

# Individual tax return

## 1 July 2019 to 30 June 2020

# 2020

**Your tax file number (TFN)**

**Return year**


See the Privacy note in the Taxpayer's declaration on page 15 of this return.

**Are you an Australian resident?**
 Print Y for yes  
or N for no.

**Have you included any attachments?**
 Print Y for yes  
or N for no.

If NO please enter residency dates

 From  To 
**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 Y for yes  
or N for no.

 To find out how to update your name on our records, go to [ato.gov.au/updatedetails](http://ato.gov.au/updatedetails)  
or phone 13 28 61

**Your postal address**


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

 Print Y for yes  
or N for no.



**Your home address**

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




**Your mobile phone number**

**Your daytime phone number**  
(if different from your mobile phone  
number above )

 Area code 

 Phone number 
**Your email address**


Your contact details may be used by the ATO:

- to advise you of tax return lodgment options
- to correspond with you with regards to your taxation and superannuation affairs
- to issue notices to you, or
- to conduct research and marketing.

**Your date of birth**

 If you were under 18 years of age on  
30 June 2020 you must complete  
item A1 on page 5 of this tax return.

**Final tax return**


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

**Electronic funds transfer (EFT)**

 We need your financial institution details  
to pay any refund owing to you, even if  
you have provided them to us before.  
Write the BSB number, account number  
and account name below.

 BSB number  
(must be six digits) 

 Account number 

Use Agent Trust Account?

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

**Income**

**1 Salary or wages**

Your main salary and wage occupation

Child carer - child care worker Occupation code **X** 421111

Payer's Australian Business Number 35 137 723 418

Payer's Name SESAME LANE CHILD CARE

		Tax withheld	14,038	TYPE
		<b>Gross payment</b>	66,065	
Allowances	112	RFBA	1,200	<b>X</b>
Lump A		RESC		
Lump B		CDEP		
Lump D				

**2 Allowances, earnings, tips, director's fees etc.** 0 **K** / 112

Allowances from Item 1 0 112

**6 Australian Government pensions and allowances** 350 **B** / 8,989  
You must complete item T1 in Tax offsets on page 4.

PPS 350 8,989

**Total tax withheld** Add up the **J** boxes. **\$** 14,388

**10 Gross interest** Gross interest **L** / 51

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

ANZ 158894365 1 N

	Total	Your share
TFN amounts withheld		
Gross interest	35.00	

WESTPAC 33895643 1 N

	Total	Your share
TFN amounts withheld		
Gross interest	16.00	

**TOTAL INCOME OR LOSS** Add up the income amounts and deduct any loss amount in the **V** boxes. 75,217 **LOSS**

**Deductions**

**D3 Work-related clothing, laundry and dry cleaning expenses** 390 **C** / **C** CLAIM

**D4 Work-related self-education expenses** 5,732 **D** / **K** CLAIM

**D5 Other work-related expenses** 426 **E** TYPE

Depreciation Transferred 82

**TOTAL DEDUCTIONS** Items **D1** to **D** add up the **I** boxes 6,548

**SUBTOTAL** **TOTAL INCOME OR LOSS** less **TOTAL DEDUCTIONS** 68,669 **LOSS**

**TAXABLE INCOME OR LOSS** Subtract amounts at **F** and **Z** item L1 from amount at SUBTOTAL **\$** 68,669 **LOSS**

**TOTAL TAX OFFSETS** Items T2 and **T** -add up the **W** boxes **U** 0

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 2019 to 30 June 2020, were you and all your dependants (including your spouse) - if you had any - covered by private patient HOSPITAL cover?

E [ ] Print Y for yes or N for no.

Number of days NOT liable for surcharge A [ ]

Income tests

You must complete this section.

If you had a spouse during 2019-20 you must also complete Spouse details - married or de facto on page 7.

IT1 Total reportable fringe benefits amounts

If the amount is zero, write 0.

Total reportable fringe benefits amounts (for ATO validation only) 1,200

Employers exempt from FBT under section 57A of the FBTA 1986 N 1,200

Employers not exempt from FBT under section 57A of the FBTA 1986 W 0

IT2 Reportable employer superannuation contributions

T 0

(For ATO validation only)

Adjusted taxable income 68,669

Estimated total income 75,217

Estimated eligible income 66,177

Non-resident foreign income

18 Capital gains

Did you have a capital gains tax event during the year? G N Print Y for yes or N for no.

