

provide details if they are the same as last year.

ndividual tax return 2002 1 July 2001 to 30 June 2002

RN: 100102

Your tax file number (TFN) See the Privacy note in the Taxpayer's declaration on page 12 of this tax return. Print Y for yes Are you an Australian resident? or N for no. Have you included any attachments Print Y for yes -other than PAYG payment summaries? or N for no. Your sex—print X Your name Title—for example, Male Female Mr, Mrs, Ms, Miss in the relevant box Surname or family name Given names Has any part of your name Print Y for yes If yes, print changed since completing or N for no. your last tax return? previous surname Your current postal address Has your postal address Suburb or town State Postcode Print Y for yes changed since completing or N for no. your last tax return? Country-if not Australia Your home address If the same as your current postal address, print ÁS ABOVE. Suburb or town State Postcode Country-if not Australia Your date of birth Final tax return If you were under 18 years of age on If you know this is your final tax Day Month Year 30 June 2002 you must complete item A1 return, print FINAL. on page 4 of this tax return. Telephone Your daytime telephone number number Your spouse's name Surname or family name Given names Do you want to use EFT this year for your tax refund Print Y for yes **Electronic funds transfer (EFT)** or family tax benefit payment where applicable? or N for no. BSB number Account number If yes, complete the account details—do not

Account name

ndividual tax return 2002 axpayer's signature	TFN	RN: 10	0102
ncome			
Salary or wages Your main salary and wage occupation			
	Occ	cupation code X	
Payer's Australian Business Number	Tax withheld	Gross payment	
	.00	.00	
	.00	D .00	
	.00	E .00	
	.00	F .00	
	.00	G / .00	
Allowances, earnings, tips, director's fees etc.	.00	K / .00	-
Lump sum payments Amount A in lump sum payments box	.00	R / .00	- ·]
5% of amount B in lump sum payments box	.00	H / .00	_
Eligible termination payments Taxable amount other than excessive component	.00	1 / .00	- -]
' <u>-</u>	cessive component	N / .00	_
Commonwealth of Australia government allowances and payments like Newstart, youth allowance and	.00	A .00.	
austudy payment			Ta offs
Commonwealth of Australia government pensions and allowances	.00	B .00	
		Y	
Other Australian pensions or annuities—including superannu	uation pensions	code	
Туре	.00	J .00.	
Attributed personal services income	.00	.00.	
Total tax withheld Add up the boxes. \$.00		
Total reportable fringe benefits amounts W	.00		
0 Gross interest	Gross interest		
TFN amounts withheld from gross interest	interest		
1 Dividends	Unfranked amount	S .00	
	Franked		_ _
TFN amounts withheld	amount Imputation		_
from dividends	credit		,
Only used by taxpayers completing the supplementary Transfer the amount from TOTAL SUP INCOME OR LOSS or	PLEMENTARY SECT	TION .00	
	ross payment amounts	s and	

