

Attach here all documents that *TaxPack 2010* and *TaxPack 2010 supplement* tell you to attach.
Do not send in your tax return until you have attached all requested attachments.

Your tax file number (TFN)

□□□ □□□ □□□

25410710



Income – continued

10 Gross interest If you are a non-resident make sure you have printed your country of residence on page 1. Gross interest **L** \$ □□,□□□,□□□.✕
 Tax file number amounts withheld from gross interest **M** \$ □□□,□□□.□□

11 Dividends If you are a non-resident make sure you have printed your country of residence on page 1. Unfranked amount **S** \$ □□,□□□,□□□.✕
 Franked amount **T** \$ □□,□□□,□□□.✕
 Tax file number amounts withheld from dividends **V** \$ □□□,□□□.□□ Franking credit **U** \$ □□,□□□,□□□.✕

12 Employee share schemes

Discount from taxed upfront schemes – eligible for reduction **D** \$ □□,□□□,□□□.✕
 Discount from taxed upfront schemes – not eligible for reduction **E** \$ □□,□□□,□□□.✕
 Discount from deferral schemes **F** \$ □□,□□□,□□□.✕
 Assessable discount on shares acquired pre-1 July 2009 and 'cessation time' occurred during the financial year **G** \$ □□,□□□,□□□.✕

Total assessable discount amount **B** \$ □□,□□□,□□□.✕

TFN amounts withheld from discounts **C** \$ □□,□□□,□□□.□□

Foreign source discounts **A** \$ □□,□□□,□□□.✕

I If you completed the **Tax return for individuals (supplementary section) 2010**, write here the amount from TOTAL SUPPLEMENT INCOME OR LOSS on page 15.

\$ □□,□□□,□□□.✕ ^{LOSS} □

TOTAL INCOME OR LOSS Add up the income amounts and deduct any loss amount in the \$ boxes on pages 2 and 3.

\$ □□,□□□,□□□.✕ ^{LOSS} □



Deductions

D You must read the deductions section in *TaxPack 2010* if you are claiming deductions for expenses that relate to your work as an employee at items **D1–D6**.

D1 Work-related car expenses	A \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> <input type="checkbox"/> CLAIM TYPE
D2 Work-related travel expenses	B \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> <input type="checkbox"/>
D3 Work-related uniform, occupation specific or protective clothing, laundry and dry cleaning expenses	C \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> <input type="checkbox"/> CLAIM TYPE
D4 Work-related self-education expenses	D \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> <input type="checkbox"/> CLAIM TYPE
D5 Other work-related expenses	E \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> <input type="checkbox"/>
D6 Low value pool deduction	K \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> <input type="checkbox"/>
D7 Interest deductions	I \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> <input type="checkbox"/>
D8 Dividend deductions	H \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> <input type="checkbox"/>
D9 Gifts or donations	J \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> <input type="checkbox"/>
D10 Cost of managing tax affairs	M \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> <input type="checkbox"/>

D If you completed the *Tax return for individuals (supplementary section) 2010*, write here the amount from TOTAL SUPPLEMENT DEDUCTIONS on page 15. **\$** ,

TOTAL DEDUCTIONS Add amounts at items **D1** to **D** **\$** ,

SUBTOTAL TOTAL INCOME OR LOSS less TOTAL DEDUCTIONS **\$** , LOSS

Losses

L1 Tax losses of earlier income years	Primary production losses carried forward from earlier income years Q \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> <input type="checkbox"/>	Primary production losses claimed this income year F \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> <input type="checkbox"/>
	Non-primary production losses carried forward from earlier income years R \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> <input type="checkbox"/>	Non-primary production losses claimed this income year Z \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> <input type="checkbox"/>

TAXABLE INCOME OR LOSS If you were not required to complete **L1** write the amount from **SUBTOTAL** above here. **\$** , LOSS
If you were required to complete **L1** you must read the **Taxable income or loss** section in *TaxPack 2010*.

Make sure that you complete item M2 on page 6.

