

# Individual tax return

2018

1 July 2017 to 30 June 2018

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

Your tax file number	See the <b>Priv</b>	Are you an Australian resident?  Print Y for yes or N for no.  acy note in the Taxpayer's on page 15 of this return.  Have you included any attachments?  Print Y for yes or N for no.
Your name	Title – for example, Mr, Mrs, Ms, Miss Surname or family name Given names	
Has any part of your name changed since completing your last tax return?	Print <b>Y</b> for yes or <b>N</b> for no.	To find out how to update your name on our records, go to ato.gov.au/updatedetails or phone 13 28 61.
Your postal address		
Has your postal address	Print <b>Y</b> for yes	
changed since completing your last tax return?	g or <b>N</b> for no.	Suburb or town State Postcode
		Country - if not Australia
Your home address If the same as your currer postal address, print AS ABOVE.	nt	Suburb or town State Postcode Country – if not Australia
Your mobile phone n	umber	
Your daytime phone (if different from your mob number above)		Area code Phone number
Your email address		
Your contact details may  to advise you of tax rete  to correspond with you  to issue notices to you,  to conduct research an	urn lodgment options with regards to your taxa or	ation and superannuation affairs
Your date of birth  If you were under 18 year on 30 June 2018 you mus complete item A1 on pag this tax return.	st	Day Month Year  If you know this is your final tax return, print FINAL.
Electronic funds tran We need your financial insto pay any refund owing t you have provided them t Write the BSB number, ac and account name.	stitution details to you, even if to us before.	BSB number (must be six digits)  Account number   Account number   Account type, such as cheque, savings, mortgage offset)

In	come					
1	Salary or wages Your main salary and wage occupation					
	Tool Main Calaby and Mago Coopenio.		Occ	cupation code X		
	Payer's Australian business number			withheld show cents)	(de	Income o not show cents) TYPE
			100 1100	-00	C	-00
				-00	D	-DQ
				-00		TYPE
				-00		- <b>90</b>
				-00	F	-90 TYPE
				-00	G	-90
2	Allowances, earnings, tips, director's for	ees etc		-00	K	-90
3	Employer lump sum payments					mount A in lump um payments box <sub>TYPE</sub>
				-00	R	-00/
						% of amount B in sum payments box
				-00	H	-90
4	Employment termination payments (ET	•			Tax	xable component CODE
	Date of payment	lui real		-00		-90/
	Payer's ABN I I I I I I					
5	Australian Government allowances and			-00	A	.90
6	Australian Government pensions and a	llowances		-00	в	-90
_	You must complete item <b>T1</b> in <b>Tax offsets</b> on page					
1	Australian annuities and superannuation		component	-00 Taxed element	m/	-90
		iaxable	Component			
				Untaxed element	N	-90
	Ass	sessable amount from cap	oped defined bene	fit income stream	M	-90
	Lump su	um in arrears – taxable	component	Taxed element	Y	-90
				Untaxed element	Z	-90
8	Australian superannuation lump sum p	payments		-00		TYPE
	Date of payment Day Mon		able component	Taxed element	Q	-90
	Payer's					
9	Attributed personal services income			Untaxed element	P	-00
9	Attributed personal services income			-00	0	-90
	Total tax withheld	Add up the boxe	es. <b>\$</b>	-00		
10	Total tax withheld  Gross interest		es. \$	-00 Gross interest		-00
10	Total tax withheld  Gross interest  Tax file number amount withheld from gross interest	ounts Na	es. \$			-00
10	Total tax withheld  Gross interest  Tax file number and	ounts Na			L /	.0Q. .0Q.
10	Total tax withheld  Gross interest  Tax file number amount withheld from gross interest	ounts Na		Gross interest	L/ S/	

