto

If you had a spouse during 2016–17, you must complete **Spouse details – married or de facto**. We need the information included in this section to assess your tax accurately.

If you did not have a spouse, go to page 8.

Your spouse's name If you had more than one spouse during 2016–17 print the name of your spouse on 30 June 2017 or your l	ast spouse.
Surname or family name	act opedee.
Other given	
First given name names names	
Your spouse's date of birth K Day Month Year L L Day Month Year	
Your spouse's gender Male Female Indeterminate	
Period you had a spouse – married or de facto	
Did you have a spouse for the full year – 1 July 2016 to 30 June 2017?	
If you did not have a spouse for the full year, write the dates you had a spouse between 1 July 2016 and 30 June 2017. From Day Month Year to Day Month Year	
Did your spouse die during the year? Yes No	
This information relates to your spouse's income.	If the amount is zero, write 0 .
You must complete all labels.	
Your spouse's 2016–17 taxable income	-90
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 .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 -90
Your spouse's total reportable fringe benefits amounts	
Employers exempt from FBT under section 57A of the FBTAA 1986	R .00
Employers not exempt from FBT under section 57A of the FBTAA 1986	S .00
Amount of Australian Government pensions and allowances (see Q6 Australian Government pensions and allowances in the instructions) that your spouse received in 2016–17	P -90
(exclude exempt pension income) Amount of exempt pension income (see Spouse details – married or de facto in the instructions)	
that your spouse received in 2016–17. Do not include any amount paid under the <i>Military Rehabilitation and Compensation Act 2004</i>	Q .90
Amount of your spouse's reportable superannuation contributions (which is the total of reportable employer superannuation contributions and deductible personal superannuation contributions)	A -90
Other specified exempt payments (see Spouse details – married or de facto in the instructions) that your spouse received	B .90
Your spouse's target foreign income	C .90
Your spouse's total net investment loss (total of net financial investment loss and net rental property loss)	D -90
Child support your spouse paid	E -90
Your spouse's taxed element of a superannuation lump sum for which the	F -90

Supplementary section Income

Refer to the supplement 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 supplement instructions for the relevant code.

13	Partnerships and trusts			
	Primary production Distribution from partnerships	Ν	-40/1/1	ote: If you have a net loss from a urtnership business activity, complete
	Share of net income from trusts	L	-040 / pr	ofessional items section of this tax
	Landcare operations and deduction for decline in value of water facility, fencing asset and fodder storage asset	1	-DQ TYPE	turn in addition to item 13.
	Other deductions relating to amounts shown at N and L	X	-90/	
			Net primary production a	mount - DQ / Loss
	Non-primary production Distribution from partnerships			now amounts of:
	less foreign income	0	Ca	now amounts of: apital gains from trusts at item 18 on
	Share of net income from trusts less capital gains, foreign income and franked distributions	U		ge 9 and Foreign income at item 19 20 on page 9-10.
	Franked distributions from trusts	С	-90	
	Landcare operations expenses	J	- DQ	
	Other deductions relating to amounts shown at O , U and C	Υ	-00/	LOSS
			Net non-primary production a	
	Partnership share of net small business income less deductions attributable to that share	D	-90	
	Trust share of net small business income less deductions attributable to that share	Ε	-90	
	Share of credits from income and tax offsets			
	Share of credit for tax withheld where Australian business number not quoted	Р		
	Share of franking credit from franked dividends	Q		
	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		
	Share of credit for tax paid by trustee	S		
	Share of credit for foreign resident withholding amounts (excluding capital gains)	Α		now amounts of:
		В		redit for foreign resident capital gains thholding from trusts at item 18.
		_		
14	Personal services income (PSI)	_		
	Tax withheld – voluntary agreement G •00			
	Tax withheld where Australian business number not quoted			LOSS
	Tax withheld – labour hire or other specified payments J •00		Net PSI – transferred fro A item P1 on page	om A A A

