



Your tax file number (TFN)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

See the **Privacy** note in the *Taxpayer's declaration* on page 12 of this tax 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.

Your name

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

--

Your sex Print **X** in the
relevant box.

Male ☐ Female ☐

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.

If you answered yes, print
previous surname.

--

Your postal address

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

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

Suburb or town	State	Postcode
Country – if not Australia		

Your home address

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

Suburb or town	State	Postcode
Country – if not Australia		

Your date of birth

If you were under 18 years of age
on 30 June 2009 you must
complete item **A1** on page 5 of
this tax return.

Day	Month	Year

Final tax return

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

--

Your daytime telephone number

Area
code

--

Telephone
number

--

Electronic funds transfer (EFT)

Do you want to use electronic funds
transfer (EFT) this year for your tax refund
where applicable?

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

If you answered yes, complete the account details.

BSB number
Must be six digits

--	--	--	--	--	--

Account number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Account name

--

F

Income

1 Salary or wages

Your main salary and wage occupation

Occupation code

X

Payer's Australian business number

Tax withheld
(do not show cents)

Income
(do not show cents)

C

D

E

F

G

2 Allowances, earnings, tips, director's fees etc

K

3 Employer lump sum payments

Amount A in lump
sum payments box
R TYPE

5% of amount B in
lump sum payments box
H

4 Employment termination payments (ETP)

Date of payment

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Taxable component
I TYPE

Payer's
ABN

5 Australian Government allowances and payments like newstart, youth allowance and austudy payment

A

6 Australian Government pensions and allowances

You must also complete item **T2** or **T3** in **Tax offsets** on page 4.

B

7 Australian annuities and superannuation income streams

Taxable component

Taxed element

J

Untaxed element

N

Lump sum in arrears – taxable component

Taxed element

Y

Untaxed element

Z

8 Australian superannuation lump sum payments

TYPE

Date of payment

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Taxable component

Taxed element

Q

Untaxed element

P

9 Attributed personal services income

O

Total tax withheld

Add up the  boxes.

\$

10 Total reportable fringe benefits amounts **W** **-00**

11 Gross interest Gross interest **L** **-00**
 Tax file number amounts withheld from gross interest **M**

12 Dividends Unfranked amount **S** **-00**
 Franked amount **T** **-00**
 Tax file number amounts withheld from dividends **V** Franking credit **U** **-00**

I Only used by taxpayers completing the supplementary section
 Transfer the amount from **TOTAL SUPPLEMENT INCOME OR LOSS** on page 7 and write it here. **-00** **LOSS**
TOTAL INCOME OR LOSS Add up the income amounts and deduct any loss amount in the **LOSS** boxes. **-00** **LOSS** **F**

Deductions

D1 Work related car expenses **A** **-00** **CLAIM**
D2 Work related travel expenses **B** **-00** **TYPE**
D3 Work related uniform, occupation specific or protective clothing, laundry and dry cleaning expenses **C** **-00** **CLAIM**
D4 Work related self-education expenses **D** **-00** **CLAIM**
D5 Other work related expenses **E** **-00** **TYPE**
D6 Low value pool deduction **K** **-00**
D7 Interest and dividend deductions **I** **-00**
D8 Gifts or donations **J** **-00**
D9 Cost of managing tax affairs **M** **-00**

D Only used by taxpayers completing the supplementary section
 Transfer the amount from **TOTAL SUPPLEMENT DEDUCTIONS** on page 8 and write it here. **-00**
TOTAL DEDUCTIONS Items **D1** to **D** – add up the **CLAIM** boxes. **-00**
SUBTOTAL **TOTAL INCOME OR LOSS less TOTAL DEDUCTIONS** **-00** **LOSS**

Losses

L1 Tax losses of earlier income years
 Primary production losses carried forward from earlier income years **Q** **-00** Primary production losses claimed this income year **F** **-00**
 Non-primary production losses carried forward from earlier income years **R** **-00** Non-primary production losses claimed this income year **Z** **-00**
TAXABLE INCOME OR LOSS Subtract amounts at **F** and **Z** item **L1** from amount at **SUBTOTAL**. **\$** **-00** **LOSS**

Tax offsets

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

If you had a spouse during 2008–09 you must also complete **Spouse details – married or de facto** on page 5.

