| Australian Government Australian Taxation Office Trust tax return 201 | | | | | | | | | | | | |
|---|-----------|--|--|--|--|--|--|--|--|--|--|--|
| Day Month Year Day Month Year to Day / Day to Pay Month Year or specify period if part year or approved substitute period. | | | | | | | | | | | | |
| Notes to help you prepare this tax return are provided in the <i>Trust tax return instructions 2016</i> (the instructions), available on our website ato.gov.au WHEN COMPLETING THIS RETURN Print clearly, using a black or blue pen. Use BLOCK LETTERS and print one character in each box. M I T H S T Place X in all applicable boxes. | | | | | | | | | | | | |
| Trust information | | | | | | | | | | | | |
| Tax file number (TFN) Image: See the Privacy note in the Taxpayer's declaration. Have you attached any 'other attachments'? Yes | | | | | | | | | | | | |
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| Australian business number (ABN) | | | | | | | | | | | | |
| Previous name of trust If the trust name has changed, print the previous name exactly as shown on the last notice of assessment or the last tax return | ra lodgod | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Current postal address If the address has not changed, print it exactly as shown on the last notice of assessment or the last tax return lodged. | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| Suburb/town State/territory Post | | | | | | | | | | | | |
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| Postal address on previous tax return If the address has changed, print your previous address exactly as shown on the last notice of assessment or the last tax retur | n lodged. | | | | | | | | | | | |
| | n lodged. | | | | | | | | | | | |
| If the address has changed, print your previous address exactly as shown on the last notice of assessment or the last tax returned and the state of the state of the last tax returned and the state of the last tax returned and the state of the state o | | | | | | | | | | | | |
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| Full name of the tweeter to whom notices should be can't | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 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 | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| First given name | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| If the trustee is a company, print details here including ABN. Name | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| ABN Phone number (include area code) | | | | | | | | | | | | | |
| phone number | | | | | | | | | | | | | |
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| Family trust election status Interposed entity election status If the trustee has made, or is making, a family If the trustee has an existing election, write the earliest | | | | | | | | | | | | | |
| trust election, write the four-digit income income year specified. If the trustee is making one or more elections this year, write the earliest income year | | | | | | | | | | | | | |
| for the 2015–16 income year write 2016). being specified and complete an <i>Interposed entity</i> election or revocation 2016 for each election. | | | | | | | | | | | | | |
| If revoking or varying a family trust election, print R for revoke or print V for variation and find the volume of the volum | | | | | | | | | | | | | |
| complete and attach the <i>Family trust election</i> , complete and attach the <i>Interposed entity election or</i> revocation 2016. | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Type of trust Day Month Year Print the code representing If code D , write / / / / / / / / / / / / / / / / / / / | | | | | | | | | | | | | |
| Print X if also a charity In code D, when D, | | | | | | | | | | | | | |
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| Managed investment trusts | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Managed investment trusts If the trust is a managed investment trust, has the trustee made an election into capital account treatment? Yes No | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| If the trust is a managed investment trust, has the trustee made an election into capital account treatment? Yes No | | | | | | | | | | | | | |
| 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 Final tax return Yes No Electronic funds transfer (EFT) | | | | | | | | | | | | | |
| 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 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. | | | | | | | | | | | | | |
| If the trust is a managed investment trust, has the trustee made an election into capital account treatment? Yes 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.) | | | | | | | | | | | | | |
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| If the trust is a managed investment trust, has the trustee made an election into capital account treatment? Yes 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.) | | | | | | | | | | | | | |
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| 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 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 1 Description of main business activity | | | | | | | | | | | | | |
| If the trust is a managed investment trust, has the trustee made an election into capital account treatment? Yes 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 number Account name | | | | | | | | | | | | | |
| 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 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 1 Description of main business activity | | | | | | | | | | | | | |
| 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 Final tax return Yes No Account number Final tax return Yes No Account number Final tax return Final tax return Yes No Final tax return Yes Final tax | | | | | | | | | | | | | |
| 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 Final tax return Yes No Account number Account number Account number Account name Final tax return Account name Comparison of main business activity Industry code A Context and account name Context and account name below. Keise account name Context and | | | | | | | | | | | | | |
| 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 Final tax return Yes No Account number account number account number account number Account name Count name Final tax return Account name Final tax return Account name Final tax return Account name Final tax return Final tax re | | | | | | | | | | | | | |
| 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 Final tax return Yes No Account number Account number Account number Account name Final tax return Account name Comparison of main business activity Industry code A Context and account name Context and account name below. Keise account name Context and | | | | | | | | | | | | | |
| 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 Final tax return Yes No Account number Account number Account number Account name Account name Industry code A Consolidation of main business activity Industry code A Consolidation status - print X at label B1, B2 or B3, whichever is the first applicable option, or leave blank. Multiple business B1 Consolidation s | | | | | | | | | | | | | |

