

# Individual tax return

2021

1 July 2020 to 30 June 2021

Please print neatly in BLOCK LETTERS with a black or blue ballpoint pen only.

| Your tax file number  | See the <b>Priv</b>  | Are you an Australian resident?  Print Y for yes or N for no.  acy note in the Taxpayer's on page 16 of this return.  Have you included any attachments?  Print Y for yes or N for no. |
|---|--|--|
| Your name   | Title – for example,<br>Mr, Mrs, Ms, Miss<br>Surname or family name<br>Given names |  |
| Has any part of your name changed since completing your last tax return?  | Print <b>Y</b> for yes or <b>N</b> for no.   | To find out how to update your name on our records, go to ato.gov.au/updatedetails or phone 13 28 61.  |
| Your postal address Has your postal address changed since completin your last tax return?   | Print <b>Y</b> for yes   | Suburb or town State Postcode Country – if not Australia   |
| Your home address If the same as your currer postal address, print AS ABOVE.  | nt   | Suburb or town State , Postcode ,  |
| Your mobile phone r Your daytime phone (if different from your mot number above)  | number   | Area Code Phone number   |
| Your email address  Your contact details may  to advise you of tax ret  to correspond with you  to issue notices to you  to conduct research an | urn lodgment options<br>with regards to your taxa<br>or                            | ation and superannuation affairs   |
| Your date of birth  If you were under 18 year on 30 June 2021 you must complete item A1 on pag this tax return.                                 | st   | Final tax return  Day Month Year  If you know this is your final tax return, print FINAL.  |
| Electronic funds tran We need your financial in to pay any refund owing a you have provided them a Write the BSB number, ac and account name.   | stitution details<br>to you, even if<br>to us before.                              | BSB number (must be six digits)  Account number   Account number   Account type, such as cheque, savings, mortgage offset)   |

| Inc | come<br>Salary or wages   |                    |                    |            |                                       |
|-----|---|--------------------|--------------------|------------|---------------------------------------|
|     | Your main salary and wage occupation  |                    |                    |            |                                       |
|     |   |                    | cupation code X    |            | Income                                |
|     | Payer's Australian business number  |                    | show cents)        | C/         | (do not show cents)  TYPE             |
|     |   |                    |                    |            | TYPE                                  |
|     |   |                    | -00                | D          | - <b>90</b>                           |
|     |   |                    | -00                | E          | - <b>90</b>                           |
|     |   |                    | -00                | F          | -90 TYPE                              |
|     |   |                    | -00                | G          | -90                                   |
| 2   | Allowances, earnings, tips, director's fees etc   |                    | -00                | K          | ·ba                                   |
| 3   | Employer lump sum payments  |                    |                    |            | Amount A in lump sum payments box     |
|     |   |                    | -00                | R          | -90/                                  |
|     |   |                    | 0.0                |            | 5% of amount B in mp sum payments box |
| _   | Fundamental (FTD)   |                    | -00                | H          | -90                                   |
| 4   | Employment termination payments (ETP)  Day Month Year   |                    | 00                 | m /        | Taxable component CODE                |
|     | Date of payment Payer's   |                    | -00                | <b>"</b>   | -00/                                  |
|     | ABN   |                    |                    |            |                                       |
| 5   | Australian Government allowances and payments like Youth Allowance, JobSeeker and Austudy payments                        |                    | -00                | Α          | -90                                   |
| 6   | <b>Australian Government pensions and allowances</b><br>You must complete item <b>T1</b> in <b>Tax offsets</b> on page 4. |                    | -00                | В          | -90                                   |
| 7   | Australian annuities and superannuation income stream   | ıs                 | -00                |            |                                       |
|     | Taxab   | ole component      | Taxed element      | J          | -90                                   |
|     |   |                    | Untaxed element    | N          | -90                                   |
|     | Assessable amount from  | capped defined ben | efit income stream | М          | -90                                   |
|     | Lump sum in arrears – taxab   | ole component      | Taxed element      | Y          | -90                                   |
|     |   |                    | Untaxed element    | Z          | -90                                   |
| 8   | Australian superannuation lump sum payments   |                    | -00                |            | TYPE                                  |
|     | Date of payment Day Month Year  | axable component   | t Taxed element    | Q          | -90                                   |
|     | Payer's ABN   |                    | Untaxed element    | P          | -90                                   |
| 9   | Attributed personal services income   |                    | -00                | 0/         | -90                                   |
|     | Total tax withheld Add up the bo  | oxes. \$           | -00                |            |                                       |
| 10  | Gross interest  |                    | Gross interest     | <b>G</b> / | -90                                   |
| _   | Tax file number amounts withheld from gross interest  |                    |                    |            |                                       |
| 11  | Dividends   | l                  | Jnfranked amount   | S          | .90                                   |
|     |   |                    | Franked amount     | T          | .90                                   |
|     | Tax file number amounts withheld from dividends   |                    | Franking credit    | U          | -90                                   |