Child-housekeeper's separate net income

V

00

P 00 CLAIM TYPE

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

If you had a spouse during 2008–09 you must also complete **Spouse details – married or de facto** on page 5.

TAX OFFSET
N CODE

VETERAN
Y CODE

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

T3 Pensioner

If you had a spouse during 2008–09 you must also complete **Spouse details – married or de facto** on page 5.

TAX OFFSET
O CODE

VETERAN
T CODE

T4 Australian superannuation income stream

S 00

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 00

T6 Education tax refund

L 00

Number of primary school students

W

Number of secondary school students

X

T7 Ongoing baby bonus claim

First-time baby bonus claimants and all transferees must use the *Baby bonus instructions and claim 2009*.

Number of eligible days

H

CODE

T Only used by taxpayers completing the supplementary section

Transfer the amount from **TOTAL SUPPLEMENT TAX OFFSETS** on page 8 and write it here.

00

TOTAL TAX OFFSETS

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

U 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

B F

Membership number

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 2008–09 you must also complete **Spouse details – married or de facto** on page 5.

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 2008 to 30 June 2009, 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.

For this year only: For the purposes of answering this question, if you were covered by a health insurance policy that provided private patient hospital cover (see *TaxPack 2009* page 86 for information on what is private patient hospital cover) during any part of the period 1 July to 31 December 2008 and you continued to be covered by that policy on 1 January 2009 then the law treats you as having held private patient hospital cover for the whole of the period 1 July to 31 December 2008.

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 2008 to 30 June 2009 you **must** write **0** at **A**.

If you are liable for the surcharge for part of the period 1 July 2008 to 30 June 2009 you **must** write the number of days you were **NOT** liable at **A**.

Number of days **NOT** liable for surcharge

A

If you are **NOT** liable for the surcharge for the whole period 1 July 2008 to 30 June 2009 you **must** write **365** at **A**.

Number of dependent children

D

If you had a spouse during 2008–09 (and you printed **N** at **E**), complete **Spouse details – married or de facto** on page 5. If you were covered by private patient hospital cover at any time during 2008–09 you **must** complete **Private health insurance policy details** above.

A1 Under 18

If you were under 18 years of age on 30 June 2009 you must complete this item or you may be taxed at a higher rate. Read the information on **A1** in *TaxPack 2009* for more information.

A2 Part-year tax-free threshold

Read the information on **A2** in *TaxPack 2009* before completing this item.

Date _____

Day	Month	Year
1	1	1

Months eligible
for threshold

Spouse details – married or de facto

If you had a spouse during 2008–09, did you complete any of the following items or do you consent to use part or all of your 2009 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**
T8 Superannuation contributions on behalf of your spouse

NO ☐ You do not need to complete this section. Go to page 6.

YES ☐ You must complete this section. Complete the information required below then go to page 6.

Spouse's surname
or family name

Spouse's given names

Spouse's
date of birth

Day	Month	Year

Spouse's sex

Male

Female

Print **X** in the relevant box.

Did you have a spouse for the full year 1 July 2008 to 30 June 2009?

L ☐ 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 2008 and 30 June 2009.

From

Day Month Year

to

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 R |
| • item T2 or T3, | complete O , T , P and Q |
| • item M1 (V or W), | complete O |
| • item M1 (Y only), | complete O if you had a spouse on 30 June 2009 |
| • item M2 and if you printed N for no at E , | complete O , T , U and S if you had a spouse for all of 2008–09 or your spouse died during the year |
| • item T8, | complete O and S . |

For any of the following that you are required to complete, if the amount is zero, write **0**.