Trust TFN



Income excluding foreign income

| 5 Business | income and | l expenses |
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|---|---------------------------|------------------------------------|-----|------------------------|--------|
| Income | Primary | oroduction | | Non-primary production | Totals |
| Gross payments where ABN not quoted | С | | D | | |
| Gross payments subject to foreign resident withholding | | | В | | |
| Assessable government industry payments | E | | F | | |
| Other business income | G | | H | | |
| Total business income | | | | | |
| Expenses | | | | | |
| Foreign resident withholding expenses | | | | P | |
| Contractor, sub-contractor and commission expenses | | | | C | ; |
| Superannuation expenses | | | | | |
| Cost of sales | | | | / E | |
| Bad debts | | | | F | • |
| Lease expenses | | | | G | |
| Rent expenses | | | | н | |
| Total interest expenses | | | | | |
| Total royalty expenses | | | | J | |
| Depreciation expenses | | | | K | K |
| Motor vehicle expenses | | | | L | - |
| Repairs and maintenance | | | | | |
| All other expenses | | | | N | |
| Total expenses – labels P to N | | | | | |
| Reconciliation items Add: Income reconciliation | | | | | |
| adjustments | | | | | |
| Add: Expense reconciliation adjustments | | | | | |
| Net income or loss from business | Q | | R | /_ S | |
| Net small business income | v 📃 , | | | · 24 | |
| Tax withheld Tax withhe | eld where AE | 3N not quoted | |].[][]]. % | [|
| Crea | dit for tax wit reside | hheld – foreign ent withholding | J |],,% | I |
| JST TAX RETURN 2016 | S | ensitive (when | com | npleted) | Page |

| Г 7 | Credit for interest on early pa | yments | w | |
|---------------|--|----------------------------------|-------------------|--|
| | - amount of interest | | | |
| 8 | Partnerships and trusts Primary production | | | |
| | Distribution from partnerships A | |],•∞ /[| |
| | Share of net income from trusts Z | |], 🗌 🖓 🚧 /[| |
| | Deductions relating to amounts shown at A and Z | Net primary produc | | |
| | Non-primary production | Net primary produc | | 」, _ _ _ _ _ _ _ _ ~ / [|
| | Distribution from partnerships, less foreign income | |], 🖸 🖓 📈 /[| |
| | Share of net income from trusts, less capital gains, foreign income R | |]/ | |
| | and franked distributions Deductions relating to | |), /\] | |
| | | | | |
| | Deductions valation to functional | | | |
| | distributions from trusts in label F | Net non-primary produc | , | |
| | Capital gains from another trust an | | | l at item 21 . |
| | Amounts of foreign income must b | | | |
| | Share of credits from income Share of credit for tax withheld | | | |
| | where ABN not quoted | |], ∙∞ | _ |
| | Share of franking credits from franked distributions Share of credit for TFN amounts | |],• | |
| | withheld from interest, dividends and unit trust distributions | $\Box,\Box\Box\Box,\Box\Box\Box$ |], |] |
| Cre F | dit for TFN amounts withheld from oayments from closely held trusts | | , |] |
| | Share of credit for tax withheld from foreign resident withholding | _,, |],∞ | |
| 9 | Rent Gross rent | F |], ∙∞ | |
| | Interest deductions | G, |],∞ | |
| | Capital works deductions | x , |],∞ | |
| | Other rental deductions | H , | , | |
| | | | Net rent | ,,∞/_ |
| 10 | Forestry managed investmen | t scheme income | Q | |
| 11 | Gross interest – including Aust | ralian Government Ioan | interest .I | |
| | TFN amounts withheld from gross interest | | | |
| 12 | Dividends | | ranked amount | |
| 12 | Difficility | | | |
| | | | ranked amount | |
| | TFN amounts withheld | | Franking credit M | |
| Pac | from dividends ae 4 | Sensitive (whe | en completed) | TRUST TAX RETURN 2016 |