| Attach all requested attachments   | s here.  |  |                |               |
|--|--|--|----------------|---------------|
| 12 Employee share schemes  | Discount from taxed upfront schemes                            |  | .00            |               |
|  | eligible for reduction     Discount from taxed upfront schemes | R  | .00            |               |
|  | Discount from deferral schemes                                 |  | -90            |               |
|  | Tota   | I Assessable discount a                                  |                | -90           |
|  | TFN amounts withheld from discounts                            |  |                |               |
|  | Foreign source discounts                                       | A  | -90            |               |
| Only used by taxpayers com   | npleting the supplementary section                             | on   |                | 1,000         |
|  | om TOTAL SUPPLEMENT INCOME OR                                  |  | write it here. | -90 /         |
| TOTAL INCOME OR LOSS   | Add up the income amounts and dec                              | duct any loss amount in t                                | he boxes.      | - <b>DQ</b> / |
| Deductions   |  |  |                | ÇLAIN         |
| D1 Work-related car expenses   | ,  |  | Α              | -00 /         |
| D2 Work-related travel expens  | ses  |  | В              | -00           |
| D3 Work-related clothing, laur   | ndry and dry cleaning expenses                                 |  | С              | -DQ / CLAIN   |
| D4 Work-related self-education   | n expenses   |  | D              | -DQ / CLAIN   |
| D5 Other work-related expens   | ses  |  | Е              | -90           |
| D6 Low value pool deduction  |  |  | K              | -00           |
| D7 Interest deductions   |  |  |                | -90           |
| D8 Dividend deductions   |  |  | Н              | -90           |
| D9 Gifts or donations  |  |  | J              | -90           |
| D10 Cost of managing tax affai   | rs   | Interest charged by the                                  | he ATO N       | -00           |
|  |  | Litigatio  | n costs L      | -00           |
|  | Other expenses incu  | rred in managing your tax                                | x affairs M    | -00           |
|  | mpleting the supplementary sect                                |  | _              |               |
| Transfer the amo   | ount from TOTAL SUPPLEMENT DEDUC                               | TIONS on page 11 and v                                   | write it here. | -00           |
| TOTAL DEDUCTIONS   | lte  | ems <b>D1</b> to <b>D</b> - add up t                     | he boxes.      | -00           |
| SUBTOTAL   | TOTAL INCOME OF  | R LOSS less TOTAL DEI                                    | DUCTIONS       | - <b>DQ</b>   |
| Losses   |  |  |                |               |
| L1 Tax losses of earlier incom Primary production loss forward from earlier inco | es carried 6   | Primary production claimed this incor                    |                | -00           |
| Non-primary production loss<br>forward from earlier inco                         | es carried D   | Non-primary production claimed this incor                | losses 7       | -00           |
| TAXABLE INCOME OR LOS  | Subtrac  | t amounts at <b>F</b> and <b>Z</b> if from amount at SUB | item L1 \$     | - <b>DQ</b> / |
| L  |  |  |                |               |

#### Tax offsets Seniors and pensioners (includes self-funded retirees) VETERAN If you had a spouse during 2020-21 you must also complete Spouse details - married or de facto on page 7. S -00 Australian superannuation income stream Only used by taxpayers completing the supplementary section Transfer the amount from TOTAL SUPPLEMENT TAX OFFSETS on page 11 and write it here. -00 **TOTAL TAX OFFSETS** U -00 Items **T2** and **1** − add up the \ boxes. Medicare levy related items Reduction based on family income Medicare levy reduction or exemption Number of dependent children and students If you complete this item and you had a spouse during 2020-21 you must also **Exemption categories** complete Spouse details - married or Full 2.0% levy exemption - number of days de facto on page 7. Half 2.0% 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 2020 to 30 June 2021, were you and all your dependants Print Y for yes or N for no. (including your spouse) - if you had any - covered by private patient HOSPITAL cover? If you printed Y, you must complete Private health insurance policy details on the next page. If you printed N, read below. If you are liable for the surcharge for the whole period 1 July 2020 to 30 June 2021 you **must** write **0** at **A** If you are liable for the surcharge for part of the period 1 July 2020 to Number of days **NOT** liable for surcharge 30 June 2021 you **must** write the number of days you were **NOT** liable at **A**. If you are **NOT** liable for the surcharge for the whole period 1 July 2020 to 30 June 2021 you must write 365 at A. If you had a spouse during 2020-21 (and you printed N at E), complete Spouse details - married or de facto on page 7. If you were covered by private patient hospital cover at any time during 2020-21 you must complete Private health insurance policy details on

