

Trust tax return

2018

	/ to /													
or specify p	period if part year or approved sub	estitute period.												
Notes to help you prepare this tax return are provided in the <i>Trust tax return instructions 2018</i> (the instructions), available on our website ato.gov.au	WHEN COMPLETING THIS ■ Print clearly, using a black or because the second sec	olue pen. int one character in each box.												
Trust information														
Tax file number (TFN)														
Name of trust														
Australian business number (ABN)														
Previous name of trust If the trust name has changed, print the previous name exactly as shown on the last notice of assessment or the last tax returns to the last tax returns tax retur														
Current postal address														
If the address has not changed, print it exact	ly as shown on the last notice of assessr	nent or the last tax return lodged.												
Suburb/town		State/territory Postcode												
Country if outside Australia														
Postal address on previous tax return If the address has changed, print your previous		tice of assessment or the last tax return lodged.												
Suburb/town		State/territory Postcode												
Country if outside Australia														

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	Family trust election status Interposed entity election status If the trustee has made or is making a family Town of the trustee has an existing election write the carliest Town																																							
If the trust year for If reprince on	If the trustee has made, or is making, a family rust election, write the four-digit income If the trustee has an existing election, write the earliest income year specified of the election (for example, or the 2017–18 income year write 2018). If the trustee has an existing election, write the earliest income year specified. If the trustee is making one or more elections this year, write the earliest income year specified and complete an Interposed entity election or revocation 2018 for each election. If revoking an interposed entity election, print R and complete and attach the Family trust election, revocation 2018. If the trustee has an existing election, write the earliest income year specified. If the trustee is making one or more elections this year, write the earliest income year specified and complete an Interposed entity election or revocation 2018 for each election. If revoking an interposed entity election or revocation 2018.																																							
- F	Frint the code representing the type of trust. Print X if also a charity If code D, write the date of death. Print X if also a charity the date of death.																																							
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ls a	s any tax payable by the trustee? Yes No																																							
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come excluding fore	igr	income				8
Business income and expen	ses	;	WHOLE DOLLARS ONL	v		
Income		Primary production	Non-primary product		 Totals	
Gross payments where ABN not quoted	C	D				
Gross payments subject to foreign resident withholding (excluding capital gains)		CODE		COE		
Assessable government industry payments	E					
Other business income	G	/_ H]/[/[
Total business income						/[
Expenses Foreign resident withholding expenses (excluding capital gains) Contractor, sub-contractor and]	P C	
commission expenses Superannuation expenses]	D	
Cost of sales]] / [E	/
Bad debts]/	F	/ [
]]	G	
Lease expenses Rent expenses]]	н	
·]]	"	
Total interest expenses] 1		
Total royalty expenses] 1	J	
Depreciation expenses]	K	
Motor vehicle expenses					L	
Repairs and maintenance					M	
All other expenses					N	
Total expenses – labels P to N					0	/
Reconciliation items Add: Income reconciliation adjustments]/[A	
Add: Expense reconciliation adjustments]/[В	/
Net income or loss from business	Q	/			S	/[
Net small business income	V		· %			

7	Credit for interest on early payments - amount of interest	
8	Partnerships and trusts Primary production Distribution from partnerships A	
	Share of net income from trusts Z	
	Deductions relating to amounts shown at A and Z	. —
	Net primary production amount Non-primary production Non-primary production	
	Distribution from partnerships, less foreign income B, D,	
	Share of net income from trusts, less capital gains, foreign income and franked distributions	
	Deductions relating to amounts shown at B and R	
	Franked distributions from trusts F , , , , , , , , , , , , , , , , , , ,	
	Deductions relating to franked distributions from trusts in label F G , , , , , , , , , , , , , , , , , , ,	_ /
	Net non-primary production amount , , , , , , , , , , , , .	/</td
	Capital gains from another trust and net foreign capital gains need to be included at item 21. Amounts of foreign income must be included at item 22 or 23.	
	Share of credits from income Share of credit for tax withheld where ABN not quoted C, , , , , , , , , , , , , , , , , , ,	
	Share of franking credits from franked distributions D, , , , , , , , , , , , , , , , , , ,	
	Share of credit for TFN amounts withheld from interest, dividends and unit trust distributions	
	redit for TFN amounts withheld from payments from closely held trusts	
	Share of credit for tax withheld – foreign resident withholding (excluding capital gains)	
9	Rent Gross rent F , , , , , , , , , , , , , , , , , ,	
	Interest deductions G , , , , , , , , , , , , , , , , , ,	
	Capital works deductions X , , , , , , , , , , , , , , , , , ,	
	Other rental deductions H	,
	Net rent,	
10	O Forestry managed investment scheme income Q	Q
11	1 Gross interest – including Australian Government Ioan interest TFN amounts withheld from gross interest TFN amounts withheld from gross interest TFN amounts withheld from gross interest	Q
12	2 Dividends Unfranked amount K , , , , , , , , , , , , , , , , , ,	4
	Franked amount L , , , , , , , , , , , , , , , , , ,	Q
	Franking credit M , , , , , , , , , , , , , , , , , ,	Q
Do	TFN amounts withheld from dividends N , , , , , , , , , , , , , , , , , ,	SN 2019
rag	age 4 Sensitive (when completed) TRUST TAX RETUR	111 2018