Spouse's 2008–09 taxable income

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

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

Your spouse's total reportable fringe benefits amounts

Amount of any Australian Government pensions and allowances that your spouse received in 2008–09 (not including **exempt pension** income)

Amount of any exempt pension income that your spouse received in 2008–09 (make sure you only include your spouse's **exempt pension** income)

Your spouse's 2008–09 **separate net income**

Supplementary section

Income

Refer to *TaxPack 2009 supplement* 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 *TaxPack 2009 supplement* for the relevant code.

13 Partnerships and trusts

Primary production

Distribution from partnerships **N** /

Distribution from trusts **L** /

Landcare operations and deduction for decline in value of water facility **I** /

Other deductions relating to distribution **X** /

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 /

Non-primary production

Distribution from partnerships less foreign income **O** /

Distribution from trusts less net capital gains and foreign income **U** /

Landcare operations expenses **J** /

Other deductions relating to distribution at **O** and **U** **Y** /

Distributions of net capital gains (including net foreign capital gains) must be included at item **18** on page 7. Distributions of foreign income must be included at item **19** or **20** on page 7.

Net non-primary production distribution /

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**

Share of credit for tax file number amounts withheld from interest, dividends and unit trust distributions **R**

Share of credit for tax paid by trustee **S**

Share of credit for amounts withheld from foreign resident withholding or a managed investment trust fund payment **A**

Share of National rental affordability scheme tax offset **B**

F

14 Personal services income (PSI)

Tax withheld – voluntary agreement **G**

Tax withheld where Australian business number not quoted **H**

Tax withheld – labour hire or other specified payments **J**

Net PSI – transferred from **A** item **P1** on page 9 /

15 Net income or loss from business

Primary production – transferred from **Y** item **P8** on page 10 **B** /

Non-primary production – transferred from **Z** item **P8** on page 10 **C** /

If you show a loss at **B** or **C** you must complete item **P9** on page 11.

Tax withheld – voluntary agreement **D**

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

Tax withheld – foreign resident withholding **E**

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

F

16 Deferred non-commercial business losses

Item **P9** on page 11 must be completed before you complete this item.

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

Deferred losses from sole trader activities **G**

Primary production deferred losses **I**

Non-primary production deferred losses **J**

17 Net farm management deposits or withdrawals

E -00 ☐ **F** ☐ ^{LOSS}

18 Capital gains

Did you have a capital gains tax event during the year? **G** ☐ 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.

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.

Net capital gain **A** -00

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

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

19 Foreign entities

Did you have either a direct or indirect interest in a controlled foreign company (CFC)? **I** ☐ 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? **W** ☐ Print **Y** for yes or **N** for no.

Transferor trust income **B** -00

Did you have an interest in a foreign investment fund (FIF) or a foreign life assurance policy (FLP)? **J** ☐ Print **Y** for yes or **N** for no.

FIF and FLP income **C** -00

20 Foreign source income and foreign assets or property

Assessable foreign source income **E** -00

Net foreign employment and net foreign pension or annuity income WITHOUT an undeducted purchase price **L** -00 ☐ ^{LOSS}

Net foreign pension or annuity income WITH an undeducted purchase price **D** -00 ☐ ^{LOSS}

Net foreign rent **R** -00 ☐ ^{LOSS}

Other net foreign source income **M** -00 ☐ ^{LOSS}

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

Australian franking credits from a New Zealand company **F** -00

Exempt foreign employment income **N** -00

Foreign income tax offsets **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** ☐ Print **Y** for yes or **N** for no.

21 Rent

Gross rent **P** -00

Interest deductions **Q** -00

Capital works deductions **F** -00

Other rental deductions **U** -00

Net rent -00 ☐ ^{LOSS}
P less (**Q** + **F** + **U**)

22 Bonuses from life insurance companies and friendly societies

W -00

23 Forestry managed investment scheme income

A -00

24 Other income

Type of income
 Category 1 **Y** -00
 Category 2 **V** -00

Employee share schemes

Do you elect to be taxed this year on the discounts you received on all the qualifying shares, rights, options and stapled securities you acquired under an employee share scheme in 2008–09? If yes, print **Y** at **C** and write the assessable amount of the discounts at **B**. If no, leave blank.

