

Trust tax return

2015

		to /		
	or specify period if	part year or approve	a substitute period.	
Notes to help you prepare return are provided in the <i>Trus instructions 2015</i> (the instructions available on our website ato.g	e this tax it tax return ions), jov.au	WHEN COMPLETING ■ Print clearly, using a blace ■ Use BLOCK LETTERS a S M / T H S ■ Place X in all applicable	ck or blue pen. and print one character in each b	000X.
Trust information	1			
Tax file number (TFN) See the Privacy note in the Taxp	ayer's declaration.		Have you attached any 'other attachments'?	Yes No
Name of trust				
Australian business numb	per (ABN)			
Previous name of trust If the trust name has changed, p	print the previous name	exactly as shown on the la	ast notice of assessment or the la	ast tax return lodged.
Current postal address If the address has not changed,	, print it exactly as sho	wn on the last notice of as	ssessment or the last tax return l	odged.
Suburb/town			State /towiton	Postanda
Suburb/town			State/territory	Postcode
Country if outside Australia				
Postal address on previou		exactly as shown on the la	ast notice of assessment or the la	est tax return lodged
Suburb/town			State/territory	Postcode
Country if outside Australia				

Full name of the trustee to whom notices should be sent If the trustee is an individual, print details here.
Title: Mr Mrs Miss Ms Other Miss Ms Other
Surname or family name
First given name Other given names
If the trustee is a company, print details here including ABN. Name
ABN Phone number (include area code) Daytime contact
phone number
If the trustee has made, or is making, a family trust election, write the four-digit income year specified of the election (for example, for the 2014–15 income year write 2015). If revoking or varying a family trust election, print R for revoke or print V for variation and complete and attach the Family trust election, revocation or variation 2015. 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 being specified and complete an Interposed entity election or revocation 2015 for each election. If revoking an interposed entity election, print R and complete and attach the Interposed entity election or revocation 2015.
Type of trust Print 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.
Managed investment trusts If the trust is a managed investment trust, has the trustee made an election into capital account treatment? Yes No
Is any tax payable by the trustee? Yes No No Final tax return Yes No
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. (See relevant instructions.) BSB number (must be six digits) Account number Account name
1 Description of main business activity
Industry code A
2 Status of business – print X at label B1, B2 or B3, whichever is the first applicable option, or leave blank. Multiple business B1 Ceased business B2 Commenced business B3
Consolidation status – print X at label Z2 if applicable Consolidated subsidiary member Z2 Did you sell any goods or services using the internet? Q Yes No

Г			Trust TFN			
						0660071
Incom	e excluding fore	ign	income			5
	ness income and expen				WHOLE DOLLARS ONLY	
Incom	ie		Primary production		Non-primary production	 Totals
	Gross payments where ABN not quoted	C		D		
f	Gross payments subject to foreign resident withholding			В		
	Assessable government industry payments	E		F	CODE	
	Other business income	G		Н		
	Total business income					
Exper	nses					
	Foreign resident withholding expenses				P	
Con	tractor, sub-contractor and commission expenses				С	
	Superannuation expenses				D	
	Cost of sales				/E	
	Bad debts				F	
	Lease expenses				G	
	Rent expenses				Н	
	Total interest expenses				I	
	Total royalty expenses				J	
	Depreciation expenses				K	
	Motor vehicle expenses				L	
	Repairs and maintenance				M	
	All other expenses				N	
Tota	I expenses - labels P to N				/_ 0	
Recor Add					// ^	/
Ado			/ [/ B	
	adjustments Net income or loss		///	R		
	from business		/			/
6 Tax v			where ABN not quoted for tax withheld – foreign resident withholding	T [
– amo	it for interest on early pount of interest RETURN 2015	oayn	nents Sensitive (whe	W [,	Page