**OFFICIAL: Sensitive** (when completed)

the next page.

| Health D   |   |  |                       |
|--|---|--|-----------------------|
| Health<br>insurer ID   | Membership number   |  |                       |
| Your premiums eligible for Australian Government rebate  | J .06   |  | 90                    |
| Benefit code   | L   | Tax claim code. Read the instructions.   |                       |
| Health insurer ID B  | Membership number   |  |                       |
| Your premiums<br>eligible for Australian<br>Government rebate  | J   |  | 00                    |
| Benefit code   |   | Tax claim code. Read the instructions.   |                       |
| Health insurer ID B  | Membership number   |  |                       |
| Your premiums eligible for Australian  | J · DG  |  | 00                    |
| Government rebate Benefit code   |   | Tax claim code. Read the instructions.   |                       |
| Health insurer ID B  | Membership number   |  |                       |
| Your premiums eligible for Australian  | J .oe   |  | 90                    |
| Government rebate<br>Benefit code  |   | Tax claim code. Read the instructions.   |                       |
|  |   |  |                       |
| liustments   |   |  |                       |
| djustments Under 18  |   |  |                       |
| Under 18 If you were under 18  |   | 2021 you must complete this item or you may be n <b>A1</b> in the instructions for more information.   | -90 / TYPI            |
| Under 18 If you were under 18 taxed at a higher rate Part-year tax-free  | e. Read the information or threshold  |  | 1/                    |
| Under 18 If you were under 18 taxed at a higher rate   | e. Read the information or<br>e threshold<br>n on A2 in the   |  | 1/                    |
| Under 18 If you were under 18 taxed at a higher rate Part-year tax-free Read the informatior instructions before of this item. Government supe | e. Read the information or e threshold n on A2 in the completing  | n A1 in the instructions for more information.  Day Month Year Months eligible for threshold  N  | -90                   |
| Under 18 If you were under 18 taxed at a higher rate Part-year tax-free Read the informatior instructions before of this item. Government supe | e. Read the information or e threshold n on A2 in the completing  er contributions on A3 in the instructions be | n A1 in the instructions for more information.  Day Month Year Months eligible for threshold  N  | ·90                   |
| Under 18 If you were under 18 taxed at a higher rate Part-year tax-free Read the informatior instructions before of this item. Government supe | e. Read the information or e threshold n on A2 in the completing  er contributions on A3 in the instructions be | n A1 in the instructions for more information.  Day Month Year Months eligible for threshold  Pefore completing this item.   | -90/<br>-90           |
| Under 18 If you were under 18 taxed at a higher rate Part-year tax-free Read the informatior instructions before of this item. Government supe | e. Read the information or e threshold n on A2 in the completing  er contributions on A3 in the instructions be | n A1 in the instructions for more information.  Day Month Year Months eligible for threshold  Pefore completing this item.  Income from investment, partnership and other sources  | -90 COD               |
| Under 18 If you were under 18 taxed at a higher rate Part-year tax-free Read the informatior instructions before of this item. Government supe | e. Read the information or e threshold non A2 in the completing Der contributions on A3 in the instructions be  | n A1 in the instructions for more information.  Day Month Year Months eligible for threshold  Pefore completing this item.  Income from investment, partnership and other sources  Other income from employment and business | -90 /<br>-90  <br>-90 |

Private health insurance policy details

## Income tests

You must complete this section.

If you had a spouse during 2020–21 you must also complete **Spouse details – married or de facto** on page 7.

If the amount is zero, write 0.

| Total reportable fringe benefits amounts                          |   |  |
|---|---|--|
| Employers exempt from FBT under section 57A of the FBTAA 1986     | N   | -00  |
| Employers not exempt from FBT under section 57A of the FBTAA 1986 | W   | .00  |
| Reportable employer superannuation contributions                  | T   | -00  |
| Tax-free government pensions                                      | U   | -00  |
| Target foreign income   | V   | -00  |
| Net financial investment loss                                     | X   | .00  |
| Net rental property loss  | Y   | .00  |
| Child support you paid  | Z   | -00  |
| Number of dependent children                                      | D   |  |
|   | Employers exempt from FBT under section 57A of the FBTAA 1986 | Employers exempt from FBT under section 57A of the FBTAA 1986  Employers not exempt from FBT under section 57A of the FBTAA 1986  Reportable employer superannuation contributions  Tax-free government pensions  U  Net financial investment loss  Net rental property loss  Child support you paid |

# Spouse details - married or de facto

If you had a spouse during 2020–21, you must complete **Spouse details – married or de facto**. We need the information included in this section to assess your tax accurately.