Your tax file number (TFN)

25410810



Tax offsets

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

To claim the spouse tax offset you must also complete applicable **Income tests** on page 8 and **Spouse details – married or de facto** on pages 9–11.

Child-housekeeper's adjusted taxable income **V** \$, .~~X~~

Tax offsets – do not show cents

P \$, .~~X~~ CLAIM TYPE

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

If you had a spouse during 2009–10 you must also complete **Spouse details – married or de facto** on pages 9–11.

The Tax Office will work out this tax offset amount. Print your code letter in the **TAX OFFSET CODE** box.

N TAX OFFSET CODE
Y VETERAN CODE

T3 Pensioner

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

If you had a spouse during 2009–10 you must also complete **Spouse details – married or de facto** on pages 9–11.

The Tax Office will work out this tax offset amount. Print your code letter in the **TAX OFFSET CODE** box.

O TAX OFFSET CODE
T VETERAN CODE

T4 Australian superannuation income stream

S \$, .~~X~~

T5 Private health insurance

You must also complete **Private health insurance policy details** on page 6.

Amount of refundable tax offset not previously claimed by way of reduced private health insurance premiums

G \$, .~~X~~

T6 Education tax refund

Number of primary school students **W**
Number of secondary school students **X**

L \$, .~~X~~

T If you completed the **Tax return for individuals (supplementary section) 2010**, write here the amount from TOTAL SUPPLEMENT TAX OFFSETS on page 16.

T \$, .~~X~~

TOTAL TAX OFFSETS

Add up all the tax offset amounts at items **T1, T4, T5, T6** and **T**.

U \$, .~~X~~

Private health insurance policy details

You must provide the details for each policy if item **T5** or **M2** asked you to complete this section.

Health insurer ID	Membership number	Type of cover
B <input type="text"/> <input type="text"/> <input type="text"/>	C <input type="text"/>	<input type="text"/>
B <input type="text"/> <input type="text"/> <input type="text"/>	C <input type="text"/>	<input type="text"/>
B <input type="text"/> <input type="text"/> <input type="text"/>	C <input type="text"/>	<input type="text"/>

Medicare levy related items

M1 Medicare levy reduction or exemption

NOTE

Only certain taxpayers are entitled to a Medicare levy reduction or exemption. Read the **M1 Medicare levy reduction or exemption** in *TaxPack 2010* to work out if you are eligible to claim.

Reduction based on family income

Number of dependent children and students **Y**

Exemption categories

Full 1.5% levy exemption – number of days **V**

Half 1.5% levy exemption – number of days **W**

CLAIM
TYPE

If you have completed item **M1** and had a spouse during 2009–10 you must also complete **Spouse details – married or de facto** on pages 9–11.

M2 Medicare levy surcharge (MLS)

THIS ITEM IS COMPULSORY FOR ALL TAXPAYERS.

If you do not complete this item you may be charged the full Medicare levy surcharge.

To help you determine if you have to pay the surcharge read **M2 Medicare levy surcharge** in *TaxPack 2010*.

For the **whole** period 1 July 2009 to 30 June 2010 were **you** and **all** of your dependants (including your spouse) – if you had any – covered by private patient **hospital** cover?

E Yes You **must** complete **Private health insurance policy details** above. You have now finished this item. No Read on.

For the whole of 2009–10 were you:

- **a single person** – without a dependent child or children – and your income for surcharge purposes (including your total reportable fringe benefits amounts) was \$73,000 or less **or**
- **a member of a family** – which may consist of you and your spouse (married or de facto) with or without a dependent child or children; or a sole parent with a dependent child or children – and the combined income for surcharge purposes (including the total reportable fringe benefits amounts) of you and your spouse (if you had one) was \$146,000 (plus \$1,500 for each dependent child after the first) or less?

No You may have to pay the surcharge. Read **M2 Medicare levy surcharge** in *TaxPack 2010*. Yes You do not have to pay the surcharge. You must write **365** at **A**.