	'			
3	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	s		_
	Non-primary production		Net primary production amount	
	Distribution from partnerships, less foreign income	В		
	Share of net income from trusts, less capital gains, foreign income	R		
	and franked distributions	[
	Deductions relating to amounts shown at B and R	T		
	Franked distributions from trusts	F	≫<	
	Deductions relating to franked distributions from trusts in label F	G		
			Net non-primary production amount	
	Capital gains from another trust Amounts of foreign income mus		d net foreign capital gains need to be included at item 21.	
	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	E		
	and unit trust distributions addit for TFN amounts withheld from	0		
ķ	payments from closely held trusts Share of credit for tax withheld	• [
	from foreign resident withholding	U		
9	Rent Gross r	ent	F □ □ □ , □ □ ·≫	
	Interest deduction	ons	G,	
	Capital works deducti	ons	x	
	Other rental deduction	ons	H □ □ □ , □ □ □ ·∞	
			Net rent , , , , , , , , , , , , , , , , , , ,	
10	Forestry managed investm	nen	t scheme income Q , , , , , , , , , , , , , , , , , ,	
11	Gross interest – including A	ustı	ralian Government Ioan interest	
	TFN amounts withh from gross inte	neld		
12	Dividends		Unfranked amount K	
			Franked amount L	
	TFN amounts withh from divide		Franking credit M / , , , , , , , , , , , , , , , , , ,	
	ITOTT GIVIGE	105		

Г	Trust TFN Trust TFN
13	Superannuation lump sums and employment termination payments Death benefit superannuation lump sum where the beneficiary is a non-dependant Death benefit employment termination payment where the beneficiary is a dependant Death benefit employment termination payment where the beneficiary is a non-dependant Taxable component Taxable component Y Taxable component Taxable component Y Taxable component Taxable component Y
14	Other Australian income – give details Type of income Company to the company to
15	Total of items 5 to 14 Add the boxes.
	eductions
17	Deductions relating to: Franked distributions R, , , , , , , , , , , , , , , , , , ,
	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 2015? Did you have a CGT event during the year? G Yes No 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

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 2015. Do you need to complete a Losses schedule 2015?
23	Other assessable foreign source income - other than income shown at item 22 Gross B , Net V , Net V , Source income tax offset Z , Net Also include at label D Australian franking credits from a New Zealand franking company that you have received indirectly through a partnership or trust. Also include at label D Australian franking credits from a New Zealand franking company that you have received indirectly through a partnership or trust.
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 2015 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 V , , , , , , , , , , , , , , , , , ,
28	Landcare and water facility tax offset brought forward from prior years Landcare and water facility tax offset brought forward from prior years
	Verseas transactions / thin capitalisation Overseas transactions 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, No Royalty expenses overseas E, No
	Overseas transactions 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, , , , , , , , , , , , , , , , , , ,

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 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 No. 100 No.
	personal services income (PSI)? No light res l
	Total amount of PSI included at item 5 income labels A , , , , , , , , , , , , , , , , , ,
	Total amount of deductions against PSI included at item 5 expense labels B , , , , , , , , , , , , , , , , ,
	Did you satisfy the results test in respect of any individual? No
Do	you hold a personal services business (PSB) determination in respect of any individual? No 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
	Taxation of financial arrangements (TOFA) Did you make a gain, loss or transitional balancing adjustment from a financial arrangement subject to the TOFA rules? L Yes No
	Total TOFA gains M ☐, ☐ ☐, ☐ ☐, ☐ ☐, ☐ ☐ · ▶<
	Total TOFA losses N , , , , , , , , , , , , , , , , , ,
	TOFA transitional balancing adjustment O , , , , , , , , , , , , , , , , , ,
	TOFA gains from unrealised movements in the value of financial arrangements
K	ey financial information
32	All current assets F □ □ □ , □ □ □ , □ □ · ⋈
33	Total assets G □ □ , □ □ , □ □ , □ □ · ⋈
34	All current liabilities
35	Total liabilities J □ □ , □ □ , □ □ , □ □ ·≫

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		Deduction for certain assets Deduction for general small business pool	A
50	National rental affordability scheme	National rental affordability scheme tax offset entitlement	F,
52	Spouse's 2014–15 taxable income – if nil write '0'	exemption A, B	Full Medicare levy exemption - number of days Half Medicare levy exemption - number of days D
	Medicare levy surcharge and p If the trust is liable for the Medicare		private health insurance tax offset, refer to the instructions.