If you did not have a spouse, go to page 8.

| Your spouse's name  |   |
|---|---|
| If you had more than one spouse during 2020-21 print the name of your spouse on 30 June 2021 or your  | ast spouse.                             |
| Surname or family name  |   |
| First given name Other given names  |   |
| Your spouse's date of birth    Day Month Year   |   |
| Your spouse's gender Male Female Indeterminate  |   |
| Period you had a spouse – married or de facto   |   |
| Did you have a spouse for the full year – 1 July 2020 to 30 June 2021? Yes  |   |
| If you did not have a spouse for the full year, write the dates you had a spouse between 1 July 2020 and 30 June 2021.  From  Day Month Year  to  Day Month Year  |   |
| Did your spouse die during the year? Yes No   |   |
| This information relates to your spouse's income. You must complete all labels.   | If the amount is zero, write <b>0</b> . |
| Your spouse's 2020–21 taxable income (excluding any assessable  | 0 .00                                   |
| First home super saver released amount)  Your spouse's share of trust income on which the trustee is assessed under   |   |
| section 98, and which has not been included in your spouse's taxable income   | -D0                                     |
| Distributions to your spouse on which family trust distribution tax has been paid and which your spouse would have had to show as assessable income if the tax had not been paid  | DQ.                                     |
| Your spouse's total reportable fringe benefits amounts  |   |
| Employers exempt from FBT under section 57A of the FBTAA 1986   | R .90                                   |
| Employers not exempt from FBT under section 57A of the FBTAA 1986   | S .90                                   |
| Amount of Australian Government pensions and allowances (see <b>Q6 Australian Government pensions and allowances</b> in the instructions) that your spouse received in 2020–21 (exclude <b>exempt pension</b> income)                         | P .00                                   |
| Amount of exempt pension income (see <b>Spouse details – married or de facto</b> in the instructions) that your spouse received in 2020–21. Do not include any amount paid under the <i>Military Rehabilitation and Compensation Act 2004</i> | QQ .9Q                                  |
| Amount of your spouse's reportable superannuation contributions (which is the total of reportable employer superannuation contributions and deductible personal superannuation contributions)   | A .00                                   |
| Other specified exempt payments (see <b>Spouse details – married or de facto</b> in the instructions) that your spouse received   | B -90                                   |
| Your spouse's target foreign income   | C -90                                   |
| Your spouse's total net investment loss (total of net financial investment loss and net rental property loss)   | D -90                                   |
| Child support your spouse paid  | E -90                                   |
| Your spouse's taxed element of a superannuation lump sum for which the tax rate is zero (see <b>M2 Medicare levy surcharge</b> in the instructions)   | F -90                                   |

# Supplementary section Income

Refer to the supplement instructions 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 the supplement instructions for the relevant code.

| 13 | Partnerships and trusts  |   |   |  |
|----|--|---|---|--|
|    | Primary production  Distribution from partnerships   | Ν | -90/  | Note: If you have a net loss from a partnership business activity, complete                      |
|    | Share of net income from trusts  | L | -90/  | items P3 and P9 in the Business and professional items section of this tax                       |
|    | Landcare operations and deduction for decline in value of water facility, fencing asset and fodder storage asset | 1 | -90 TYPE  | return in addition to item 13.   |
|    | Other deductions relating to amounts shown at <b>N</b> and <b>L</b>  | X | -90/  |  |
|    |  |   | Net primary produ                               | uction amount .90 /  |
|    | Non-primary production  Distribution from partnerships less foreign income                                       | 0 | -90/  | Show amounts of:   |
|    | Share of net income from trusts less capital gains, foreign income and franked distributions                     | U | -90/  | Capital gains from trusts at item 18 on page 9 and Foreign income at item 19 or 20 on page 9-10. |
|    | Franked distributions from trusts  | С | -90   |  |
|    | Landcare operations expenses   | J | -90   | _  |
|    | Other deductions relating to amounts shown at <b>O</b> , <b>U</b> and <b>C</b>                                   | Υ | -9a/  |  |
|    |  |   | Net non-primary produ                           | uction amount .90 /  |
|    | Partnership share of net small business income less deductions attributable to that share                        | D | -90   |  |
|    | Trust share of net small business income less deductions attributable to that share                              | Ε | -90   |  |
|    | Share of credits from income and tax offsets   |   |   |  |
|    | Share of credit for tax withheld where Australian business number not quoted                                     | Р |   |  |
|    | 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 |   |  |
|    | Credit for TFN amounts withheld from payments from closely held trusts   | М |   |  |
|    | Share of credit for tax paid by trustee  | S |   |  |
|    | Share of credit for foreign resident withholding amounts (excluding capital gains)                               | Α |   | Show amounts of:   |
|    | Share of National rental affordability scheme tax offset   | = |   | Credit for foreign resident capital gains withholding from trusts at item 18.                    |
|    | · · · · · · · · · · · · · · · · · · ·  |   |   |  |
| 14 | Personal services income (PSI)   | 7 |   |  |
|    | Tax withheld – voluntary agreement G •00   |   |   |  |
|    | Tax withheld where Australian business number not quoted   |   |   | LOSS   |
|    | Tax withheld – labour hire or other specified payments J -00   |   | Net PSI – transfe<br><b>A</b> item <b>P1</b> or | erred from A - Se /  |