You must write the following at **A**:

- **0** when you have to pay the surcharge for the whole period 1 July 2009 to 30 June 2010
- **365** when you do **not** have to pay the surcharge for the whole period 1 July 2009 to 30 June 2010
- **the number of days** you do **not** have to pay the surcharge for part of the period 1 July 2009 to 30 June 2010.

Number of days you do **not** have to pay the surcharge **A**

Number of dependent children **D**

If you had a spouse during 2009–10 complete **Spouse details – married or de facto** on pages 9–11.

If you were covered by private patient hospital cover at any time during 2009–10 you **must** complete **Private health insurance policy details** above. Read the Private health insurance policy details section in *TaxPack 2010*.



Adjustments

A1 Under 18

If you were under 18 years old on 30 June 2010 you must complete this item or you may be taxed at a higher rate. Read **A1 Under 18** in *TaxPack 2010* for more information.

J \$, . TYPE

A2 Part-year tax-free threshold

Months eligible for threshold **N**

Date Day / Month / Year

A3 Super co-contribution

Read **A3 Super co-contribution** in *TaxPack 2010* before completing this item.

Income from investment, partnership and other sources **F** \$, , . CODE

Income from employment and business **G** \$, , . LOSS

Deductions from business income **H** \$, , .





Income tests

You must complete this section if any of the following apply to you.

- You have a payment summary showing total reportable fringe benefits amount or reportable employer superannuation contributions.
- You received family payments, childcare benefits or a tax-free pension from Centrelink or the Department of Veterans' Affairs.
- Your child received student payments from Centrelink based on parental income.
- You hold a Commonwealth seniors health card.
- You were 55 years old or older on 30 June 2010 and you are entitled to the mature age worker tax offset (see page s59 in *TaxPack 2010 supplement*).
- You paid child support.
- You have a HELP or SFSS debt.
- You completed any of the following items:
 - **12** Employee share schemes; where you wrote an amount at **D**
 - **T1** Spouse (without dependent child or student), child-housekeeper or housekeeper tax offset
 - **T2** Senior Australians tax offset
 - **T3** Pensioner tax offset
 - **M2** Medicare levy surcharge; where you printed in the **NO** box at **E**
 - **T7** Superannuation contributions on behalf of your spouse tax offset; on the *Tax return for individuals (supplementary section) 2010*
 - **T10** Parent, spouse's parent or invalid relative tax offset; on the *Tax return for individuals (supplementary section) 2010*
 - **T12** Net income from working – supplementary section; on the *Tax return for individuals (supplementary section) 2010*
 - **T13** Entrepreneurs tax offset; on the *Tax return for individuals (supplementary section) 2010*
 - **P9** Business loss activity details; on the *Business and professional items schedule for individuals 2010*.

We need the information requested in this section to accurately assess your tax offset entitlement, Medicare levy surcharge, and HELP or SFSS repayment amount. We may also pass this information to other government agencies such as Centrelink which will use the information to ensure you are receiving your full entitlement to government benefits.

If you had a spouse during 2009–10 you must also complete **Spouse details – married or de facto** on pages 9–11.

IT1 Total reportable fringe benefits amounts	W \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input checked="" type="checkbox"/>
IT2 Reportable employer superannuation contributions	T \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input checked="" type="checkbox"/>
IT3 Tax-free government pensions	U \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input checked="" type="checkbox"/>
IT4 Target foreign income	V \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input checked="" type="checkbox"/>
IT5 Net financial investment loss	X \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input checked="" type="checkbox"/>
IT6 Net rental property loss	Y \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input checked="" type="checkbox"/>
IT7 Child support you paid	Z \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input checked="" type="checkbox"/>



Spouse details – married or de facto

If you completed any of the items listed below, and you had a spouse during 2009–10, or if you consent to use part or all of your 2010 tax refund to repay your spouse's Family Assistance Office (FAO) debt, you must complete **Spouse details – married or de facto**. We need the information included in this section to assess your tax accurately.