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-anpayor o orgination			
Attach all requested attachments here. Plan PAYG payment summaries on top followed Deductions	ace the employee's tax return copy of d by any other attachments.		
Deductions 11 Work related car expenses		Α	
D2 Work related travel expenses		В	. DQ
O3 Work related uniform, occupation clothing, laundry and dry clean		С	.00 Claim
D4 Work related self-education exp	penses	D	.00 / Claim
O5 Other work related expenses		ai a	type
D6 Deduction for project pool		o i	.00
O7 Low value pool deduction		К	.00
D8 Interest and dividend deduction	ns		.00
O9 Gifts or donations		J	.00
D10 Deductible amount of undeduct Australian pension or annuity. Do or annuity is dealt with at D13 on page 8.	ed purchase price (UPP) of an eductible amount of UPP of a foreign pension	on	.00
D11 Cost of managing tax affairs		М	.00
TOTAL DEDUCTIONS	Transfer the amount from TOTAL SUPP SECTION DEDUCTIONS on page 8 and Items D1 to D—add	d write it here.	.00
SUBTOTAL TO	OTAL INCOME OR LOSS less TOTAL DE	EDUCTIONS	.00
osses	Primary p	production	.00
_1 Tax losses of earlier income year claimed this income year	ars Non-primary p	production Z	.00
TAXABLE INCOME OR LOSS	Subtract item L1 amounts from amount at SU	JBTOTAL \$.00
Tax offsets 1 Spouse (without dependent chi housekeeper. If you had a spouse dur Spouse details—married or de facto on Child-housekeeper's separate net income		or P	.DQ / Clair
2 Senior Australians—If you had a sp complete Spouse details—married or details—married o		N code	
3 Superannuation contributions, a	annuity and pension		Clair
Personal undeducted superannuation contributions	Superannuation cor annuity and pension	ntributions, tax offsets	.00 / type
74 30% private health insurance—Y Private health insurance policy details		refundable G	.00
Only used by taxpayers com	pleting the supplementary section		
	Transfer the amount from TOTAL SUPF SECTION TAX OFFSETS on page 8 an		.00
TOTAL TAX OFFSETS	Items T1 to 1 —add up th	e boxes	.00

n	dividual tax return 2002	Page
	payer's signature	TFN RN: 100102
	•	
	vote health incurence neliev details	
	vate health insurance policy details I must provide the details for each policy	if item T4 or item M2 asked you to complete this section.
	Health fund ID	Membership number ту
	B F C	
	B F C	
	B F C	
	B F C	/_
Лe	dicare levy related items	
11	Medicare levy reduction or exemption	
	If you complete this item and you had a spouse duri Spouse details—married or de facto on page 5.	ing 2001–02 you must complete
		duction based on family income
		Number of dependent children and students Y
	Ex	cemption categories
		Full 1.5% levy exemption—number of days
		Half 1.5% levy exemption—number of days
2	Medicare levy surcharge (MLS) THIS ITEM IS COMPULSORY—if you do not charged the full Medicare levy surcharge.	
	For the whole period 1 July 2001 to 30 June 200 (including your spouse)—if you had any—covere	
	If yes, you must complete Private health ins	surance policy details above.
	If you are liable for the surcharge for part of the pyou were NOT liable at label A .	period 1 July 2001 to 30 June 2002 you must write 0 at label A . period 1 July 2001 to 30 June 2002 you must write the number of days nole period 1 July 2001 to 30 June 2002 you must write 365 at label A .
		Number of days NOT liable for surcharge A
		Number of dependent children
		ted N at label E), complete Spouse details—married or de facto on page er at any time during 2001–02 you must complete Private health insuranc
١d	justments	ту
1	Under 18 excepted net income	J (00.
2	Part-year tax-free threshold You must read the information on A2 in the tax return instructions before completing this item.	Date Day Month Year Months N
		Income while a full-time student .D0
3	Amount on which family trust distribut	
vo	Amount on which family trust distribut	rn instructions before completing this item.

Z

.00

A4 Amount on which ultimate beneficiary non-disclosure tax was payable You must read the information on A4 in the tax return instructions before completing this item.

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Spouse details—married or de facto

Only provide these details if you had a spouse—married or de facto—during 2001–02 and you completed any of the following items: **6** (Commonwealth of Australia pension or allowances), **T1**, **T2**, **M1**, **M2** (and at label **E** you printed **N**), **T5** (supplementary section).