15	Net income or lo	ss from business			oroduction –		В		DQ /	SS
				Non-primary p		transferred	C		00/	SS
							nust comple	ete item P9 on	page 14	<u></u>
				Net	small busine	ess income	Α		00	
	Tax withheld – volun	ntary agreement D	-00							
		where Australian where not quoted w								
	Tax withheld – withholding (excluding	foreign resident g capital gains)								
		- labour hire or cified payments	-00							
16	Deferred non-co	mmercial business losses								
	Item P9 on page 14 must be completed	Your share of deferred losses from partnership activities	F	-90						
	before you complete this item.	Deferred losses from sole trader activities	G	-90						
					Primary defe	production rred losses			00	
				١	Non-primary defe	production rred losses	J		00	
17	Net farm manage	ement deposits or repaymen	nts							
		Deductible deposits	D	-00						
		Early repayments – natural disaster and drought	N	-90						
		Other repayments	R	-90						
			Net f	arm management	deposits or r	epayments	E		·oa/	
18	Capital gains	Did you have a capital gains tax event during the year?	G C		u must print \ lount of a cap					
		Have you applied an exemption or rollover?	M	Print Y for yes or N for no.						
		Total augment year against aging	m	90	Net o	capital gain	Α		.00	
		Total current year capital gains		-90						
		Net capital losses carried forward to later income years	V	-90						
	Cre	edit for foreign resident capital gains withholding amounts	Х							
19	Foreign entities	Did you have either a direct or indi in a controlled foreign comp	rect interes	et Print Y or N fo	for yes	FC income	K		.00	
	Have y transfer	you ever , either directly or indirectly, of property – including money – or s	caused the	e a W Print Y	for yes	Transferor ust income	в		.00	
		non-resident t	rust estate	? - 01 N 10	, 110. U	aot ii iooi ii e				

20	Foreign source income and foreign assets or	pro	operty			
	Assessable foreign source income	Е	-90			LO
			Other net foreign employment income	T		·90/
		٨	Net foreign pension or annuity income WITHOUT an undeducted purchase price	L		-00/
			Net foreign pension or annuity income WITH an undeducted purchase price	D	/	·90/
			Net foreign rent	R		-00/
			Other net foreign source income	M		- DQ /
	Also include at F Australian franking credits from a New Zealand franking company that you have received indirectly through a partnership or trust.		Australian franking credits from a New Zealand franking company	F		-90
	Net foreign employment income – payment summary	U	-90 / Loss			
	Exempt foreign employment income	Ν	-00			
	Foreign income tax offset	0				
	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?	Р	Print Y for yes or N for no.			
21	Rent Gross rent	Р	-00			
	Interest deductions	Q	-90			
	Capital works deductions	F	-90			
		U	-90 P less (Q + F +	ent		-00/
22	Bonuses from life insurance companies and	frie	ndly societies	W	<u> </u>	-00
23	Forestry managed investment scheme incom	ne		Δ		-00
						-50
24	Other income			V		20
	Type of income			Y		-00
	Category 2			٧		-90
	Tax withheld – lump sum payments in arrears	Е	-00			
	Taxable professional income	Z	-90			
	TOTAL SUPPLEMENT Items 13 to 2	4 – 8	add up the boxes for income amounts and ded	uct		. 00 /
	INCOME OR LOSS		any loss amounts in the box Transfer this amount to 1 on page			/
			manore uno ambunt to 😈 on page	, 0.	-	

	ductions		f!		V	
		indeducted purchase price of a	toreign pensi	on or annuity	Y	-90
D12	Personal superannuation	on contributions	Account nu	ımbor		
	Full flame of fulld		ACCOUNTING	iiTibei	H	-90
	Fund Australian business num	ber				
	Fund tax file number					
D13	Deduction for project p	ool			D	-90
D14	Forestry managed investigation	stment scheme deduction			F	-90
D15	Other deductions – not control Description of claim	laimable at items D1 to D14		Election expenses	Е	-90
				Other deductions	J	-90
	TOTAL SUPPLEMENT DEDUCTIONS	tems D11 to D15 – add up the boxes a	and transfer this a	amount to 0 on pag	ge 3.	-90
Tax	offsets					
Т3	•	tions on behalf of your spouse e details - married or de facto on page 7.	Contributions paid	-90	A	-90
T4	Zone or overseas force	s			R	-90
T5	Total net medical exper attendant care or aged		X	-00		
T6	Invalid and invalid ca	rer			В	-90
T7	Landcare and water fac	ility brown	Landcare and v ught forward from	vater facility tax offset n earlier income years	T	-90
T8	Early stage venture cap	ital limited partnership			K	-90
T9	Early stage investor				L	-90
T10	Other non-refundable	If you are entitled to a low-income tax of				-90 /
	tax offsets	anywhere on your tax return. The ATO v	will calculate it for	you.	C	TYPE
T11	Other refundable tax of	fsets			P	-90 /
	TOTAL SUPPLEMENT	Items T3 , T4 , T6 , T7 , T	8, T9 , T10 and T	11 – add up the \ bo	ixes.	-90
	TAX OFFSETS		Transfer this a	amount to 🚺 on pag	ge 4. ←	
Adj	ustment					
A 5		y trust distribution tax has been a supplement instructions before completing	-		X	-90
	dit for interest on tax	•				
C1	Credit for interest on ea	arly payments - amount of inter	est			