C ☐

Assessable amount of the discounts **B** -00

Tax withheld – lump sum payments in arrears **E** -00

Taxable professional income **Z** -00

TOTAL SUPPLEMENT INCOME OR LOSS

Items **13** to **24** – add up the ☐ boxes for income amounts and deduct any loss amounts in the ☐ boxes. -00 ☐ ^{LOSS}

Transfer this amount to **I** on page 3. ←

Deductions

D10 Australian film industry incentives

G -00

D11 Deductible amount of undeducted purchase price of a foreign pension or annuity

Y -00

D12 Personal superannuation contributions

Full name of fund

Account number

H -00

Fund Australian business number

Fund tax file number

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 **D10** to **D15** – add up the **I** boxes and transfer this amount to **D** on page 3.

-00

Tax offsets

T8 Superannuation contributions on behalf of your spouse

You must also complete **Spouse details – married or de facto** on page 5.

Contributions paid

-00

A -00

T9 Zone or overseas forces

R -00

T10 20% tax offset on net medical expenses over the threshold amount

X -00

T11 Parent, spouse's parent or invalid relative

B -00

T12 Landcare and water facility

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

T -00

**T13 Net income from working
– supplementary section**

M -00

LOSS

☐

Read the information on **T13** in *TaxPack 2009 supplement* before completing this item.

T14 Entrepreneurs tax offset

Small business entity
aggregated turnover

K -00

Net small business
entity income

N -00

CODE

☐

Read the information on **T14** in *TaxPack 2009 supplement* before completing this item.

T15 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 **T8**, **T9**, **T10**, **T11**, **T12** and **T15** – add up the **I** boxes.

-00

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

Adjustment

A3 Amount on which family trust distribution tax has been paid

Read the information on **A3** in *TaxPack 2009 supplement* 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?

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 *Business and professional items 2009* 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 6.

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?

Q ☐ 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	C	<input type="text" value="-00"/>	D	<input type="text" value="-00"/>	<input type="text" value="-00"/>
Gross payments subject to foreign resident withholding	A	<input type="text" value="-00"/>	B	<input type="text" value="-00"/>	<input type="text" value="-00"/>
Gross payments – voluntary agreement	E	<input type="text" value="-00"/>	F	<input type="text" value="-00"/>	<input type="text" value="-00"/>
Gross payments – labour hire or other specified payments	N	<input type="text" value="-00"/>	O	<input type="text" value="-00"/>	<input type="text" value="-00"/>
Assessable government industry payments	G	<input type="text" value="-00"/>	H	<input type="text" value="-00"/>	<input type="text" value="-00"/>
Other business income	I	<input type="text" value="-00"/>	J	<input type="text" value="-00"/>	<input type="text" value="-00"/>

Total business income

Expenses

Opening stock	<input type="text" value="-00"/>	<input type="text" value="-00"/>	K	<input type="text" value="-00"/>
Purchases and other costs	<input type="text" value="-00"/>	<input type="text" value="-00"/>	L	<input type="text" value="-00"/>
Closing stock	<input type="text" value="-00"/>	<input type="text" value="-00"/>	M	<input type="text" value="-00"/>
Cost of sales (K + L – M)	<input type="text" value="-00"/>	<input type="text" value="-00"/>	<input type="text" value="-00"/>	<input type="text" value="-00"/>
Foreign resident withholding expenses	<input type="text" value="-00"/>	<input type="text" value="-00"/>	U	<input type="text" value="-00"/>
Contractor, subcontractor and commission expenses	<input type="text" value="-00"/>	<input type="text" value="-00"/>	F	<input type="text" value="-00"/>
Superannuation expenses	<input type="text" value="-00"/>	<input type="text" value="-00"/>	G	<input type="text" value="-00"/>
Bad debts	<input type="text" value="-00"/>	<input type="text" value="-00"/>	I	<input type="text" value="-00"/>
Lease expenses	<input type="text" value="-00"/>	<input type="text" value="-00"/>	J	<input type="text" value="-00"/>
Rent expenses	<input type="text" value="-00"/>	<input type="text" value="-00"/>	K	<input type="text" value="-00"/>
Interest expenses within Australia	<input type="text" value="-00"/>	<input type="text" value="-00"/>	Q	<input type="text" value="-00"/>
Interest expenses overseas	<input type="text" value="-00"/>	<input type="text" value="-00"/>	R	<input type="text" value="-00"/>
Depreciation expenses	<input type="text" value="-00"/>	<input type="text" value="-00"/>	M	<input type="text" value="-00"/>
Motor vehicle expenses	<input type="text" value="-00"/>	<input type="text" value="-00"/>	N	<input type="text" value="-00"/>
Repairs and maintenance	<input type="text" value="-00"/>	<input type="text" value="-00"/>	O	<input type="text" value="-00"/>
All other expenses	<input type="text" value="-00"/>	<input type="text" value="-00"/>	P	<input type="text" value="-00"/>