Did you complete any of the following items or do you consent to use part or all of your 2010 tax refund to repay your spouse's FAO debt?

T1	Spouse (without dependent child or student) tax offset
T2	Senior Australians tax offset
T3	Pensioner tax offset
M1	Medicare levy reduction or exemption
M2	Medicare levy surcharge – and you printed <input checked="" type="checkbox"/> in the NO box at E
T7	Superannuation contributions on behalf of your spouse (on the supplementary section of the tax return)
T10	Parents, spouse's parent or invalid relative
T13	Entrepreneurs tax offset (on the supplementary section of the tax return)

No You do not need to complete this section. Go to page 12.

Yes You must complete this section. Complete the information required below then go to page 12.

Your spouse's name

If you had more than one spouse during 2009–10 print the name of your spouse on **30 June 2010** or your last spouse.

Surname or family name

First given name

Other given names

Your spouse's date of birth

K / /

Your spouse's sex Male Female

Period you had a spouse – married or de facto

Did you have a spouse for the full year – 1 July 2009 to 30 June 2010? **L** Yes No

If you did not have a spouse for the full year, write the dates you had a spouse between 1 July 2009 and 30 June 2010.

M **From**
Day Month Year
 / /

N **To**
Day Month Year
 / /



Spouse details – married or de facto – *continued*

Family Assistance Office consent – Complete this section only if you consent to use part or all of your 2010 tax refund to repay your spouse's Family Assistance Office (FAO) debt.

Complete the details below only if:

- you were the spouse of a family tax benefit (FTB) claimant, or the spouse of a child care benefit claimant on 30 June 2010 **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 the FAO **and**
- your spouse has a debt due to the FAO or expects to have a FAO debt for 2010 **and**
- you expect to receive a refund for 2010 **and**
- you consent to use part or all of your refund to repay your spouse's FAO debt.

Do you consent to use part or all of your 2010 tax refund to repay your spouse's FAO debt?

No You do not need to complete this section. Go to page 12.

Yes Your spouse's CRN **Z**

I consent to the Tax Office using part or all of my 2010 tax refund to repay any FAO debt of my spouse, whose details I have provided above. I have obtained my spouse's permission to quote their CRN.

Your signature for FAO consent purposes only

Date

Day Month Year
 / /





If you are completing the supplementary section (pages 13–16) of your tax return, attach it here.

Taxpayer's declaration

All taxpayers must sign and date the declaration below.

Read and answer the questions below before you sign the *Taxpayer's declaration*.

1 Are you required to complete any of the items on the *Tax return for individuals (supplementary section) 2010*?

To find out, read **Will you need *TaxPack 2010 Supplement***? on page 2 in *TaxPack 2010*.

No Go to question 2. Yes Attach pages 13–16 to this page.

2 Has *TaxPack 2010* or *TaxPack 2010 supplement* asked you to attach the following?

a. Any attachments relating to specific questions – to page 3 of your tax return No Yes

b. *Business and professional items schedule for individuals 2010* – to page 3 of your tax return No Yes

Make sure you have also attached all other documents that *TaxPack 2010* or *TaxPack 2010 supplement* tell you to.

Privacy

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 declare that:

- all the information I have given on this tax return, including any attachments, is true and correct
- I have shown all my income – including net capital gains – for tax purposes for 2009–10
- I have completed and attached the supplementary section, schedules and other attachments – as appropriate – that *TaxPack 2010* told me to provide
- I have completed item **M2 – Medicare levy surcharge**
- I have the necessary receipts and/or other records – or expect to obtain the necessary written evidence within a reasonable time of lodging this tax return – to support my claims for deductions and tax offsets.

IMPORTANT

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

FOR YOUR TAX RETURN TO BE VALID YOU MUST SIGN BELOW.

Date

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. For more information go to www.ato.gov.au/notices

Use the pre-addressed envelope provided with *TaxPack 2010* to lodge your tax return.

For more information, read the Important information section in *TaxPack 2010*.