Statement of distribution

54 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 Tax Office to correctly identify each beneficiary's tax records. The Tax Office 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.

54 Statement of distribution – continued	
BENEFICIARY 1 Tax file number (TFN) Entity code U	
INDIVIDUAL NAME See the Privacy note in the Taxpayer's declaration.	
Title: Mr Mrs Miss Ms Other Surname or family name	
First given name Other given names	7
	_
NON-INDIVIDUAL NAME (company, partnership, trust etc.)	
Residential address for individuals or business address for non individuals	
	٦
Suburb/town State/territory Postcode	ζ
Country if outside Australia (Australia only) (Australia only)	J
Day Month Year	
Date of birth / / / / / / / / / / / / / / / / / / /	_
Assessment calculation code V Franking credit D	
Share of income of the trust estate W TFN amounts withheld	
Credit for tax withheld – foreign resident withholding L Share of credit for TFN amounts withheld from payments • W Share of credit for TFN amounts	
Australian franking credits from a New Zealand franking company N Capital gains F	
Primary production A Attributed foreign income G	
	SS
Credit for tax withheld where ABN not quoted C Foreign income tax offset	
Franked distributions U Share of National rental affordability R	
scheme tax offset	
Non-resident beneficiary additional information s98(3) assessable	
amount	
s98(4) assessable amount K	
TB statement information For each trustee happing indicate whether you will be making a TP statement:	
For each trustee beneficiary, indicate whether you will be making a TB statement: TB statement? Yes No	
Tax preferred amounts P	
Untaxed part of share of net income	
Share of fict income.	
Annual Trustee Payment report information Distribution from ordinary or statutory income during income year.	
statutory income during income year	
Total TFN amounts withheld from payments	1

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Surnam	e or fam	nily na	ame																												
First give	en name]]	Otl	her g	iver	n nar	nes									' 						
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54 Statement of distribution – co	ontinued
BENEFICIARY 3 Tax file number (
INDIVIDUAL NAME	See the Privacy note in the Taxpayer's declaration.
Title: Mr Mrs Miss Ms Surname or family name	Other
First given name	Other given names
OR	
NON-INDIVIDUAL NAME (company, pa	artnership, trust etc.)
Residential address for individuals or	business address for non individuals
Suburb/town	State/territory Postcode
Country if outside Australia	(Australia only) (Australia only)
	Year
Date of birth / / / / / / / / / / / / / / / / / / /	
Assessment calculation code V	Franking credit D
Share of income of the trust estate W	TFN amounts withheld E
Credit for tax withheld – foreign resident withholding	Share of credit for TFN amounts withheld from payments from closely held trusts
Australian franking credits from a New Zealand franking company	Capital gains F
Share of Primary production A	Attributed foreign income G
income Non-primary production B	Other assessable foreign source income
Credit for tax withheld where ABN not quoted C	Foreign income tax offset
Franked distributions U	Share of National rental affordability R
Non-resident beneficiary additional	scheme tax offset
s98(3) assessable	• M
200(4) 222222bla	
s98(4) assessable k	· > 00
TB statement information	ether you will be making a TB statement:
	es No No
Tax preferred amounts P	· %
Untaxed part of share of net income	•90
_	rmotion
Annual Trustee Payment report infor Distribution from ordinary or statutory income during income year	rmation ->X
Table TEN assessed	
withheld from payments	· %