| Г | Trust TFN |
|-----------------|--|
| 13 | Superannuation lump sums and employment termination payment 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 Y Taxable component |
| | Other Australian income – give details Type of income Type of income • • • • • • • • • • • • • • • • • • • |
| | |
| De 16 | eductions Deductions relating to: Australian investment income P, , , , , , , , , , , , , , , , , , , |
| | Deductions relating to franked distributions should not include deductions included at G item 8 . |
| 17 | Forestry managed investment scheme deduction D , , . . |
| 18 | Other deductions - show only deductions not claimable at any other item Name of each item of deduction Amount ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| 19 | Total of items 16 to 18 |
| 20 | Net Australian income or loss Subtract item 19 - other than capital gains from item 15. |
| 21 | Capital gains Do you need to complete a Capital gains tax (CGT) schedule 2016? Did you have a CGT 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? M Yes No // Net capital gain A , , , , , , , , , , , , , , , , , , , |

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| Fc | reign 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 2016. Do you need to complete a Losses schedule 2016? |
| 23 | Other assessable foreign source income |
| | - other than income shown at item 22 Gross B , D , D , D , N et V , D , D , D , W / |
| | Foreign income tax offset Z , , . . Also include at label D Australian franking credits from a New Zealand franking company that you have received indirectly through a partnership or trust. Australian franking credits from a New Zealand franking company D , . . |
| 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 2016 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. Net capital losses carried forward to later income years V , |
| 28 | Landcare and water facility tax offset tax offset brought forward from prior years G |
| O \ 29 | 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? W Yes No |
| | Did the thin capitalisation provisions affect you? O Yes No |
| | Interest expenses overseas D, , , , , , , , , , , , , , , , , , , |
| | Royalty expenses overseas E , , , , , , , , , , , , , , , , , , |
| | |
| | If you answered Yes at label W or O or completed D or E , complete and attach the International dealings schedule 2016. |
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| • | 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 N Yes No |
| | Total amount of PSI included A , , , , , , , , , , , , , , , , , , |
| | Total amount of deductions against PSI B , , , , , , , , , , , , , , , , , , |
| | Did you satisfy the results test in respect of any individual? C Yes No |
| Do | you hold a personal services business (PSB) determination in respect of any individual? D Yes No |
| | For any individual for whom you did not satisfy the results test or hold a PSB determination, and each source of their PSI income yielded less than 80% of their total PSI, indicate if you satisfied any of the |
| | following personal services business tests – print X in the appropriate box(es). |
| | Unrelated clients test E1 Employment test E2 Business premises test E3 |
| | |
| Ta | xation of financial arrangements |
| | Taxation of financial arrangements (TOFA) |
| | Total TOFA gains M |
| | |
| | |
| | |
| K | ey financial information |
| 32 | All current assets F |
| 33 | Total assets G |
| 34 | All current liabilities |
| 35 | Total liabilities J |