Bus P1	Personal services income (PSI) Print X in the appropriate box.
	Did you receive any personal services income?
	YES Read on. NO 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 <i>Business and professional items 2017</i> 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 PSI – voluntary agreement M -90
	Do not show amounts at part B that were subject to foreign resident withholding. Show these at item P8 . PSI – where Australian business number not quoted N
	PSI – labour hire or other specified payments
	PSI – other J
	Deductions for payments to
	Total amount of other
	doddollorio agairiot i Oi
	Net PSI (M + N + O + J) less (K + L) A Transfer the amount at A above to A item 14 on page 8.
	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
	Industry code A
P3	Number of business activities B
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)
	ABN I I I I I I I I I I I I I I I I I I I
P6	Business address of main business
	Suburb or town State D Postcode
P7	Did you sell any goods or services using the internet? Print Y for yes or N for no.

Primary production	Non-primary production	Takala
		Totals
-90		-90
	B -90	-90
-90	F .00	-90
-90	O .00	.00
	H -00	-00
	J ·9a/	-90
-90/	-90/	-90
-90	-90	K -90
-00	-90	-90
-00	-90	M -90
-00/	-90/	-90
	-90	.0Q
- 00	-90	F .00
	-90	G .00
-90	.00	.00
-00	-90	J .00
-90	.00	K .00
-90	-90	Q .00
	-90	R .00
-90	-90	M .90
-90	.90	N .00
-90	-90	0 .00
-90	-90	P .00
-90/	-90/	.90
-90	-90	A .00
-90	-00	L .00
-00	.00	W -90
	-90/	X .00
	-90/	H ·Da
-90/	-90/	-90
	E .90	-90
.00	7 .89	-90
	- 90 / -	B .90

Show details of up to three business activities in which you make If you print loss code 8 at G , M or S you must also complete		er of size of loss – greatest first.
Activity 1 Description of activity D		
Industry code E Partnership (P) o sole trader (S)	or F	
Type of loss G Reference for code 5 C Code	Year / A	Number
Deferred non-commercial business loss from a prior year	Net loss	
Activity 2 Description of activity J		
Industry code K Partnership (P) c sole trader (S)	or L	
Type of loss M Reference for code 5 C Code	Year Y A	Number
Deferred non-commercial business loss from a prior year	Net loss O	
Activity 3 Description of activity P		
Industry code Q Partnership (P) of sole trader (S)	or R	
Type of loss S Reference for code 5 C	Year / A	Number
Deferred non-commercial business loss from a prior year	Net loss U •90	
P10 Small business entity simplified depreciation	Deduction for certain assets	Deduction for general small business pool
Other business and professional items		
P11 Trade debtors	-	
	E .00	
P12 Trade creditors	F .90	/PE
P13 Total salary and wage expenses	G -90/	
P14 Payments to associated persons	H .90	
P15 Intangible depreciating assets first deducted	-90	
P16 Other depreciating assets first deducted	J .00	
P17 Termination value of intangible depreciating asset	s D .90	
P18 Termination value of other depreciating assets	K .90	
P19 Trading stock election Print Y for yes or leave blank.	Р	
Hours taken to prepare and complete the Business and	d professional items section	S

P9 Business loss activity details

Family Assistance consent

Complete this section only if you consent to use part or all of your 2017 tax refund to repay your spouse's Family Assistance 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 2017 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 the Department of Human Services and
- your spouse has a Family Assistance debt or expects to have a Family Assistance debt for 2017 and
- · you expect to receive a tax refund for 2017 and
- you consent to use part or all of your tax refund to repay your spouse's Family Assistance debt.

Spouse's CRN Z								
I consent to the ATO using part or all of my 2017 tax refund to repay any Family Assistance debt of my spouse, whose details I have provided on page 7. 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	Date	Day	Month	Year	
signature				 	

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

The ATO will issue your assessment based on your tax return. However, the ATO 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

I.

The ATO is authorised by the *Taxation Administration Act 1953* to request your tax file number (TFN). We will use your TFN to identify you in our records. It is not an offence not to provide your TFN. However if you do not provide your TFN, your assessment may be delayed.

Taxation law authorises the ATO to collect information and to disclose it to other government agencies. For information about your privacy go to ato.gov.au/privacy

Tax agent's declaration

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	Client's reference					
	Day Month Year						
Contact name Agent	t's telephone number	Agent's reference number					
Area co	Telephone number						