Spouse's date of birth	K Day Month Year
Did you have a spouse for the full year 1 July 2001 to 30 June 2002?	Print Y for yes or N for no.
	From Day Month Year
If you did not have a spouse for the full year, write the dates you had a spouse between 1 July 2001 and 30 June 2002.	M To
You only need to complete spouse's taxable income if any of the following conditions apply: You had a spouse on 30 June 2002 AND you	N Day Month Year
completed item M1 (label Y only). • You had a spouse for all of 2001–02 AND at label E item M2 you printed N . • You had a spouse for any part of the year AND you completed one or more of items —6	For any of the following that you are required to complete, if the amount is zero, write 0 .
—T2 —T5 —M1 (label V or W) Spouse's 2001–02 taxable income	
You only need to complete spouse's share of trust income if it has not been included in spouse's taxable income and you completed item 6, T2 or M2. Refer to the tax return instructions.	
Spouse's share of trust income on which the trustee is assessed under section 98 and which has not been included in spouse's taxable income.	T .00
If you had a spouse for all of 2001–02 and at label E item M2 you printed N , show any istributions to your spouse on which family trust distribution tax has been paid which your spouse would have had to show as assessable income if the tax had not been paid.	JOO.
Show your spouse's total reportable fringe benefits amounts if you had a spouse for all of 2001–02 and at label E item M2 you printed N .	
If you completed item 6 or T2 , show the amount of any Commonwealth of Australia government pensions and allowances—listed at item 6 in the tax return instructions—that your spouse received in 2001–02.	P .00
If you completed item 6 or T2 , show the amount of any exemption pension income that your spouse received in 2001–02.	
If you completed item T1 , show your spouse's 2001–02 separate net income.	

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ousiness losses from the prior year at eith	you complete item 12. If you rer labels X or Y as approp	ou are required to complete item 12 include deferred non commerci riate. Refer to the tax return instructions for the relevant code.
Supplementary section		
2 Partnerships and trusts		
Primary production	Distribution from partnerships	Note: If you have a net loss from a partnership business activity, complete items P3
	Distribution from trusts	and P9 in the Business and professional items section of
	tions and deduction for n value of water facility	this tax return in addition to item 12.
Other deductions	s relating to distribution	.00
Non-primary production		Net primary production distribution .00
Distribu	ntion from partnerships, less foreign income	• Distributions of net capital gains (including net foreign
	on from trusts, less net lins and foreign income	capital gains) must be included at item 17 on page 7. Distributions of foreign
Landcar	re operations expenses	income must be included at item 18 or 19 on page 7.
	her deductions relating ution in labels O and U	Type .00 /
	N	Net non-primary production distribution .DØ /
Share of credits from inc	ome	
	t for tax withheld where ess Number not quoted	
Share of imputation credit	from franked dividends	
Share of credit for TFN interest, dividends and	amounts withheld from d unit trust distributions	2
Share of credit	t for tax paid by trustee	
3 Personal services income ((PSI)	
Tax withheld—voluntary agreement	.00	
Business Number not quoted	H	
Tax withheld—labour hire or other specified payments	J .00	Net PSI—transferred from label A item P1 on page 9.
4 Net income or loss from bu	siness	Primary production—transferred from label Y item P8 on page 10.
Tax withheld—voluntary agreement	D .00	Non-primary production— transferred from label Z item P8 on page 10.
To Stand to the American	w	If you show a loss at label B or C you must complete item P9 on page 11.
Tax withheld—labour hire or other specified payments	F .00	