	Attach all requested attachments	here.		
12	Employee share schemes	Discount from taxed upfront schemes	DQ.	
		Discount from taxed unfront schemes		
		Ü	E .90	
	Discount o	n ESS Interests acquired are 1 July 2009	F .00	
		sation time' occurred during financial year	G .90	00
			Assessable discount amoun	t B .00
			C ·	
_		Foreign source discounts	A .00	
0		pleting the supplementary section TOTAL SUPPLEMENT INCOME OR I		here. Loss
	TOTAL INCOME OR LOSS	Add up the income amounts and dedu	uct any loss amount in the / b	oxesDQ /
Dec	ductions			CLAIN
D1	Work related car expenses			A -90 /
D2	Work related travel expens	es		B .00
D3	Work related uniform, occu clothing, laundry and dry c	pation specific or protective leaning expenses		C -90 / TYPE
D4	Work related self-educatio	n expenses		D ·9a / CLAIM
<b>D</b> 5	Other work related expens	es		E .90
D6	Low value pool deduction			K .00
D7	Interest deductions			.90
D8	Dividend deductions			H .90
D9	Gifts or donations			J .90
D10	Cost of managing tax affai	'S	lists week all sweep all by the s. ATC	N -90
			Interest charged by the ATC  Litigation cost:	
		Other expenses incurr	red in managing your tax affairs	
_	Only and the Lawrence of	·		
0		mpleting the supplementary section to the supplementary section of the supplement deduct		here.
	TOTAL DEDUCTIONS	lten	ns <b>D1</b> to <b>D</b> – add up the <b>b</b>	oxes.
	SUBTOTAL	TOTAL INCOME OR	LOSS less TOTAL DEDUCTI	ONS -DQ
Los	Ses	o voore		
LI	Tax losses of earlier incom  Primary production loss forward from earlier inco	es carried 6	Primary production losses claimed this income yea	F .90
	Non-primary production loss forward from earlier inco	es carried D	Non-primary production losses claimed this income yea	7 90
	TAXABLE INCOME OR LOS	Subtract	amounts at <b>F</b> and <b>Z</b> item Lifrom amount at SUBTOTAL	

### Tax offsets TAX Seniors and pensioners (includes self-funded retirees) If you had a spouse during 2017-18 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 2017-18 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 2017 to 30 June 2018, 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 2017 to 30 June 2018 you must write 0 at A. If you are liable for the surcharge for part of the period 1 July 2017 to Number of days **NOT** 30 June 2018 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 2017 to 30 June 2018 you **must** write **365** at **A**. If you had a spouse during 2017–18 (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 2017-18 you must complete Private health insurance policy details on the next page.

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	<sup>p</sup> 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	<sup>p</sup> 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 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 Government rebate	Your Australian Government rebate received K	
	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 2018 you must complete this item or you may be ion on <b>A1</b> in the instructions for more information.	-DO TYPE
<b>A2</b>	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		- <b>DQ</b>
		Other income from employment and business G	-90
		Other deductions from business income H	-00
<b>A</b> 4	Working holiday maker net income		-00

## Income tests

You must complete this section.

If you had a spouse during 2017–18 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	-00
	Employers not exempt from FBT under section 57A of the FBTAA 1986	W	-00
T2	Reportable employer superannuation contributions	T	-00
Т3	Tax-free government pensions	U	-00
T4	Target foreign income	V	-00
T5	Net financial investment loss	X	-90
Т6	Net rental property loss	Υ	-90
<b>T7</b>	Child support you paid	Z	-00
T8	Number of dependent children	D	

# Spouse details - married or de facto

If you had a spouse during 2017–18, 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 analyse during 2017, 18 print the name of your apollog on 20, lune 2019 or your let	not angue
Surname or family name	ist spouse.
First given name  Other given	
names	
Your spouse's date of birth  Day Month Year  L L L L L L L L L L L L L L L L L L L	
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 2017 to 30 June 2018?	
If you did not have a spouse for the full year, write the dates you had a spouse between 1 July 2017 and 30 June 2018.  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. You must complete all labels.	If the amount is zero, write <b>0</b> ,
Your spouse's share of trust income on which the trustee is assessed under	
Distributions to your spouse on which family trust distribution tax has been paid and which	
	-94
·	R .00
	-00
pensions and allowances in the instructions) that your spouse received in 2017–18 (exclude <b>exempt pension</b> income)	P .90
Amount of exempt pension income (see <b>Spouse details – married or de facto</b> in the instructions) that your spouse received in 2017–18. 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 <b>Spouse details – married or de facto</b> in the instructions) that your spouse received	B -90
Your spouse's target foreign income	C .00
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	content than one spouse during 2017–18 print the name of your spouse on 30 June 2018 or your last spouse.  If smily name  Other given name  Other given names  Other given names  Day Month Yes  Indeterminate  Indeterm
Your spouse's taxed element of a superannuation lump sum for which the tax rate is zero (see <b>M2 Medicare levy surcharge</b> in the instructions)	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	N	-90/	Note: If you have a net loss from a partnership business activity, complete
	Share of net income from trusts	L	-90/	items P3 and P9 in the Business and professional items section of this tax return in addition to item 13.
	Landcare operations and deduction for decline in value of water facility, fencing asset and fodder storage asset	1	·90	
	Other deductions relating to amounts shown at <b>N</b> and <b>L</b>	X	-90/	
			Net primary produ	oction amount •90
	Non-primary production  Distribution from partnerships less foreign income	0	-90/	Show amounts of:
	Share of net income from trusts less capital gains, foreign income and franked distributions	U	-00/	Capital gains from trusts at item 18 on page 9 and Foreign income at item 19 or 20 on page 9-10.
	Franked distributions from trusts	С	-90	[
	Landcare operations expenses	J	-90	
	Other deductions relating to amounts shown at <b>O</b> , <b>U</b> and <b>C</b>	Υ	-90/	
			Net non-primary produ	oction amount SQ Loss
	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	М		
	Share of credit for tax paid by trustee	S		
	Share of credit for foreign resident withholding amounts (excluding capital gains)	Α		Show amounts of:
		Ξ		Credit for foreign resident capital gains withholding from trusts at item 18.
_				
14	Personal services income (PSI)			
	Tax withheld – voluntary agreement G -000			
	Tax withheld where Australian business number not quoted			LOSS
	Tax withheld – labour hire or other specified payments  J  -00		Net PSI – transfe <b>A</b> item <b>P1</b> or	