Total expenses

Add up the boxes for each column.

S **T**

Reconciliation items

Deduction for environmental protection expenses	<input type="text" value="-00"/>	<input type="text" value="-00"/>	V	<input type="text" value="-00"/>
Section 40-880 deduction	<input type="text" value="-00"/>	<input type="text" value="-00"/>	A	<input type="text" value="-00"/>
Business deduction for project pool	<input type="text" value="-00"/>	<input type="text" value="-00"/>	L	<input type="text" value="-00"/>
Small business and general business tax break	<input type="text" value="-00"/>	<input type="text" value="-00"/>	F	<input type="text" value="-00"/>
Landcare operations and business deduction for decline in value of water facility	<input type="text" value="-00"/>	<input type="text" value="-00"/>	W	<input type="text" value="-00"/>
Income reconciliation adjustments	<input type="text" value="-00"/>	<input type="text" value="-00"/>	X	<input type="text" value="-00"/>
Expense reconciliation adjustments	<input type="text" value="-00"/>	<input type="text" value="-00"/>	H	<input type="text" value="-00"/>

Net income or loss from business this year

B **C**

Deferred non-commercial business losses from a prior year

D **E**

Net income or loss from business

Y **Z**

Transfer the amounts at **Y** and **Z** to item 15 on page 6.

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 6.

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		
			Code			
			Year			
			Number			
Deferred non-commercial business loss from a prior year	H		Net loss	I		

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		
			Code			
			Year			
			Number			
Deferred non-commercial business loss from a prior year	N		Net loss	O		

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		
			Code			
			Year			
			Number			
Deferred non-commercial business loss from a prior year	T		Net loss	U		

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 2009*.

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

A		
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Deduction for general pool assets (less than 25 years)

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

C		
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Other business and professional items

P11 Trade debtors	E		
P12 Trade creditors	F		
P13 Total salary and wage expenses	G		TYPE
P14 Payments to associated persons	H		
P15 Intangible depreciating assets first deducted	I		
P16 Other depreciating assets first deducted	J		
P17 Termination value of intangible depreciating assets	D		
P18 Termination value of other depreciating assets	K		
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		
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Complete this section only if you consent to use part or all of your 2009 tax refund to repay your spouse's Family Assistance Office (FAO) debt.

- you were the spouse of a family tax benefit (FTB) claimant, or the spouse of a child care benefit claimant on 30 June 2009 – **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 2009 **and**
- you expect to receive a tax refund for 2009 **and**
- you consent to use part or all of your tax refund to repay your spouse's FAO debt.

Z

I consent to the Tax Office using part or all of my 2009 tax refund to repay any FAO debt of my spouse, whose details I have provided on page 5. I have obtained my spouse's permission to quote their CRN.

Day Month Year

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

- 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.

Day	Month	Year

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.

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.

I,

[illegible]

Day	Month	Year
1	1	1

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Area code

Telephone number