NOIVIOUAI TAX FETURN 2002 expayer's signature		TFN		RN: 1001	102
5 Deferred non-commercial business lo	sses				
tem P9 on page 11 Your share of deferred losses from partnership activities	.00				
pefore you complete Deferred losses from	G .00				
his item. sole trader activities					
	Tot	al deferred losses	<u> </u>	.00	
6 Net farm management deposits or with	ndrawals		8	200	/ [
				.00	/
7 Capital gains					
Did you have a CGT event during the year?	G Print Y for yes or N for no.	Net capital gain	Α	.00	
You must also print Y at label G if you received a dis		n a truct			
Tou must also print I at label G ii you received a dis		ir a trust.			
Total current year capital gains	.00				
Net capital losses carried forward					
to later income years	V .00				
8 Foreign entities					
Did you have either a direct or indirect interest	Print Y for yes	CEC income		800	
in a controlled foreign company (CFC)?	or N for no.	CFC income	K	.00.	
Have you ever , either directly or indirectly, caused	Print Y for yes	Transferor	В		
the transfer of property—including money—or services to a non-resident trust estate?	or N for no.	trust income		.00.	
Did you have an interest in a foreign investment	Print Y for yes or N for no.	FIF and	C	.00	
fund (FÍF) or a foreign life assurance policy (FLP)?	or N for no.	FLP income			
9 Foreign source income and foreign as	ssets or property				
Assessable foreign source income	.00]			
·	7.1.				Тур
	oreign employment and net ome WITHOUT an undeduct			.00.	
•	Net foreign pension	or annuity income		00	
	WITH an undeduct	ed purchase price	D	.00.	
	Other net force	ign source income	M	.00	
	Other het lore	gri source income			
		ight source income			
Exempt foreign employment income	N .00	gir source income	<u> </u>		
	N .00	gn source income			
Foreign tax credits During the year did you own, or have an interest in,	N .00	gii source income			
Foreign tax credits During the year did you own, or have an interest in, assets located outside Australia which had	N .00	gii source income	1		
Foreign tax credits During the year did you own, or have an interest in,	N .00	gn source income	1		
Foreign tax credits During the year did you own, or have an interest in, assets located outside Australia which had a total value of AUD \$50 000 or more?	N .00 O Print Y for yes or N for no.	gii source income	1		
Foreign tax credits During the year did you own, or have an interest in, assets located outside Australia which had a total value of AUD \$50 000 or more? O Rent Gross rent	N .00 Print Y for yes or N for no.	gii source income			
Foreign tax credits During the year did you own, or have an interest in, assets located outside Australia which had a total value of AUD \$50 000 or more?	N .00 Print Y for yes or N for no.	gii source income			
Foreign tax credits During the year did you own, or have an interest in, assets located outside Australia which had a total value of AUD \$50 000 or more? O Rent Gross rent	N .00 Print Y for yes or N for no. P .00 Q .00	gii source income			
Foreign tax credits During the year did you own, or have an interest in, assets located outside Australia which had a total value of AUD \$50 000 or more? O Rent Gross rent Interest deductions	N .00 O .00 P Print Y for yes or N for no. P .00 Q .00 F .00		et rent	.00	/

21 Bonuses from life insurance companies and friendly societies

Other income		
Type of Category 1		.00.
income Category 2		V .00
Tax withheld—lump sum payments in arrears	.00	,
Taxable professional income Z	.00	
OTAL SUPPLEMENTARY	Add up income amounts and dedu any loss amounts in the ▼ boxe	ct .00 /
ECTION INCOME OR LOSS	Transfer this amount to page 2 at	
eductions		
12 Australian film industry incentives		G .00
13 Deductible amount of undeducted purcha price of a foreign pension or annuity	ase .	Y .00
14 Non-employer sponsored superannuation	n contributions	
Full name of fund	Policy number	
		.0Q
15 Other deductions—not claimable at items		
Description of claim	Election expenses	.00
	Other deductions	J .00
Items D12 to D15—add up the boxe ax offsets Superannuation contributions on behalf of		ge 3 . 00
You must also complete Spouse details—married or d		
The second secon		
·	ontributions paid .00	A .00
Co	intributions paid .00	R .00
Co		
6 Zone or overseas forces		R .00 X .00 B .00
Zone or overseas forces 7 20% tax offset on net medical expenses o		R .00 X .00 B .00
Zone or overseas forces Zone or overseas forces Zow tax offset on net medical expenses o Parent, spouse's parent or invalid relative Landcare and water facility	ver \$1250	R .00 X .00 B .00 M .00 T .00
Zone or overseas forces Zow tax offset on net medical expenses of Parent, spouse's parent or invalid relative Landcare and water facility If you are entitled to a low	ver \$1250 Water facility tax offset claimed Landcare and water facility tax offset	R .00 X .00 B .00 M .00
Zone or overseas forces Zow tax offset on net medical expenses of Parent, spouse's parent or invalid relative Landcare and water facility If you are entitled to a low	Ver \$1250 Water facility tax offset claimed Landcare and water facility tax offset ought forward from earlier income years income tax offset, do not write it	R .00 X .00 B .00 M .00 T .00 C .00
Zone or overseas forces Zow tax offset on net medical expenses of Parent, spouse's parent or invalid relative Landcare and water facility branch for the property of the pro	Water facility tax offset claimed Landcare and water facility tax offset ought forward from earlier income years income tax offset, do not write it The ATO will calculate it for you.	R .00 X .00 B .00 M .00 T .00 C .00 Dixes .00