15	Net income or lo	ss from business		from	oroduction – transferred item P8 on page 13	B /	-90 / Loss
					roduction – transferred item <b>P8</b> on page 13		-90/
				If you show	a loss at <b>B</b> or <b>C</b> you	must comple	ete item <b>P9</b> on page 14.
				Net	small business income	A	-00
	Tax withheld – volun	tary agreement D	-00				
		where Australian ber not quoted W	I				
	Tax withheld – t withholding (excludin	foreign resident g capital gains)					
		- labour hire or bified 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		-00			
	before you complete this item.	Deferred losses from sole trader activities		-00			
					Primary production deferred losses		-00
				1	Non-primary production deferred losses	J	-90
17	Net farm manage	ement deposits or repayme	nts				
		Deductible deposits	D	-90			
		Early repayments – natura disaster and drough	N	-00			
		Other repayments	R	-90			
			Net	farm management	deposits or repayments	E	-90/Loss
18	Capital gains	Did you have a capital gains tax event during the year?	G		u must print <b>Y</b> at <b>G</b> if y ount of a capital gain fr		
		Have you applied ar exemption or rollover?		Print Y for yes or N for no.			
		Total assument space applied religion	m	90	Net capital gair	Α	-90
		Total current year capital gains		-90			
		Net capital losses carried forward to later income years	V	-00			
	Cre	edit for foreign resident capital gains withholding amounts					
19	Foreign entities	Did you have either a direct or inc in a controlled foreign com	direct intere	est Print Y or N fo	for yes CFC income	K	-90
	Have y transfer	you <b>ever</b> , either directly or indirectly of property – including money – or	, caused t services to	he Print Y	for yes Transfero		-90
		non-resident	trust estat	e? <b>-</b> 01 N 10	THO. GUST INCOME		

20	Foreign source income and foreign assets of	pro	perty			
	Assessable foreign source income	Е	-90			LOSS
			Other net foreign employme	ent income T	-90	
		N	et foreign pension or annuity income an undeducted purc	WITHOUT L	-00/	LOSS
			Net foreign pension or annu WITH an undeducted purc	uity income D	-90/	LOSS
			·	foreign rent R	-90/	LOSS
			Other net foreign sour		/	LOSS
	Also include at Australian franking credits from a New Zealand franking company that you have received indirectly through a partnership or trust.		Australian franking cre New Zealand franking	dits from a	-90	
	Net foreign employment income – payment summary	U	-90 / Loss			
	Exempt foreign employment income	N	-00			
	Foreign income tax offset	О				
	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 <b>Y</b> for yes or <b>N</b> for no.			
21	Rent Gross rent	Р	-90			
	Interest deductions	Q	-90			
	Capital works deductions	F	-90			1.000
	Other rental deductions	U	•90 P less (	Net rent Q + F + U)	-90	LOSS
22	Bonuses from life insurance companies and	frier	ndly societies	W	-90	
23	Forestry managed investment scheme incom	ne		Α	-90	
 24	Other income					
	Category 1			Y	-90	
	Type of income (ATO interest)			X	-90	
	Category 3			V	-90	
	Tax withheld – lump sum payments in arrears	Е	-00			
	Taxable professional income	z	-90			
	TOTAL CURPLEMENT Items 13 to 2	<u>-</u> 24 – ε	add up the <b>V</b> boxes for income amour	nts and deduct	1/1	LOSS
	TOTAL SUPPLEMENT INCOME OR LOSS		any loss amounts	in the boxes.	-90]/	
			Transfer this amount to	on page 3.		