Г	Trust TFN
13	Superannuation lump sums and employment termination payments Death benefit superannuation lump sum where the beneficiary is a non-dependant Untaxed element Untaxed element Taxable component Taxable component Taxable component Y Taxable component Taxable component Y Taxable component Y Taxable component Taxable component Y Taxable component Y Taxable component Y Taxable component Taxable component Y Taxable component Y
14	Other Australian income – give details Type of income Excepted net income O O O O O O O O O O O O O
15	Total of items 5 to 14 Add the boxes. □□, □□, □□, □□, □□, □□
De	eductions
16	Deductions relating to: Australian investment income P, , , , , , , , , , , , , , , , , , ,
18	Other deductions – show only deductions not claimable at any other item Name of each item of deduction
	Amount
19	Total of items 16 to 18
20	Net Australian income or loss - other than capital gains Subtract item 19 from item 15.
21	Capital gains Do you need to complete a Capital gains tax (CGT) schedule 2018? Did you have a CGT event during the year? Answer Yes at G if the trust had an amount of capital gains from another trust. Have you applied an exemption or rollover? No N
	Credit for foreign resident capital gains withholding amounts B , , , , , , , , , , , , , , , , , ,

<u>'</u>	
Fo	oreign income
22	Attributed foreign income Did you have overseas branch operations or a direct or indirect interest in a foreign trust, foreign company, controlled foreign entity or transferor trust? If you answered Yes at label S, complete and attach an International dealings schedule 2018. Do you need to complete a Losses schedule 2018?
23	Other assessable foreign source income
	- other than income shown at item 22
	Gross B , , , , , , , , , , , , , , , , , ,
	Also include at label D 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
24	Total of items 20 to 23 Add the boxes □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
25	Tax losses deducted C □ □ □ , □ □ · ⋈
26	Total net income or loss Subtract item 25 from item 24. □ , □ , □ , □ , □
27	Losses information A Losses schedule 2018 must also be completed and attached if the sum of labels U and V is greater than \$100,000 or if the trust is a listed widely held trust and failed the majority ownership test for a loss. Tax losses carried forward to later income years Net capital losses carried forward to later income years
28	Landcare and water facility tax offset brought forward from prior years G , , , , , , , , , , , , , , , , , ,
Ov 29	Was the aggregate amount of your transactions or dealings with international related parties (including the value of any property/service transferred or the balance of any loans) greater than \$2 million? Did the thin capitalisation provisions affect you? O Yes No Interest expenses overseas D, , , , , , , , , , , , , , , , , , ,
	If you answered Yes at label A , attach the information requested in the instructions.

Г	Trust TFN Trust TFN
	Transactions with specified countries Did you directly or indirectly send to, or receive from, one of the countries specified in the instructions, any funds or property or Do you have the ability or expectation to control, whether directly or indirectly the disposition of any. C Yes
	Do you have the ability or expectation to control, whether directly or indirectly, the disposition of any funds, property, assets or investments located in, or located elsewhere but controlled or managed from one of those countries?
30	Personal services income Does your income include an individual's personal services income (PSI)? N Yes No
	Total amount of PSI included at item 5 income labels A , , , , , , , , , , , , , , , , , ,
	Total amount of deductions against PSI included at item 5 expense labels
	Did you satisfy the results test in respect of any individual? No No
Do	you hold a personal services business (PSB) determination in respect of any individual? D Yes No
	For any individual for whom you did not satisfy the results test or hold a PSB determination, and each source of their PSI income yielded less than 80% of their total PSI, indicate if you satisfied any of the following personal services business tests – print X in the appropriate box(es).
	Unrelated clients test E1 Employment test E2 Business premises test E3
Ta	exation of financial arrangements
	Taxation of financial arrangements (TOFA)
	Total TOFA gains M , , , , , , , , , , , , , , , , , ,
	Total TOFA losses N , , , , , , , , , , , , , , , , , ,
K	ey financial information
32	All current assets F □ □ □ , □ □ □ , □ □ · ≫
33	Total assets G
34	All current liabilities I,,
35	Total liabilities J □ □ □ , □ □ □ , □ □ □ , □ □ □ . ⋈