Business and professional items

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| 36 | E | Bus | in | ess | ; n | amo | e o | fm | naiı | n I | วนร | sin | ess | ; | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----|-----|------|----------|-------|-------------|----------------------------|-------|------------|-------|------------|--------------|-------------|---------------|--------------|-------|------|----------|----------|----|-----|---|---------|--------|----------|---------|----------|------------|-----|------------|----|-------|------------|-----------|---|------------|-------|------|-----|------------|
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| 37 | F | | in | | | ddr | | | f m | | in h | | sinc | | | | | | | | |][|][| |][| | 1 | 1 | 1 | | | | | |][| | | | |
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| Sub | urk | /tov | JL vn | | | | | | | | | | | | | | | | | | | | | | | | [| | | St | ate/1 | territo | JL ory | | Pos | stcoc | le | | |
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| | | | | | | | | | | | | | | | | | | | | | | 13 | Тс | otal | | alaı | 'y a | nd | | | | | | | | | | | <u>COD</u> |
| 38 | (|)pe | eni | ng | st | ock | | | С | | | | | | | | •0 | | | | | | | | | | ens | | | - | • [_ | | | | | | • 🏵 | 1 / | |
| 39 | | | | | | | 1 | | В | | | | | | | | •0 | <u>a</u> | | | 4 | 44 | Pa | | | | | ers | ons | M | | | | | | | • >> | 1 | |
| | C | othe | er | COS | sts | i | | | | | | | | | | | ~ | ~ | 0 | | 4 | 5 | | | | | efi | | | | _ | | | | | | | _ | |
| 40 | C | lo | sin | ig s | sto | ck | | | D | | | | | | | | •0 | | | DDE | | | en | npĬ | oy | ee | ons | | | 1 | Ľ | | | | | | • 20 | 1 | |
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| 41 | 1 | rac | de | de | bto | ors | | | E | | | | | | | | •0 | 2 | | | | | | | | | t to np | | , | Y | | | | | | | •90 | | |
| 42 | 1 | irac | de | cre | edi | tor | s | | н | | | | | | | | •0 | 0 | | | 4 | 7 | Tra | adi | ng | st | ock | | | | | Yes | | | No | | | | |
| 48 | | | | | | | | | _ | | | | | | | | | | | | | | ele | ect | IO | <u>ו</u> | | | | _ | | | | | | |] | | |
| 40 | | | | | | ass | | | st c | deo | duc | te | d in | thi | s in | co | me | yea | ar | | | | | | | | | | | | | | | | | | | | |
| | | | | Inta | ing | ble | dep | rec | ciati | ng | as | set | s fir: | st d | ledu | icte | ed | A | \$ | | | | | |]. | | | | | | | • 🕅 | I | | | | | | |
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| | | | | | | e | ffect | | | | | | | | | | | С | | Yes | | | N | • | | | | | | | | | | | | | | | |
| | F | or | all | dep | ore I | ciat Did y an | ing | as: rec | set: | s ula | nte i | the | effe | ectiv | ve li | fe f | or | | | | | _ | | Г | _ | | | | | | | | | | | | | | |
| | | | | | | an | y of | yo | ur a | ass | sets | thi | is in | cor | ne y | /ea | r? | D | | Yes | | | N | o | | | | | | | | | | | | | | | |
| | | | ٦ | ōta | l ac | djust | able | e va | alue | es | at e | end | of i | ncc | ome | ye | ar | Е | \$ | | | ,[| | |], | | | | , [| | | •8 | 1 | | | | | | |
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| | | Ter | mir | natio | on ' | valu | e of | int | ang | gib | le d | lep | reci | atin | ig a | sse | ts | н | \$ | | | , [| | | , | | | | , [| | | • 🕅 | | | | | | | |
| | | | Te | ermi | ina | tion | valu | ie d | of o | the | ər d | lep | reci | atin | ig a | sse | ts | I | \$ | | | ,[| | |], | | | | , [| | | •8 | I | | | | | | |
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| | | | 12 | nde | are | e opi | erat | ion | | | | | | | | | | | ÷. | | | ,∟ ⊢ | L | L | , | | | | , [| | | | - | | | | | | |
| | | | La | ir | n Va | alue | of v | vat | er fa | aci | lity, | fer | ncin er st | g a | sse | t ar | nd | L | \$ | | | , | | | , | | | | , [| | | •% | | | | | | | |

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| ∎ 49 | Small business entity simplified depreciation |
| | Deduction for certain assets A |
| | Deduction for general small business pool B |
| 50 | National rental affordability scheme National rental affordability scheme tax offset entitlement F , , , , , , , , , , , , , , , , , , , |
| 51 | Other refundable tax offsets G , , / |
| 52 | Medicare levy reduction or exemption |
| | Spouse's 2015–16 taxable income – if nil write '0' A , , , , , , , , , , , , , , , , , , |
| | Number of dependent children and students B Half Medicare levy exemption – number of days D D |
| | Medicare levy surcharge and private health insurance tax offset If the trust is liable for the Medicare levy surcharge or entitled to the private health insurance tax offset, refer to the instructions. |
| 53 | Income of the trust estate A , , , , , , , , , , , , , , , , , , |

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 ATO to correctly identify each beneficiary's tax records. The ATO is authorised by the *Income Tax Assessment Act 1936* and the *Income Tax Assessment Act 1997* to ask for information in this tax return. We need this information to help administer the tax laws. To make a correct Trustee Beneficiary (TB) statement you must quote the TFN of a resident trustee beneficiary of a closely held trust.