payer's signature		TFN RN: 10010
siness and professional iter	ns section	
Simplified tax system (STS) el		r the STS? G YES
Complete all 3 labels in this item if you are eligible to enter the STS and are	Are you electing to enter	the STS? H YES
electing to do so. Leave all 3 labels	s your business grouped with another b	business? NO YES
Personal services income (PSI Only complete item P1 if you earned PS Part A Did you have a prescribed payments systhe Commissioner as at 13 April 2000? B NO Read on. Did you satisfy the results test? Print X in P NO Read on. Have you received a personal services be you earned PSI? Print X in the appropriation. C NO Read on. Did you receive 80% or more of your FO NO Read on. If you received less than 80% of your satisfied any of the following personal services.	tem payee declaration that was in force or int X in the appropriate box. YES Go usiness determination(s) that was in force or interest. YES Go usiness determination(s) that was in force or interest. YES Go	o to item P2. o to item P2. orce for the whole of the period o to item P2. oropriate box. o to Part B. the period you earned PSI and you outsiness test(s) you satisfied. Print X in
the appropriate box(es). Refer to the tax	return instructions before you complete	te this question.
Unrelated clients test	Employment test E1 t D1 , E1 or F1 , proceed to P2 below, or	Business premises test
Part B PSI—voluntary agre		Siller wide go to part B.
PSI—where Aus		
Business Number not q	uoted N .00	
PSI—labour I other specified pay		
PSI-	other J .00	
Total amount of deductions for pay to associates for principa	nents 7	
Total amount o deductions again	other 00	
		+ J) less (K + L) A .00 /
		el A to label A item 13 on page 6.
Description of main business	r professional activity	
		Industry code A
Number of business activities		В
Status of your business—print X	in one box only	
		menced business C2
Business name of main busine		
	ABI	 N
Business address of main bus	ness	
Suburb or town	State	D Postcode

Page 10 Individual tax return 2002 RN: 100102 **TFN** Taxpayer's signature P8 Business income and expenses **Totals Primary production** Non-primary production Income Gross payments where Australian Business Number not quoted C D .00 **00**. **00**. Gross payments .00 **00**. 00 -voluntary agreement Gross payments—labour hire or other specified payments **.00** 0 .00 **00**. Assessable government H .00 .00 .00 industry payments **G** J Other business income .00 **00**. 00 Total business income **.00** .00 .00 **Expenses** Opening stock Κ .00 .00 **00**. Purchases and other costs .00 .00 .00 Туре Closing stock М .00 .00 .00 Cost of sales .00 .00 .00 (label **K** + **L** - **M**) Contractor, sub-contractor .00 .00 **.00** and commission expenses Superannuation expenses .00 .00 **00**. Bad debts .00 .00 .00 Lease expenses **00**. .00 **.00** Rent expenses **.00 00**. .00 Interest expenses **00**. **.00** .00 within Australia Interest expenses overseas .00 .00 .00 Depreciation expenses .00 .00 **.00** Type Motor vehicle expenses .00 .00 .00 Repairs and maintenance .00 .00 .00 All other expenses .00 .00 00 Total expenses—add up the Т boxes for each column .00 .00 **00**. Reconciliation items Drought investment allowance .00 **00**. Deduction for environmental .00 .00 .00 protection expenses Section 40-880 deduction .00 **.00** .00 **Business deduction** .00 .00 .00 for project pool Landcare operations and business .00 .00 .00 deduction for decline in value of water facility

Transfer the amounts at labels Y and Z to item 14 on page 6.