| 15 | 5 Net income or loss from business   |   |   | froi<br>Non-primar<br>froi | m Y item F<br>y production<br>m Z item F | n – transferred<br>P8 on page 13<br>n – transferred<br>P8 on page 13 | C  | ete item <b>P9</b> or | -90 / Los |               |
|----|--|---|---|----------------------------|--|--|--|-----------------------|-----------|---------------|
|    | Tax withheld – for withholding (excluding Tax withheld   | here Australian W ber not quoted W oreign resident  |   | -00                        | N  | let small bu   | siness income  | A                     |           | -90           |
| 16 | Deferred non-cor<br>Item P9 on page 14<br>must be completed<br>before you complete<br>this item. | Your share of of from partners  | deferred losses<br>ership activities<br>ed losses from<br>trader activities                     | F G                        | -9                                       | Prim c   | ary production<br>leferred losses<br>ary production<br>leferred losses |                       |           | -00-          |
| 17 | Net farm manage  | Dedu<br>Early repayr<br>disast  | or repaymer<br>actible deposits<br>ments – natural<br>er and drought<br>her repayments          | D N R                      | - 9<br>- 9<br>- m management             | <b>Q</b>   | or repayments  | E                     |           | - <b>DQ</b> / |
| 18 | Capital gains  Cree  | Have you applied rollover or addit  Total current yean to late dit for foreign resider            | uring the year? I an exemption, ional discount? ar capital gains carried forward r income years |                            | N for no.                                | es   | int <b>Y</b> at <b>G</b> if yo capital gain fro                        |                       |           | -90           |
| 19 | Foreign entities  Have y transfer of   | Did you have eithe<br>in a controll<br>ou <b>ever</b> , either director<br>of property – includir | ed foreign comp<br>ctly or indirectly,  | caused the services to a   | or N                                     | t <b>Y</b> for yes<br>for no.<br>t <b>Y</b> for yes<br>for no.       | CFC income  Transferor trust income                                    | K B                   |           | ·90           |

Page 9

| 20     | Foreign source income and foreign assets   | s or property  |
|--------|--|--|
|        | Assessable foreign source inco   | me E -90   |
|        |  | Other net foreign employment income T                                      |
|        |  | Net foreign pension or annuity income WITHOUT an undeducted purchase price |
|        |  | Net foreign pension or annuity income WITH an undeducted purchase price D  |
|        |  | Net foreign rent R -D0 /   |
|        |  | Other net foreign source income M - 50                                     |
|        | Also include at F Australian franking credits from a New Zealand franking company that you have receive indirectly through a partnership or trust. | Australian franking credits from a New Zealand franking company            |
|        | Net foreign employment incom payment summ  |  |
|        | Exempt foreign employment inco   | me N -90   |
|        | Foreign income tax off   | fset O   |
|        | During the year did you own, or have an interest<br>assets located outside Australia which h<br>a total value of AUD\$50,000 or mo                 | nad P Print Y for yes  |
| 21     | Rent Gross r   | ent P .00  |
|        | Interest deduction   | ons Q ·Da  |
|        | Capital works deduction  |  |
|        | Other rental deduction   | P less (Q + F + U)   |
| 22     | Bonuses from life insurance companies a  | nd friendly societies W .90  |
| 23     | Forestry managed investment scheme inc   | come A -DQ   |
| <br>24 | Other income   |  |
|        | Category 1   | PQ.  |
|        | Category 2 Type of (ATO interest)  | X -90  |
|        | income Category 3 (FHSS)   | R -90  |
|        | Category 4   | QQ.  |
|        | Tax withheld – lump s<br>payments in arre  | E ·00  |
|        | Taxable professional inco  | ome Z .90  |
|        | Tax withheld – assessable FHSS released amo  | ount S -00   |
|        | TOTAL SUPPLEMENT Items 13  | to 24 – add up the boxes for income amounts and deduct                     |
|        | INCOME OR LOSS   | any loss amounts in the boxes.  Transfer this amount to n page 3.          |