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

| 54 Statement of distribution – continued | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| BENEFICIARY 1 Tax file number (TFN) | | | | | | | | | | | | | |
| INDIVIDUAL NAME See the Privacy note in the Taxpayer's declaration. | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| First given name Differ given names | | | | | | | | | | | | | |
| OR | | | | | | | | | | | | | |
| NON-INDIVIDUAL NAME (company, partnership, trust etc.) | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Residential address for individuals or business address for non individuals | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Suburb/town | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Country if outside Australia (Australia only) (Australia only) (Australia only) | | | | | | | | | | | | | |
| Date of birth | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Share of income of the trust estate W Share of credit for TFN amounts withheld from payments from closely held trusts | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Australian franking credits from a New Zealand franking company | | | | | | | | | | | | | |
| Primary production A ·ℜ / | | | | | | | | | | | | | |
| Share of income Non-primary production B | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| where ABN not quoted | | | | | | | | | | | | | |
| scheme tax offset | | | | | | | | | | | | | |
| Franking credit D • Exploration credits distributed M • M | | | | | | | | | | | | | |
| Small business income tax offset information Share of net small | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Non-resident beneficiary additional information | | | | | | | | | | | | | |
| s98(3) assessable amount J | | | | | | | | | | | | | |
| TB statement information For each trustee beneficiary, indicate whether you will be making a TB statement: | | | | | | | | | | | | | |
| TB statement? Yes No | | | | | | | | | | | | | |
| Tax preferred amounts P Image: Second secon | | | | | | | | | | | | | |
| Annual Trustee Payment report information | | | | | | | | | | | | | |
| Distribution from ordinary or statutory income during S · M withheld from payments T · M | | | | | | | | | | | | | |
| income year | | | | | | | | | | | | | |
| Page 10 TRUST TAX BETURN 201 | | | | | | | | | | | | | |

| 54 Statement of distribution – continued | | | | | | | | | | | | |
|--|-----------------------------|--|--------------------------|--|--|--|--|--|--|--|--|--|
| BENEFICIARY 2 Tax file number (TFN) | | | | | | | | | | | | |
| | | n the Taxpayer's declaration. | | | | | | | | | | |
| Title: Mr Mrs Miss Ms | Other | | | | | | | | | | | |
| Surname or family name | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| OR | | | | | | | | | | | | |
| NON-INDIVIDUAL NAME (company | y, partnership, trust etc.) | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Residential address for individuals | or business address for r | ion individuals | | | | | | | | | | |
| | | | | | | | | | | | | |
| Suburb/town | | | State/territory Postcode | | | | | | | | | |
| Country if outside Australia | | | (Australia only) | | | | | | | | | |
| | | | (| | | | | | | | | |
| Date of birth | Year | | | | | | | | | | | |
| Assessment calculation code | | TFN amounts withheld | E | | | | | | | | | |
| Share of income of the trust estate | ·% | Share of credit for TFN amounts withheld from payments | 0 · | | | | | | | | | |
| Credit for tax withheld – | ·% | from closely held trusts | | | | | | | | | | |
| foreign resident withholding Australian franking credits from a New Zealand franking company | | Capital gains | F | | | | | | | | | |
| Primary production | ·%· | Attributed foreign | G ·X | | | | | | | | | |
| Share of income Non-primary production | ·% | I Loss Other assessable I Loss foreign source income | H/ ∐ | | | | | | | | | |
| Credit for tax withheld where ABN not guoted | | Foreign income tax offset | I | | | | | | | | | |
| Franked distributions | | Share of National rental affordability scheme tax offset | R · | | | | | | | | | |
| Franking credit | | Exploration credits distributed | M • M | | | | | | | | | |
| Small business income tax offse | tinformation | | | | | | | | | | | |
| Share of net small business income | · M |] | | | | | | | | | | |
| Non-resident beneficiary additio | nal information | | | | | | | | | | | |
| s98(3) assessable amount | ب ا | s98(4) assess am | ount K | | | | | | | | | |
| TB statement information For each trustee beneficiary, indicate | whether you will be making | a TB statement: | | | | | | | | | | |
| TB statement? | Yes No | | | | | | | | | | | |
| Tax preferred amounts | ·\$Q | Untaxed pa share of net inc | art of ome Q | | | | | | | | | |
| Annual Trustee Payment report i | | | | | | | | | | | | |
| Distribution from ordinary or statutory income during income year | •90 | Total TFN amc withheld from paym | | | | | | | | | | |
| TRUST TAX RETURN 2016 | Sensitive (w | hen completed) | Page 11 | | | | | | | | | |