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BENEFICIARY 4 Tax file number (TFN) See the Privacy note in the Taxpayer's declaration.																																				
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	TB statement information For each trustee beneficiary, indicate whether you will be making a TB statement:																																			
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		Tax	(pre	efer	red	am	oun	ts	P	Г						-0	K																			
Untaxed part of share of net income							Q							-0	R																					
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Total TFN amounts withheld from payments							ts ts	т							-0	K																			ı	

54 Statement of distribution – continued										
BENEFICIARY 5 Tax file number (TFN) Entity code U										
INDIVIDUAL NAME See the Privacy note in the Taxpayer's declaration.										
Title: Mr Mrs Miss Ms Other Surname or family name										
First given name Other given names										
NON-INDIVIDUAL NAME (company, partnership, trust etc.)										
Residential address for individuals or business address for non individuals										
Suburb/town State/territory Postcode										
Country if outside Australia (Australia only) (Australia only)	only)									
Date of birth / / / / / / / / / / / / / / / / / / /										
Assessment calculation code V Franking credit D										
Share of income of the trust estate W TFN amounts withheld										
Credit for tax withheld – foreign resident withholding										
Australian franking credits from a New Zealand franking company N Capital gains F										
Share of Primary production A Attributed foreign income G										
Share of income Non-primary production Non-primary production Non-primary production Non-primary production Non-primary production	LOSS									
Credit for tax withheld where ABN not quoted C Foreign income tax offset										
Franked distributions U Share of National rental affordability										
scheme tax offset										
Non-resident beneficiary additional information s98(3) assessable										
amount J										
s98(4) assessable amount K										
TB statement information For each trustee hopeficiery indicate whether you will be making a TP etetement.										
For each trustee beneficiary, indicate whether you will be making a TB statement: TB statement? Yes No										
Tax preferred amounts P										
Untaxed part of share of net income										
Share of fict income —										
Annual Trustee Payment report information Distribution from ordinary or statutory income during income year.										
statutory income during income year										
Total TFN amounts withheld from payments	- 1									

54 Statement of distribution – continued

	me to which no beneficest, and the trustee's s			and in which no beneficia acted.	ry h	as an indefeasible ves	sted	
As	ssessment calculation code	V						
Share	of income of the trust estate	W	-94	Franking credit	D			
Credit for tax withheld – foreign resident withholding			·%	TFN amounts withheld	E			
Australian franking credits from a New Zealand franking company			· % (Share of credit for TFN amounts withheld from payments Loss from closely held trusts	0			
Share	of Primary production	A	-04	Capital gains	F	-90		
incon		В	-94	Attributed foreign income	G	-90		
	Credit for tax withheld where ABN not quoted	C	·	Other assessable foreign source income	Н	-><	LOSS	
	Franked distributions	U	·M	Foreign income tax offset	ı			
				Share of National rental affordability scheme tax offset	R			
55 C	Choice for resident trus	stee	to be assessed to cap	oital gains on behalf of be	nef	iciaries		
			alculation code X					
A cł	mount of capital gains on whosen to be assessed on be	hich ehalf	the trustee has of beneficiaries Y	, , , , , , , , , , , , , , , , , , , ,		·×		
	s 56 and 57 must be ar r attachments' question o		_	ou answer yes to any of thes	e qı	uestions, answer Yes to	the	
V	Beneficiary under legal disability who is presently entitled to income from another trust Was any beneficiary in this trust, who was under a legal disability on 30 June 2015, also presently entitled to a share of the income of another trust? If yes, or the answer is not known, furnish the information requested in the instructions.							
57 N	lon-resident trust		If yes, state the a	mount of income				
	s the trust a on-resident trust?		derived outside A	Australia to which presently entitled. \$]_,,	· %	



DECLARATIONS

TAXPAYER'S DECLARATION

Important

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.

Signature										
	Date Day Month Year									
Hours taken to prepare and complete this tax return										
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	Client's reference									
	Date Day Month Year									
Contact name										
Agent's phone number (include area code) Agent's	reference number									
	Office use only Indics X									