Have you applied an exemption or rollover? M [ ] CODE

Total current year capital gains H [ ]

Net capital losses carried forward to later income years V [ ]

Credit for foreign resident capital gains withholding amounts X [ ]

You must print Y at G if you had an amount of a capital gain from a trust.

Net capital gain A [ ]

19 Foreign entities

Non-resident trust name [ ]

Trustee or Trustees name [ ]

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 [ ]

Non-managed fund amounts [ ]

Have you ever, either directly or indirectly, caused the transfer of property-including money-or services to a non-resident trust estate? W N Print Y for yes or N for no. Transferor trust income B [ ]

Non-managed fund amounts [ ]

20 Foreign source income and foreign assets or property

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.

TOTAL SUPPLEMENT INCOME OR LOSS

Items 13 to 24 - add up the [ ] boxes for income amounts and deduct any loss amounts in the [ ] boxes

Transfer this amount to I on page 3

[ ] LOSS

TOTAL SUPPLEMENT DEDUCTIONS

Items D11 to D15-add up the [ ] boxes and transfer this amount to D

[ ]

TOTAL SUPPLEMENT TAX OFFSETS

Items T3 to T10 - add up the [ ] boxes

Transfer this amount to T

[ ]

**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 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:**

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](http://ato.gov.au/privacy)

**Tax agent's declaration**I, 

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

03/03/2021

Client's reference

TTS103

Contact name

Office Manager

Agent's telephone number

Area code

07

Telephonenumber

38832222

Agent's reference number

70357008

Position held

# Depreciation Worksheet

# 2020

Title STUDY DEPN  
 Transfer to  
 Private Use % (default private use % for this worksheet)

Taxpayer is eligible for Small Business accelerated depreciation for General Pool (Y or BLANK)

Total Cost	Opening	Acquisition Date	Acquisition Cost	Total Value	Rate %	Type P/D	Decline in Value	Private Portion	Closing
<b>All Assets (1)</b>									
LAPTOP									
1,200	0	01/07/2019	1,200	1,200	100.00	D	1,200	600	0

Total Cost	Opening	Acquisition Cost	Total Value	Decline in Value	Private	Closing
1,200	0	1,200	1,200	1,200	600	0

	<b>Deduct for Private Use</b>	<input type="text" value="600"/>
	<b>Net Depreciation</b>	<input type="text" value="600"/>
<b>Disposals:</b> {	<b>Deduct for Private Use</b>	<input type="text" value="0"/>
	<b>Net Adjustment</b>	<input type="text"/>
	<b>Total Claimed for Depreciation</b>	<input type="text" value="600"/>

**Total Assets - 1** [On hand the full year - 0, Acquisitions - 1, Disposals - 0]

# Depreciation Worksheet

# 2020

Title WORK DEPN  
 Transfer to 1 Work Deductions  
 Private Use % (default private use % for this worksheet)

Taxpayer is eligible for Small Business accelerated depreciation for General Pool (Y or BLANK)

Total Cost	Opening	Acquisition Date	Acquisition Cost	Total Value	Rate %	Type P/D	Decline in Value	Private Portion	Closing
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### All Assets (1)

TODDLER BIKE									
302	0	16/12/2019	302	302	50.00	D	82	0	220

Total Cost	Opening	Acquisition Cost	Total Value	Decline in Value	Private	Closing
302	0	302	302	82	0	220

	<b>Deduct for Private Use</b>	<input type="text" value="0"/>
	<b>Net Depreciation</b>	<input type="text"/>
<b>Disposals:</b> {	<b>Deduct for Private Use</b>	<input type="text"/>
	<b>Net Adjustment</b>	<input type="text"/>
	<b>Total Claimed for Depreciation</b>	<input type="text" value="82"/>

**Total Assets - 1** [On hand the full year - 0, Acquisitions - 1, Disposals - 0]

# Work Related Expenses Schedule 2020

## D3 Work related uniforms

Claim type code for main form |

### Work related uniforms, protective clothing, laundry and dry cleaning expenses.

Expense type	<input type="text" value="L"/>	Details of "O" code	<input type="text"/>	150
				<b>Claimed \$</b> 150
Evidence / calculation code	<input type="text" value="R"/>	ATO ruling/guidelines		
Expense type	<input type="text" value="C"/>	Details of "O" code	<input type="text"/>	175
				<b>Claimed \$</b> 175
Evidence / calculation code	<input type="text" value="I"/>	Inv/Rcpt		
5 x \$35 LOGOED = \$175				
Expense type	<input type="text" value="P"/>	Details of "O" code	<input type="text"/>	65
				<b>Claimed \$</b> 65
Evidence / calculation code	<input type="text" value="I"/>	Inv/Rcpt		
NON SLIP FOOTWEAR \$65				