| 54 Statement of distribution – continued | | | | | | |
|--|--|--|--|--|--|--|
| BENEFICIARY 3 Tax file number (TFN) | | | | | | |
| INDIVIDUAL NAME See the Privacy note in the Taxpayer's declaration. | | | | | | |
| Title: Mrs Miss Ms Other O | | | | | | |
| | | | | | | |
| First given name Other given names | | | | | | |
| CILICICICICICICICICICICICICICICICICICIC | | | | | | |
| NON-INDIVIDUAL NAME (company, partnership, trust etc.) | | | | | | |
| | | | | | | |
| Desidential address for individuals or business address for pan individuals | | | | | | |
| Residential address for individuals or business address for non individuals | | | | | | |
| | | | | | | |
| Suburb/town State/territory Postcode | | | | | | |
| Country if outside Australia (Australia only) (Australia only) (Australia only) | | | | | | |
| Day Month Year Day / Day / Year | | | | | | |
| Assessment calculation code V | | | | | | |
| Share of income of the trust estate W Share of credit for TFN amounts withheld from payments O | | | | | | |
| Credit for tax withheld – L · M foreign resident withholding | | | | | | |
| Australian franking credits from a New Zealand franking company | | | | | | |
| Primary production A ·X / Loss | | | | | | |
| Non-primary production B | | | | | | |
| Credit for tax withheld C ·X tax offset | | | | | | |
| Franked distributions U | | | | | | |
| Franking credit D Exploration credits distributed M | | | | | | |
| Small business income tax offset information | | | | | | |
| Share of net small business income Y | | | | | | |
| Non-resident beneficiary additional information | | | | | | |
| s98(3) assessable amount J · X sessable amount K · X | | | | | | |
| TB statement information 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 Q • | | | | | | |
| Annual Trustee Payment report information | | | | | | |
| Distribution from ordinary or statutory income during income year S • M Total TFN amounts withheld from payments T • M | | | | | | |
| Page 12 Sensitive (when completed) TRUST TAX RETURN 2016 | | | | | | |

| 54 Statement of distribution – continued | | | | | | |
|--|-----------------------------|--|-----------------------------------|--|--|--|
| BENEFICIARY 4 Tax file number (TFN) | | | | | | |
| | | the Taxpayer's declaration. | | | | |
| Title: Mr Miss Ms Surname or family name | | | | | | |
| | | | | | | |
| First given name | | | | | | |
| OR | | | | | | |
| NON-INDIVIDUAL NAME (compan | y, partnersnip, trust etc.) | | | | | |
| | | | | | | |
| Residential address for individuals | or business address for n | on individuals | | | | |
| | | | | | | |
| Suburb/town | | | State/territory Postcode | | | |
| Country if outside Australia | | | (Australia only) (Australia only) | | | |
| | | | | | | |
| Date of birth | | | | | | |
| Assessment calculation code | | TFN amounts withheld | E | | | |
| Share of income of the trust estate V | <u>بالم</u> | Share of credit for TFN amounts withheld from payments | 0 · | | | |
| Credit for tax withheld – | ·% | from closely held trusts | | | | |
| foreign resident withholding Australian franking credits from a New Zealand franking company | <u>۱</u> | Capital gains | F ·% | | | |
| Primary production | · M | | LOSS | | | |
| Share of income Non-primary production | -SQ | Loss Other assessable foreign source income | H | | | |
| Credit for tax withheld where ABN not guoted | ·% | Foreign income tax offset | 1 · · | | | |
| Franked distributions | | Share of National rental affordability scheme tax offset | R | | | |
| Franking credit | - | Exploration credits distributed | M | | | |
| Small business income tax offset information | | | | | | |
| Share of net small business income | · X | | | | | |
| Non-resident beneficiary additional information | | | | | | |
| s98(3) assessable amount | ·% | s98(4) assess am | | | | |
| TB statement information For each trustee beneficiary, indicate whether you will be making a TB statement: | | | | | | |
| TB statement? | Yes No | | | | | |
| Tax preferred amounts | <u>کې</u> | Untaxed pa share of net inc | art of ome Q • 🕅 | | | |
| Annual Trustee Payment report i Distribution from ordinary or | | Total TFN amo | unte | | | |
| Distribution from ordinary or statutory income during income year | ·% | withheld from paym | | | | |
| TRUST TAX RETURN 2016 | Sensitive (w | hen completed) | Page 13 | | | |