ndividual tax return 2002 'axpayer's signature	TFN	RN: 100102
9 Business loss activity details ote: If you incurred a net loss from more than 3 business ac with the highest losses. If you print loss code 8 at labels		n page 7.
Description of activity		
Partnership (P) or sole trader (S) Type of loss F	Deferred non-commercial loss from the prior year	Net loss
Activity 2 Description of activity		
Partnership (P) or sole trader (S) Type of loss M	Deferred non-commercial loss from the prior year	Net loss
Activity 3 Description of activity		
Industry code Partnership (P) or sole trader (S) Type of loss R	Deferred non-commercial loss from the prior year	Net loss
	STS taxpayers only. STS taxpayers are not e a Capital allowances schedule 2002.	
Low cost assets (less than \$1000)	General pool assets (less than 25 years)	Long life pool assets (25 years or more)
STS depreciation deduction A .00	В .00	.00
Other business and professional items		
P11 Trade debtors	E .00	
P12 Trade creditors	F .00	
P13 Total salary and wage expenses	G .OQ /	
P14 Payments to associated persons	H .00	
P15 Intangible depreciatingassets first deducted	.00	
P16 Other depreciating assets first deducted	J .00	
P17 Termination value of intangible depreciating	assets D .00	
P18 Termination value of other depreciating asse	ets K .00	
P19 Trading stock election Print Y for yes or leave blank.	Р	

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Consent to use part or all of your 2002 tax refund to repay your spouse's family tax benefit (FTB) overpayment

You must read the information on family tax benefit in the tax return instructions before completing FTB claimant's details.

Only complete the details below if:

- you were the spouse of an FTB claimant on 30 June 2002 and your income was taken into account in their claim—check with your spouse—AND
- your spouse has given you authority to quote on your tax return their customer reference number (CRN). If your spouse does not know their CRN they can contact the Family Assistance Office AND
- · your spouse expects to have an FTB overpayment for 2002 AND
- · you expect to receive a tax refund for 2002 AND
- · you consent to use part or all of your tax refund to repay your spouse's FTB overpayment.

Note: An FTB overpayment can only be raised after reconciliation has been completed. If an FTB overpayment is raised after your refund has been sent to you the ATO will not be able to use your refund to repay the FTB overpayment.

				_	
Spouse's C	GRN	<u> </u>	1 1 1		
Spouse's s		Female			
Spouse's n Print full name	Surname or family name Given names				
Spouse's d		ay Month Year			
		y 2001–02 tax refund to repa se's permission to quote thei		overpayment of my spo	use, whose details I have
Your signature			Date Day	Month Year	
Taxpayer's	s declaration				
professional I declare that: the informat I understand assessment	items section and other ion provided to my regised the ATO has the right t	completing your tax reters schedules if applicable tered tax agent for the presence or review my tax return and accuracies in income or to lodge this tax return.	e. eparation of this d, for a period of	tax return is true and f up to 6 years, to issu	correct and ue me with a revised
Your signature			Date Day	/ Month Year	
Important	: The tax law impo	ses heavy penalties	for giving fal	se or misleading	information.
not quote your 1997 and the need this infauthorised by Science and National Cri	our TFN. The ATO is auth e A New Tax System (Fa formation to help us to a by law to receive it—for o d Training and the Depar	uote your tax file number norised by the <i>Income Tax</i> amily Assistance) (Adminidentification of the taxation law example, benefit payment the taxation from agencies such as the Chi	Assessment Act 199 stration) Act 199 s. We may give agencies such a munity Services	et 1936 and the Income 99 to ask for information this information to oth as Centrelink, the Dep ; law enforcement age	ne Tax Assessment Act on on this tax return. We her government agencies partment of Education, encies such as the
Tax agent	's certificate				
		epared in accordance with in			
to lodge the ta	x return.	·			
Agent's signate	ure	Date Day Month	Year Cli	ent's reference	
Contact name		Agent's telephone	number elephone number		Agent's reference number