

**PART A****Electronic Lodgment Declaration (Form I)**

This declaration is to be completed where a taxpayer elects to use an approved ATO electronic channel. It is the responsibility of the taxpayer to retain this declaration for a period of five years after the declaration is made, penalties may apply for failure to do so.

**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 However, you cannot lodge your income tax form electronically if you do not quote your TFN.

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)

**Electronic funds transfer - direct debit**

Where you have requested an EFT direct debit some of your details will be provided to your financial institution and the Tax Office's sponsor bank to facilitate the payment of your taxation liability from your nominated account.

Tax file number

Year

2020

Name

MR DAVID THOMAS KIDD

**Declaration****I declare that:**

- the information provided to my registered tax agent for the preparation of this tax return, including any applicable schedules is true and correct, and
- the agent is authorised to lodge this tax return.

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

Signature

Date

**PART B****Electronic funds transfer consent**

This declaration is to be completed when an electronic funds transfer (EFT) of a refund is requested and the tax return is being lodged through an approved ATO electronic lodgment channel.

The declaration must be signed by the taxpayer prior to the EFT details being transmitted to the Tax Office. If you elect for an EFT, all details below must be completed.

Important: Care should be taken when completing EFT details as the payment of any refund will be made to the account specified.

Agent's reference  
number

Account Name:

D KIDD

I authorise the refund to be deposited directly to the specified account as above.

Signature

Date

# Individual tax return

## 1 July 2019 to 30 June 2020

2020

Your tax file number (TFN)

Return year

2020

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

Are you an Australian resident?

☒ Y Print Y for yes  
or N for no.

Have you included any attachments?

☒ N 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

MR

Surname or family name

KIDD

Given names

DAVID

THOMAS

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

42 FAIRWAY DRIVE

Has your postal address  
changed since completing  
your last tax return?
☒ Y Print Y for yes  
or N for no.

DECEPTION BAY

QLD

4508

Your home address

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

42 FAIRWAY DRIVE

DECEPTION BAY

QLD

4508

Your mobile phone number

0417554862

Your daytime phone number

(if different from your mobile phone  
number above )Area  
codePhone  
number

Your email address

david\_the\_kidd@gmail.com

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.

13/06/1972

Final tax return

☒ N
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)

484799

Account

number

65987

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

D KIDD

Use Agent Trust Account?

☒ N

## Income

## 1 Salary or wages

Your main salary and wage occupation

Carpenter

Occupation code **X** 331212

Payer's Australian Business Number 35 062 558 221

Payer's Name SANDERSON CONSTRUCTIONS

Tax withheld

Tax withheld 5,600 TYPE

Gross payment 58,213

Allowances

RFBA

Lump A

RESC

Lump B

CDEP

Lump D 5,250

## 3 Employer lump sum payments

Amount A in lump sum payments box TYPE

**R** 5%

5% of amount B in lump sum payments box

**H**

## 4 Employment termination payments (ETP)

Date of payment 28/02/2020

1,942

Taxable component CODE

**I** 8,669 **O**

Payer's ABN 35 062 558 221

Total tax withheld

Add up the boxes. \$ 7,542

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

66,882

LOSS

## Deductions

## D3 Work-related clothing, laundry and dry cleaning expenses

**C** 1,035 CLAIM **P**

## D5 Other work-related expenses

**E** 3,631

Depreciation Transferred 1,853

## D9 Gifts or donations

**J** 240

WORLD VISION 240

TOTAL DEDUCTIONS

Items D1 to **D** add up the boxes

4,906

SUBTOTAL

TOTAL INCOME OR LOSS less TOTAL DEDUCTIONS

61,976

LOSS

TAXABLE INCOME OR LOSS

Subtract amounts at **F** and **Z** item L1 from amount at SUBTOTAL**\$** 61,976

LOSS

TOTAL TAX OFFSETS

Items T2 and **T** -add up the 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)

0

Employers exempt from FBT under section 57A of the FBTA 1986

**N**

0

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

61,976

Estimated total income

66,882

Estimated eligible income

58,213

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 boxesTransfer this amount to **I** on page 3**TOTAL SUPPLEMENT DEDUCTIONS**Items **D11** to **D15** - add up theboxes 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.**

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**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

TTS405

Contact name

Office Manager

Agent's telephone number

Area code

07

Telephone number

38832222

Agent's reference number

70357008

Position held

# Employment termination payments schedule

Year 2020

## Payee's details

### Full name

MR DAVID THOMAS KIDD (DOB: 13/06/1972)

### Tax file number (TFN)

## Payment details

Payment date	28/02/2020
Tax withheld	1,942
Taxable component	8,669
Tax-free component	0.00

Foreign country code

Employment termination payment (ETP) code

### Payer:

Australian business number (ABN) 35 062 558 221

Name

SANDERSON CONSTRUCTIONS

## Taxpayer's declaration

If the schedule is not lodged with the income tax return you are required to sign and date the schedule.