Dec	ductions		
D11	Deductible amount of undeducted purchase price of a foreign pension or annuity	Υ	-90
D12	Personal superannuation contributions		
	Did you provide your fund (including a retirement savings account) with a notice of intent to claim a deduction for personal superannuation contributions, and receive an acknowledgement from your fund?	YES	NO
	Full name of fund Account number		
		H	-00
	Fund Australian business number Fund tax file number		
	Deduction for project peak		90
	Deduction for project pool	D	-90
	Forestry managed investment scheme deduction	FL	-00
D15	Other deductions – not claimable at items D1 to D14  Description of claim  Election expenses	E	-00
	Other deductions	J	-90
	TOTAL SUPPLEMENT DEDUCTIONS Items D11 to D15 – add up the boxes and transfer this amount to on page	je 3.	-90
Tax	offsets		
T3	Superannuation contributions on behalf of your spouse Contributions		90
	You must also complete <b>Spouse details – married or de facto</b> on page 7.	A	-00
T4	Zone or overseas forces	R	-90
T5	Total net medical expenses for disability aids, attendant care or aged care		
<b>T6</b>	Invalid and invalid carer	В	-90
T7	Landcare and water facility  Landcare and water facility tax offset brought forward from earlier income years		-90
T8	Early stage venture capital limited partnership Current year tax offset	K	-90
	Tax offset carried forward from previous year		-90
T9	Early stage investor Current year tax offset		-90
	Tax offset carried forward from previous year	0	-90
T10	Other non-refundable If you are entitled to a low-income tax offset, do not write it		CLA
110	tax offsets  If you are entitled to a low-income tax onset, do not write it anywhere on your tax return. The ATO will calculate it for you.	C	-00/
	Other refundable tax offsets	P	-90/
	Caron Fordinado Lax Oricoto		-50
	TOTAL SUPPLEMENT Items T3, T4, T6, T7, T8, T9, T10 and T11 – add up the \( \begin{array}{c}	xes.	-00
	TAX OFFSETS  Transfer this amount to on page	je 4. <b>←</b>	
Adj	ustment		
<b>A5</b>	Amount on which family trust distribution tax has been paid	X	-00
	Read the information on <b>A5</b> in the supplement instructions before completing this item.	^	- <b></b>
Cus	dit for interest on toy noid		
	dit for interest on tax paid  Credit for interest on early payments – amount of interest		
C1	Credit for interest on early payments – amount of interest		

Bus P1	siness and professional items section  Personal services income (PSI)
	Print <b>X</b> 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 <b>X</b> in the appropriate box(es). Refer to the publication Business and professional items 2018 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 .50
	Do not show amounts at part B that were subject to foreign resident withholding.  Show these at item <b>P8</b> .  PSI – where Australian business number not quoted  N
	PSI – labour hire or other specified payments
	PSI – other J
	Deductions for payments to
	Total area wat of other
	deductions against PSI
	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
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.

Sensitive (when completed)

Page 12

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 mad If you print loss code 8 at G, M or S you must also complete		r of size of loss – greatest first.
Activity 1 Description of activity D		
Industry code E Partnership (P) or sole trader (S)	F	
Type of loss G Reference for code 5 C	Year  Y A	Number
Deferred non-commercial business loss from a prior year	Net loss T .00	
Activity 2 Description of activity J		
Industry code K Partnership (P) or sole trader (S)	L	
Type of loss M Reference for code 5 C	Year / A	Number
Deferred non-commercial business loss from a prior year	Net loss O -90	
Activity 3 Description of activity P		
Industry code Q Partnership (P) or sole trader (S)	R	
Type of loss S Reference for code 5 C	Year  Y 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
	<b>A S S S</b>	54
Other business and professional items		
P11 Trade debtors	E .00	
P12 Trade creditors	F .00	
P13 Total salary and wage expenses	G · 90	PE
P14 Payments to associated persons	H .00	_
P15 Intangible depreciating assets first deducted	-90	
P16 Other depreciating assets first deducted	J .90	
P17 Termination value of intangible depreciating assets	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 p	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 2018 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 2018 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 2018 and
- you expect to receive a tax refund for 2018 and
- · you consent to use part or all of your tax refund to repay your spouse's Family Assistance debt.

Spouse's CRN Z	ortant: You also need to provide your spouse's name, date	of birth an	d their gender on page 7.	
I consent to the ATO using part or all of my 2018 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			<u> </u>	

**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**

П

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

_			 
	200	nt'c	IAKATIAN
148	aue		iaranchi
. 61/1	~5~		 laration

,					
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's telephone n	ephone number	Agent's reference number		