| <b>D12</b>  | Personal superannuation contributions   | unt) with a nation of in   | stant to alaim a  |                  |       |
|-------------|---|--|---|------------------|-------|
|             | Did you provide your fund (including a retirement savings accodeduction for personal superannuation contributions, and received | eive an acknowledgen   | nent from your fund?                                    | YES              | NO    |
|             | Full name of fund   | Accoun   | number  |                  | 00    |
|             | Fund Australian business number Fund tax file num   | hor  |   | Н                | -00   |
|             | Turid Australian Dusiness Humber  | l l  |   |                  |       |
| 112         | Deduction for project pool  |  |   |                  | 80    |
|             | Deduction for project poor  |  |   |                  | -90   |
| 14          | Forestry managed investment scheme deduction  | 1  |   | F                | -90   |
| <b>)15</b>  | Other deductions – not claimable at items D1 to D14 Description of claim  |  | Election expenses                                       | Е                | -00   |
|             |   |  | Other deductions  | J                | -90   |
|             | TOTAL SUPPLEMENT Items D11 to D15 – add up the DEDUCTIONS   | boxes and transfer th  | nis amount to <b>D</b> on pag                           | e 3.             | -90   |
| -<br>-<br>- | offsets   |  |   |                  |       |
| ах<br>3     | Superannuation contributions on behalf of your spou   | ISE Contributions  |   |                  |       |
| J           | You must also complete <b>Spouse details – married or de facto</b> on   | noid   | -00   | A                | -90   |
| 4           | Zone or overseas forces   |  |   | R                | -90   |
| Γ <b>5</b>  | Invalid and invalid carer   |  |   | В                | -90   |
| 6           | Landcare and water facility   | Landcare ar<br>brought forward f   | d water facility tax offset<br>rom earlier income years | T                | -00   |
| 7           | Early stage venture capital limited partnership   |  | Current year tax offset                                 | K                | -90   |
|             |   | Tax offset carried for   | ward from previous year                                 | M                | -90   |
| 8           | Early stage investor  |  | Current year tax offset                                 | L                | -90   |
|             |   | Tax offset carried for   | ward from previous year                                 | 0                | -90   |
|             | <u> </u>  |  |   |                  | /     |
| 9           | Other refundable tax offsets  |  |   | Р                | -90]/ |
|             | TOTAL SUPPLEMENT  | Items <b>T3</b>  | to <b>T9</b> – add up the \( \) bo                      | xes.             | -90   |
|             | TAX OFFSETS   | Transfer th  | nis amount to 🚺 on pag                                  | e 4. <b>◄</b> ── |       |
|             |   |  |   |                  |       |
| _           | ustment   | a la casa de la casa d |   |                  |       |
| 15          | Amount on which family trust distribution tax has<br>Read the information on A5 in the supplement instructions before cor       | •  |   | X                | -90   |
|             |   | , ,  |   |                  |       |

#### Business and professional items section Personal services income (PSI) Print **X** in the appropriate box. Did you receive any personal services income? Read on. NO Go to item P2. Part A Did you satisfy the results test? Read on. P NO **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? NO Read on. **YES** Go to item P2. $|\mathbf{C}|$ Did you receive 80% or more of your PSI from one source? Read on. Q NO 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 2021 before you complete this item. If you printed X at D1, E1 or F1, go Unrelated Business **Employment** D1 clients test test premises test to item P2 below; otherwise go to part B. Part B PSI – voluntary agreement -00 Do not show amounts at part B that were PSI - where Australian subject to foreign resident withholding. -00 Show these at item **P8**. business number not quoted PSI - labour hire or -00 0 other specified payments -00 PSI - other Deductions for payments to -00 associates for principal work Total amount of other -00 deductions against PSI -00 Net PSI ( M + N + O + J ) less ( K + L ) Transfer the amount at A above to A item 14 on page 8. Complete items P2 and P3. Do not show at item P8 any amount you have shown at part B of item P1. Description of main business or professional activity Industry code **P3 Number of business activities** Ceased Commenced Status of your business – print X in one box only. **C**1 C2 business business **P5** Business name of main business and Australian business number (ABN) ABN **Business address of main business** D Suburb or town State