| 54 Statement of distribution – continued | | | | | | |
|--|--|--|--|--|--|--|
| BENEFICIARY 5 Tax file number (TFN) | | | | | | |
| INDIVIDUAL NAME See the Privacy note in the Taxpayer's declaration. | | | | | | |
| | | | | | | |
| | | | | | | |
| First given name Other given names | | | | | | |
| OR | | | | | | |
| NON-INDIVIDUAL NAME (company, partnership, trust etc.) | | | | | | |
| | | | | | | |
| | | | | | | |
| Residential address for individuals or business address for non individuals | | | | | | |
| Suburb/town | | | | | | |
| Subirity town State/termory Postode Country if outside Australia (Australia only) (Australia only) | | | | | | |
| | | | | | | |
| Date of birth | | | | | | |
| Assessment calculation code V | | | | | | |
| Share of income of the trust estate W Share of credit for TFN amounts withheld from payments • | | | | | | |
| Credit for tax withheld – foreign resident withholding | | | | | | |
| Australian franking credits from a N - M | | | | | | |
| Primary production A ·X / Loss | | | | | | |
| Non-primary production B | | | | | | |
| Credit for tax withheld C · · · · · · · · · · · · · · · · · · | | | | | | |
| Franked distributions U | | | | | | |
| Franking credit D Exploration credits distributed M | | | | | | |
| Small business income tax offset information | | | | | | |
| Share of net small business income Y | | | | | | |
| Non-resident beneficiary additional information | | | | | | |
| s98(3) assessable amount J · M s98(4) assessable amount K · M | | | | | | |
| TB statement information 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 Q • | | | | | | |
| Annual Trustee Payment report information Distribution from ordinary or Total TFN amounts | | | | | | |
| Distribution from ordinary or statutory income during income year S • M Total TFN amounts withheld from payments T • M | | | | | | |
| Page 14 Sensitive (when completed) TRUST TAX RETURN 2016 | | | | | | |

Г

| interest, and the trustee's share of credit for tax deducted. | | | | | | | |
|---|---|-----|---|---|-----|--|--|
| Assessment calculation code | V | | TFN amounts withheld | E | • | | |
| Share of income of the trust estate | W | ·% | Share of credit for TFN amounts withheld from payments from closely held trusts | 0 | • | | |
| Credit for tax withheld – foreign resident withholding | | ·% | Capital gains | F | ·% | | |
| Australian franking credits from a New Zealand franking company | Ν | ·% | Attributed foreign | G | -84 | | |
| Share of Primary production | A | ·% | Loss income / Other assessable | ŭ | | | |
| Non-primary production | В | ·% | Loss foreign source income | " | | | |
| Credit for tax withheld where ABN not guoted | | ·% | tax offset Share of National | _ | | | |
| Franked distributions | | ·%· | rental affordability scheme tax offset | R | · · | | |
| Franking credit | | | Share of other refundable tax offsets | X | · | | |
| 55 Choice for resident trustee to be assessed to capital gains on behalf of beneficiaries Assessment calculation code X Amount of capital gains on which the trustee has chosen to be assessed on behalf of beneficiaries Y<!--</th--> | | | | | | | |
| | | | | | | | |

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.

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

| Olghataro | | | | | | |
|---|------------------------------|-----------------------------|--|--|--|--|
| | | 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 | | Day Month Year | | | | |
| Contact name | | | | | | |
| | | | | | | |
| Agent's phone number (include area c | ode) Agent's reference numbe | er Office use only Indics X | | | | |