Bl	isiness and p	protes	sional item	15					
36	Business name of	main bus	siness						
Ш									
37	Business address	of main b	ousiness						
Subi	urb/town							State/territor	y Postcode A
									cc
38	Opening stock	С	-5	X	43	Total salary a wage expens		L	- > 0 /
39	Purchases and	В	-6	×	44	Payments to associated p	ersons	M	-94
	other costs			CODE	45	Fringe benefi			0.0
40	Closing stock	D	-5	x]/		employee contributions	;	т	-><
41	Trade debtors	Е	•5	×	46	Unpaid prese entitlement to		Y	- <u>M</u>
					47	private comp	_		
42	Trade creditors	н	-5	XI.	47	Trading stock election		Yes	No
48	Capital allowances Depreciating assets f		ted in this income	vear					
			sets first deducted	A \$				- M	
	Other depre	eciating ass	sets first deducted	в\$					
		Have you	self-assessed the	C Ye	,	No No	اا و لا		
	For all depreciating as		y of these assets?						
	Did you re	ecalculate t	the effective life for this income year?	D Ye	s	No			
			and of income year	E \$				·%	
	Assessable b	palancing a	djustments on the	F\$	」 			- %	
	•		epreciating assets djustments on the		, L				
	disposal of ir	ntangible d	epreciating assets	G \$	Ш,L			-%	
	Termination value of ir	ntangible d	epreciating assets	H \$	LJ,L			-90	
	Termination value	e of other d	epreciating assets	I \$	Ш,[-90	
		Deduction	on for project pool	J \$				-90	
		Section	40-880 deduction	K \$				·×	
	Landcare operatio		duction for decline fencing asset and	L \$				-><	
			dder storage asset		.,_	,	,		

Г	
49	Small business entity simplified depreciation
	Deduction for certain assets ▲ □ , □ □ , □ □ • • • • • • • • • • • • •
	Deduction for general small business pool B , , , , , , , , , , , , , , , , , , ,
50	National rental affordability scheme National rental affordability scheme tax offset entitlement National rental affordability scheme tax offset entitlement
51	Other refundable tax offsets G , , , , , , , , , , , , , , , , , ,
52	Non-refundable carry forward tax offsets
	Early stage venture capital limited partnership tax offset H , , , , , , , , , , , , , , , , , ,
	Early stage investor tax offset
53	Medicare levy reduction or exemption
	Spouse's 2017–18 taxable income – if nil write '0' A Full Medicare levy exemption – number of days
	Number of dependent children and students B Half Medicare levy exemption – number of days
	Medicare levy surcharge and private health insurance tax offset If the trust is liable for the Medicare levy surcharge or entitled to the private health insurance tax offset, refer to the instructions.
54	Income of the trust estate A , , , , , , , , , , , , , , , , , ,

Statement of distribution

55 Statement of distribution

Distribution details

Complete the distribution details on the following pages for BENEFICIARY 1 to 5 if required, and for Income to which no beneficiary is presently entitled and in which no beneficiary has an indefeasible vested interest, and the trustee's share of credit for tax deducted, if it applies.

If there are more than five beneficiaries see the instructions for more information.

Note: It is not an offence not to quote a TFN for a beneficiary. However, TFNs help the ATO to correctly identify each beneficiary's tax records. The ATO is authorised by the *Income Tax Assessment Act 1936* and the *Income Tax Assessment Act 1997* to ask for information in this tax return. We need this information to help administer the tax laws. To make a correct Trustee Beneficiary (TB) statement you must quote the TFN of a resident trustee beneficiary of a closely held trust.

Note: If the trust needs to provide annual reports under the Trustee Beneficiary Rules or the TFN withholding rules you will be able to do so by completing the information in the statement of distribution.