| P8 Business income and expenses   |                    |            |                       |     |               |
|---|--------------------|------------|-----------------------|-----|---------------|
| Income  | Primary production | N          | on-primary production | _   | Totals        |
| Gross payments where Australian business number not quoted C  | -90                | D          | -00                   |     | -00           |
| Gross payments subject to foreign resident withholding (excluding capital gains)  |                    | В          | -90                   |     | -00           |
| Gross payments  - voluntary agreement   | -90                | F          | -90                   |     | -00           |
| Gross payments – labour hire or other specified payments  | -90                | TYPE O     | -90                   | YPE | -00           |
| Assessable government industry payments   | -90                | / H        | -90/                  |     | -00           |
| Other business income   | -00                | J          | -90 /                 |     | -00           |
| Total business income   | -00                |            | -90                   |     | -90           |
| <b>Expenses</b> Opening stock   | -90                |            | -90                   | K   | -90           |
| Purchases and other costs   | -90                |            | -00                   | L   | - <b>90</b>   |
| Closing stock   | .00                |            | -90                   | M   | -90/          |
| Cost of sales (K + L - M)   | -90                |            | -90/                  |     | -00           |
| Foreign resident withholding expenses (excluding capital gains)   |                    |            | -90                   | U   | -00           |
| Contractor, subcontractor and commission expenses   | -90                |            | -90                   | F   | -00           |
| Superannuation expenses   | -90                |            | -90                   | G   | .00           |
| Bad debts   | -00                |            | -90                   | I   | -00           |
| Lease expenses  | -90                |            | -90                   | J   | -00           |
| Rent expenses   | -00                |            | -90                   | K   | -00           |
| Interest expenses within Australia  | -90                |            | -90                   | Q   | -00           |
| Interest expenses overseas  | -00                |            | -90                   | R   | -00           |
| Depreciation expenses   | -90                |            | -90                   | M   | -00           |
| Motor vehicle expenses  | -00                |            | .00                   | Ν   | - <b>9a</b> / |
| Repairs and maintenance   | -90                |            | -90                   | 0   | -00           |
| All other expenses  | -90                |            | -90                   | Р   | -90           |
| Total expenses Add up the boxes for each column.  | -00                | / <u> </u> | -90]/                 |     | -00/          |
| Reconciliation items  |                    |            |                       |     |               |
| Section 40-880 deduction  | -90                |            | -90                   | Α   | -00           |
| Business deduction for project pool   | -90                |            | -90                   | L   | -00           |
| Landcare operations and business deduction<br>for decline in value of water facility, fencing<br>asset and fodder storage asset | -90                |            | -90                   | W   | -90           |
| Income reconciliation adjustments   | -90                |            | -90/                  | Х   | -00/          |
| Expense reconciliation adjustments  | -90                |            | -90/                  | Н   | -90/          |
| Net income or loss from business this year  | -00                | / <u> </u> | -90]/                 |     | -90/          |
| Deferred non-commercial business losses from a prior year   | -00                | E          | -00                   |     | -00           |
| Net income or loss from business  | •90                | / <u> </u> | -90]/                 |     | -90]/         |

|     | Show details of up to three bu                          |   |                                      |                    |                   | t them in order  | of size of loss – greatest            | first. |
|-----|---|---|--------------------------------------|--------------------|-------------------|------------------|---------------------------------------|--------|
|     | Activity 1 Description                                  | of activity D                                   |                                      |                    |                   |                  |                                       |        |
|     | Industry code E   |   | rtnership (P) or<br>e trader (S)     | F                  |                   |                  |                                       |        |
|     | Type of loss G Ref                                      | erence for code 5                               | Code                                 | Y                  | ear /             | A                | Number                                |        |
|     | Deferred non-commercial business loss from a prior year | Н   | -90                                  | Net loss           |                   | -90              |                                       |        |
|     | Activity 2 Description                                  | of activity J                                   |                                      |                    |                   |                  |                                       |        |
|     | Industry code K   |   | rtnership (P) or<br>e trader (S)     | L                  | Vary              |                  | Number                                |        |
|     | Type of loss M Ref                                      | erence for code 5                               | Code                                 | Υ                  | Year              | A                | Number                                |        |
|     | Deferred non-commercial business loss from a prior year | N   | -00                                  | Net loss           | 0                 | -90              |                                       |        |
|     | Activity 3 Description                                  | of activity P                                   |                                      |                    |                   |                  |                                       |        |
|     | Industry code Q   |   | rtnership (P) or<br>e trader (S)     | R                  |                   |                  |                                       |        |
|     | Type of loss S Ref                                      | erence for code 5                               | Code                                 | Υ                  | Year /            | / A              | Number                                |        |
|     | Deferred non-commercial business loss from a prior year | Т   | -90                                  | Net loss           | U                 | -90              |                                       |        |
| P10 | 0 Small business entity sir                             | mplified deprecia                               | ation                                | De                 | duction for certa | ain assets       | Deduction for gene small business poo |        |
|     | Write the depreciation deductions                       | s, not the pool balance                         | es, at <b>A</b> and <b>B</b>         | A                  | _                 | -90              | В                                     | -90    |
| P11 | 1 Temporary full expensing                              | g   |                                      |                    |                   |                  |                                       |        |
|     | Are you m<br>expens                                     | aking a choice to op<br>sing for some or all o  | t out of tempor<br>f your eligible a | rary full assets?  | ( <b>A</b> – Sor  | ne eligible asse | ts; <b>B</b> – All eligible assets)   |        |
|     |   | Number of assets                                | you are opting                       | out for D          |                   |                  |                                       |        |
|     |   | Value of assets                                 | you are opting                       | out for            |                   | -90              |                                       |        |
|     |   | Temporary full 6                                | expensing dedu                       | uctions <b>F</b>   |                   | -90              |                                       |        |
|     |   | Number of asset                                 | s you are claim                      | ning for G         |                   |                  |                                       |        |
| P12 | 2 Backing business invest                               | ment  |                                      |                    |                   |                  |                                       |        |
|     | Are you makin<br>investm                                | ng a choice to opt ou<br>nent for some or all o | t of backing bu<br>f your eligible a | usiness<br>ussets? | ( <b>A</b> – Sor  | me eligible asse | ts; <b>B</b> – All eligible assets)   |        |
|     |   | Number of assets                                | you are opting                       | out for R          |                   |                  |                                       |        |
|     |   | Value of assets                                 | you are opting                       | out for T          |                   | -90              |                                       |        |