### Important

Before making this declaration check to ensure that all the information required has been provided on this form and any attachments to this form, and that the information provided is true and correct in every detail. If you are in doubt about any aspect of the tax return, place all the facts before the ATO. The income tax law imposes heavy penalties for false or misleading statements.

### Privacy

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I declare that the information on this form is true and correct.

### Signature

### Date

Contact person

Daytime contact number (include area code)

## Depreciation Worksheet

2020

Title W/R 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
<b>All Assets (2)</b>									
MAKITA BRUSHLESS DRILL KIT									
2,490	0	09/08/2019	2,490	2,490	66.67	D	1,483	0	1,007
KINCROME 4 DRAW TOOL BOX									
1,849	0	01/07/2019	1,849	1,849	20.00	D	370	0	1,479
<b>Total Cost</b>	<b>Opening</b>		<b>Acquisition Cost</b>	<b>Total Value</b>			<b>Decline in Value</b>	<b>Private</b>	<b>Closing</b>
4,339	0		4,339	4,339			1,853	0	2,486

		<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"/>	<input type="text"/>
	<b>Net Adjustment</b>	<input type="text"/>	<input type="text"/>
		<b>Total Claimed for Depreciation</b>	<input type="text" value="1,853"/>

**Total Assets - 2** [On hand the full year - 0, Acquisitions - 2, Disposals - 0]

# Work Related Expenses Schedule 2020

## D3 Work related uniforms

Claim type code for main form I 

### 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
				150
Evidence / calculation code	R		ATO ruling/guidelines	
Expense type	<input type="text" value="P"/>	Details of "O" code	<input type="text"/>	885
				885
Evidence / calculation code	I		Inv/Rcpt	
BOOTS - 2X \$246.90 = \$493.80 LOGOED SHIRTS 3X \$54 = \$162 HEAVY DUTY PANTS 3X \$69 = \$207 HARD HAT - \$22				

## D5 Other work related expenses

Expense type	<input type="text" value="P"/>	Description	<input type="text"/>	
Business	<input type="text"/>	%	Amount	28
			Claimed \$	28
Evidence / calculation code	I		Inv/Rcpt	
STATIONARY \$28.25				
Expense type	<input type="text" value="O"/>	Description	WHITE CARD	
Business	<input type="text"/>	%	Amount	65
			Claimed \$	65
Evidence / calculation code	I		Inv/Rcpt	
Expense type	<input type="text" value="I"/>	Description	<input type="text"/>	
Business	<input type="text"/>	%	Amount	722
			Claimed \$	722
Evidence / calculation code	I		Inv/Rcpt	
TOOL BELT \$298.59 CHISEL SET \$92 ANGLE COMBO SET \$198 MULTI FUNC ELEC SAW \$133.65				
Expense type	<input type="text" value="A"/>	Description	<input type="text"/>	
Business	<input type="text" value="70"/>	%	Amount	1,375
			Claimed \$	963
Evidence / calculation code	I	D	Inv/Rcpt, Diary evidence	
\$125/MTH X 11MTH				
Dep'n: W/R DEPN				1,853
				Total claimed \$
				3,631



# Income Tax Return Tax Estimate

2020

MR DAVID THOMAS KIDD

TFN:

## Tax Payable for Individual

Taxable Income	61,976
Tax Free Part	18,200
<b>Tax Payable on Taxable Income</b>	11,689.20

**Sub-Total \$** 11,689.20

### 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	70.36
Low and Middle Income Offset	1,080.00
Lump Sum	216.72
Foreign Income Offset	0.00
Other Offsets	0.00
FHSS tax offset	0.00

**Sub-Total \$** 1,367.08

10,322.12

### Plus:

Medicare Levy (inc surcharge @ 1.00% = 619.76)	1,859.28
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**Sub-Total \$** 1,859.28

12,181.40

### Less Credits:

Tax withheld - salary & wage type income	7,542.00
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 \$** 7,542.00

### Estimated Tax Payable

4,639.40 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)**