## D4 Work related self-education expenses

Claim type code for main form |

### Work related self-education expenses

Name of course:	<input type="text" value="CERT III EARLY CHILD"/>			
Institution:	<input type="text" value="OPEN COLLEGES"/>			
Expense type	<input type="text" value="F"/>	Details of "O" code	<input type="text"/>	3,550
				<b>Claimed \$</b> 3,550
Evidence / calculation code	<input type="text" value="I"/>	Inv/Rcpt		
Name of course:	<input type="text" value="CERT III EARLY CHILD"/>			
Institution:	<input type="text" value="OPEN COLLEGES"/>			
Expense type	<input type="text" value="B"/>	Details of "O" code	<input type="text"/>	387
				<b>Claimed \$</b> 387
Evidence / calculation code	<input type="text" value="I"/>	Inv/Rcpt		
TEXTBOOKS \$265 STATIONARY \$122.35				
Name of course:	<input type="text" value="CERT III EARLY CHILD"/>			
Institution:	<input type="text" value="OPEN COLLEGES"/>			
Expense type	<input type="text" value="O"/>	Details of "O" code	<input type="text" value="INTERNET &amp; HOME OFFICE"/>	595
				<b>Claimed \$</b> 595
Evidence / calculation code	<input type="text" value="R"/>	<input type="text" value="D"/>	<input type="text" value="I"/>	ATO ruling/guidelines, Diary evidence, Inv/Rcpt
INTERNET - \$69/MTH X 10MTH X 50% STUDY = \$345 HOME OFFICE - 12HR/WK X 40WK X 52c/HR = \$249.60				
Name of course:	<input type="text" value="CERT III EARLY CHILD"/>			
Institution:	<input type="text" value="OPEN COLLEGES"/>			
Expense type	<input type="text" value="C"/>	Details of "O" code	<input type="text"/>	1,200
				<b>Claimed \$</b> 1,200
Evidence / calculation code	<input type="text" value="I"/>	<input type="text" value="R"/>	Inv/Rcpt, ATO ruling/guidelines	
LAPTOP DEPN \$1200 (NO \$250 REDUCTION DUE TO CAPITAL PURCHASE)				

<b>Gross Amount Claimed</b>	<b>\$</b>	5,732
<b>Section 82A reduction Amount</b>	<b>\$</b>	
<b>Net Amount Claimed - self education</b>	<b>\$</b>	5,732

**D5 Other work related expenses**

Expense type	Description	Amount	Claimed \$
0	RESOURCES / CPR	344	344
Business	%		
Evidence / calculation code	I	Inv/Rcpt	
CLASS RESOURCES \$289			
FIRST AID CPR COURSE \$55			
Dep'n: WORK DEPN		82	
<b>Total claimed \$</b>			<b>426</b>



# Income Tax Return Tax Estimate

2020

MRS SAMANTHA LOUISE MCGILL

TFN:

## Tax Payable for Individual

Taxable Income	68,669
Tax Free Part	18,200
<b>Tax Payable on Taxable Income</b>	13,864.42

**Sub-Total \$** 13,864.42

### Less Offsets:

Offsets (T2 to T10)	0.00
Private Health Insurance Offset	0.00
Seniors / Pension / Beneficiary Offset	0.00
Small business income offset	0.00
Low Income Offset	0.00
Low and Middle Income Offset	1,080.00
Lump Sum	0.00
Foreign Income Offset	0.00
Other Offsets	0.00
FHSS tax offset	0.00

**Sub-Total \$** 1,080.00

12,784.42

### Plus:

Medicare Levy (inc surcharge @ 1.00% = 698.69)	2,072.07
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**Sub-Total \$** 2,072.07

14,856.49

### Less Credits:

Tax withheld - salary & wage type income	14,388.00
Arrears tax withheld	0.00
Foreign Tax Credits	0.00
TFN Amounts (credits)	0.00
Franking Tax Offset (refundable)	0.00
Other Refundable Credits	0.00
Other Amounts withheld - ABN,Vol,Labour,Foreign	0.00
FHSS tax withheld	0.00
PAYG Income Tax Instalments	0.00

**Sub-Total \$** 14,388.00

### Estimated Tax Payable

468.45 DR

#### DISCLAIMER

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This estimate is provided without warranty of any kind.

It is subject to legislative changes and includes estimates of currently unknown rates.

WARNING : Amounts shown may be adjusted by amounts not included in this return.

Sensitive (when completed)