P9 Business loss activity details

#### Other business and professional items P13 Trade debtors -00 P14 Trade creditors -00 P15 Total salary and wage expenses -00 Н P16 Payments to associated persons -00 P17 Intangible depreciating assets first deducted -00 P18 Other depreciating assets first deducted J -00 P19 Termination value of intangible depreciating assets D -00 P20 Termination value of other depreciating assets -00 P21 Trading stock election Print Y for yes or leave blank.

Hours taken to prepare and complete the Business and professional items section

S

#### **Family Assistance consent**

Complete this section only if you consent to use part or all of your 2021 tax refund to repay your spouse's Family Assistance 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 assistance claimant on 30 June 2021 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 Services Australia and
- · your spouse has a Family Assistance debt or expects to have a Family Assistance debt for 2021 and
- you expect to receive a tax refund for 2021 and
- · you consent to use part or all of your tax refund to repay your spouse's Family Assistance debt.

| Spouse's CRN | Z |  |  | I | ı | I | ı |
|--------------|---|--|--|---|---|---|---|

Important: You also need to provide your spouse's name, date of birth and their gender on page 7.

I consent to the ATO using part or all of my 2021 tax refund to repay any Family Assistance debt of my spouse, whose details I have provided on page 7. I have obtained my spouse's permission to quote their CRN.

| Your<br>gnature |  |
|-----------------|--|
|-----------------|--|

| Date | Day | Month | Year |  |  |  |  |
|------|-----|-------|------|--|--|--|--|
|      | 1   |       |      |  |  |  |  |

## Taxpayer's declaration

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

#### I declare that:

- · the information provided to my registered tax agent for the preparation of this tax return is true and correct, and
- I authorise my registered tax agent to lodge this tax return.

| Taxpayer's |      | Day | Month | Year |
|------------|------|-----|-------|------|
| signature  | Date | ١,  | 1 . 1 | 1 1  |
|            |      |     |       |      |

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

The ATO will issue your assessment based on your tax return. However, the ATO has some time to review your tax return, and issue an amended assessment if a review shows inaccuracies that change the assessment. The standard review period is two years but for some taxpayers it is four years.

#### Privacy

The ATO is authorised by the *Taxation Administration Act 1953* to request your tax file number (TFN). We will use your TFN to identify you in our records. It is not an offence not to provide your TFN. However if you do not provide your TFN, your assessment may be delayed.

Taxation law authorises the ATO to collect information and to disclose it to other government agencies. For information about your privacy go to ato.gov.au/privacy

#### Tax agent's declaration

| I,  |                      |                |                          |
|---|----------------------|----------------|--------------------------|
| declare that this tax return has been pr<br>me a declaration stating that the inform<br>the tax return. |                      |                |                          |
| Agent's signature   |                      | Date           | Client's reference       |
|   |                      | Day Month Year |                          |
| Contact name  | Agent's telephone nu | umber          | Agent's reference number |
|   | Area code Tele       | phone number   |                          |