55 Statem	ent of di	stribı	utio	n – (contii	nuec	d																				
BENEFICIA	RY 1 Ta	ax file	nur	nber	(TFN	J)]]	En	tity	cod	le l	U	7					
INDIVIDUAL	NAME				7	Se	e the	e Priv	acy	note	e in t	the Ta	ıxpay	er's c	decla	ratic	n.	7									
Title: Mr Surname or fam	ļ <u> </u>	Miss	N	/Is	Oth	er																					
Surfame of fam																											
First given name									Othe	er gi	ven r	name	s 		7	\) 						7			7	1
OR																											
NON-INDIVID	DUAL NAM	ИЕ (сс	omp	any,	partr	nersl	nip,	tru	st e	tc.))				1	1	1	1	1					1		1	
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Residential a	ddress fo	r indiv	vidu	als c	or bus	sines	ss a	ddr	ess	fo	r no	n in	divic	duals	S	1	1						7			7	
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Suburb/town																					State	 /territ			Postco] L de	
Country if outsic	le Australia					7															(Austri	alia onl	у)		(Austr	alla Of	піу)
Date of birth	Day /	Month] /		Year																						
	\/	الـــا	/			1]							Char		0100	dit fo	TF	-N I								
	Assess calculation	code	V												amo	unts	s wit	thhe	eld	0							
0	Share of inc f the trust e	come estate	W							-6	×				n pa close				ш	- I							
Share of credit - foreign resid			L							٦	×							gair		F					-0	Q	
(excludir	ng capital g	gains)	-							^			Sha	re of	dent	car	oital	gair	าร	Z					•		
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Small busine Share of net						nati	on				·)X	3															
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TB statement For each trus			ndica	ate w	hethe	er yo	u w	vill be	e ma	akir	ng a	TB	state	emer	nt:			T	Bs	tat	emei	nt?	,	Yes		No	
	Tax prefer	red an	nour	nts	P						·)X	1			sh	U are	Inta of r	xed net i	par incc	t of	Q						90
Annual Trus					orma	ation)																				
Distr statutory inc	ibution fror ome during				S						-><	1		wit	To thhe			N ar									90

55 Stater	nent of	distri	butio	on –	· cor	ntinu	ued																					
BENEFICI	ARY 2	Tax fi	le nu	mbe	er (Ti	FN)													ity c	code	e l	J [
INDIVIDUAL		1						the F	²riva □□□	icy no	ote in	the	laxp	ayer's 1□□1	s de	clara	tion		1									
Title: Mr Surname or fai	Mrs mily name	Miss		Ms L		Other										Ш												
First given nam	ne Timilini									ther (given	nar	nes		—, —,			' 	' 	 	' 				1		7	
OR						Ш			L																		JL	
NON-INDIV	IDUAL N	AME (comp	oany	, pa	rtne	ershi	p, tr	ust	t etc	.)																	
Residential	address	for inc	dividu	uals	or b	usi	ness	ad	dre	ss fo	or no	on i	indiv	ridua	als										,			
						Ш																						
																												\prod
Suburb/town											7											State	/territ	ory		Postco	ode	
Country if outs	ide Australia	 a				Ш									L							(Austra	alia onl	y)		(Aus	tralia c	only)
Date of birth	Day	/ [nth /	/ [Ye	ear																						
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	calculation Share of													fro	om	pay	mei	nts	nheld fron	n () [•		
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Share of		Primar ductio	y n A						-0	× ,	$/ \square$			forei					sable		H [-5	R	LOSS
income	Non-	primar ductio	у n В						-5	× ,	LOSS		Foi	reign	inc	com	e ta	ax c	offse	et	ı					•		
	t for tax w ABN not								•5	×		af		Shar ability							R					•		
	ked distri								-0	X							tion	ı cr	edit ute	S n	1					-5	R	
	Franking	g cred	it D						•				Ea limite	rly sta	age ırtne	e ver ersh	nture	e ca	apita	al =	T [•		
TFN a	ımounts w	vithhel	d E						•					tage							J [•		
Small busin	ness inco	ome ta	ax of	fset	info	orm	atio	า																				
Share of ne											-0	Q																
Non-reside	nt benef	iciary	add	ition	nal ir	nfor	mat	ion																				
	98(3) asse	_									-0	Q		s98	3(4)	ass	ess	sab	le a	moı	unt	K					ı	90
TB statemer				nato i	who	thor	VOL	\\\/ill	ho	mala	ina	a Ti	R oto	atem	ont				т	R c+	eto	mei	nt?		Yes		No	
TOF GACITURE	Tax pref						you	VVIII	NG.	iiiak	irig a		عاد ك	u c iii			Un	ıtax	ed i	part	of	niel O	ic:		168			, <u> </u>
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Annual Trus Dist	tribution fr	om or	dinar	y or	oforr S	nati	ion				-0	e							l am			_						DQ
statutory in	come duri	ng inco	ome y	/ear	3	L					- <i>V</i>	~		V	vith	helo	d fro	m	pay	mei	nts	1					'	~

55 Statem	ent of distrib	utio	n – cc	ontini	ued																	
BENEFICIA	ARY 3 Tax file	e nur	mber (ΓFN)									Eı	ntity (code	U						
INDIVIDUAL	NAME	_			See the	ne Pri	vacy n	ote in	the Ta	axpaye	r's de	eclara nomi	ition.									
Title: Mr Surname or fam	Mrs Miss	N	/Is	Other																		
First given name						7	Other	given	name	s												
OR									<u> </u>		Ш	ШL			ШL	_ L						
	OUAL NAME (c	omp	any, p	artne	ership	, tru	st etc	c.)			ı —											
Residential a	address for ind	ividu	als or	busi	ness	addı	ess f	or no	on in	dividu	uals											
Suburb/town																	State/t	erritory		Posto		
Country if outsic	de Australia															(,	Australia	a only)		(Aus	stralia o	only)
Data of hirth	Day Mont	L_ th /		Year																		
Date of birth		/																				
	Assessment calculation code										а	mour	nts w	or TF ithhel	ld 🧖							
0	Share of income f the trust estate	W						· %						ts from I trus		'						
	t for tax withheld dent withholding							· M		0.				l gair		•				-6	X	
(excludir	ng capital gains) franking credits	_								Share	esid	ent c	apita	toreig al gair nount	is Z					•		
from	a New Zealand anking company	N					%		,	v Attribu			•			ì				-0	X	
	Primary production						DQ	LOSS		for				ssab ncom		ı				-0	X	LOSS /
Share of income	Non-primary	D					X	LOSS		Foreig					10	_ [/
	L production for tax withheld						- DQ	/ 📖		Sha	are (of Na	tiona	ıl rent	al 🛌	•						
	ABN not quoted								affo	rdabili			tion (credit	ts 😱	`				_6		
Frank	ed distributions						· X			Early s	·		distr	ibute	ed IV	• <u> </u>				-1	X	
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55 Statement of distribution – continued

	e to which no ben t, and the trustee			•		ary h	as an indefeasible vested
	Assessment calculation code	V			Capital gair	ns F	-04
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foreigr	credit for tax withheld resident withholding	L		· X	withholding amoun Attributed foreign incon		-90
•	cluding capital gains) ralian franking credits				Other assessab foreign source incon		Loss
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	re of Primary production			• >	Share of National ren		
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wł	Credit for tax withheld nere ABN not quoted	C		· % (Early stage venture capi limited partnership tax offs	al 🛖	
	Franked distributions	U		-90	Early stage ventu capital limited partnersh	re	
	Franking credit	D		•	tax offset carried forwa from previous ye	d 🔼	•
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	Share of credit for TFN amounts withheld from payments from closely held trusts	0		•	Early stage investor to offset carried forwa from previous ye	rd M	•
56 Ch	oice for resident	ssme	tee to be assesed to the calculation code in the trustee ha	esed to cal	pital gains on behalf of b		iciaries □•∞
other a57 BeWapre	ttachments' questi neficiary under le s any beneficiary in th sently entitled to a sh	on o gal iis tru are o	n page 1 of this adisability who is ust, who was under the income of ar	tax return. s presentler a legal disa	y entitled to income from ability on 30 June 2018, also equested in the instructions.	n and	other trust Yes No
ls t	n-resident trust ne trust a n-resident trust?	es	No oderi	ved outside /	amount of income Australia to which presently entitled. \$]_,,∞



DECLARATIONS

TAXPAYER'S DECLARATION

Before making this declaration check to ensure that all income has been disclosed and the tax return, all attached schedules and any additional documents are 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 in tax returns.

This declaration must be signed by a trustee or public officer.

Privacy

The ATO is authorised by the Taxation Administration Act 1953 to request the provision of tax file numbers (TFNs). The ATO will use the TFNs to identify each beneficiary in our records. It is not an offence not to provide the TFNs. However, if the TFNs are not provided, it could increase the chance of delay or error in each beneficiary's assessment.

Taxation law authorises the ATO to collect information including personal information about the person authorised to sign the declaration. For information about your privacy go to ato.gov.au/privacy

DECLARATION:

I declare that the information on this tax return, including any attached schedules and additional documentation is true and correct.

Si	Signature																																																	
																																				Da	ate	[Di	ay] /	/	Mo	onth	1	/		Year	r	
Ho	Hours taken to prepare and complete this tax return																																																	
T/	TAX AGENT'S DECLARATION																																																	
I,		\mathbb{T}					Γ			\prod				Γ	7		brack				Γ		1	Г						Γ	7			T				7			Γ				\prod			\mathbb{T}		
gi	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. Assault size of the content																																																	
A	gent's signature																Da	nte.]		ent Lay	s r	et(/		enc][onth		/		Year																					
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