

## Individual tax return

1 July 2016 to 30 June 2017

2017

## Your tax file number (TFN)

See the **Privacy** note in the **Taxpayer's declaration** on page 15 of this return.Are you an Australian resident?  Print **Y** for yes or **N** for no.Have you included any attachments?  Print **Y** for yes or **N** for no.

## Your name

Title – for example,  
Mr, Mrs, Ms, Miss

Surname or family name

Given names

Has any part of your name changed since completing your last tax return?

 Print **Y** for yes or **N** for no.To find out how to update your name on our records, go to [ato.gov.au/updatedetails](http://ato.gov.au/updatedetails) or phone **13 28 61**.

## Your postal address

Has your postal address changed since completing your last tax return?

 Print **Y** for yes or **N** for no.

Suburb or town	State	Postcode
Country – if not Australia		

## Your home address

If the same as your current postal address, print **AS ABOVE**.

Suburb or town	State	Postcode
Country – if not Australia		

## Your mobile phone number

## Your daytime phone number

(if different from your mobile phone number above)

Area code Phone number 

## Your email address

Your contact details may be used by the ATO:

- to advise you of tax return lodgment options
- to correspond with you with regards to your taxation and superannuation affairs
- to issue notices to you, or
- to conduct research and marketing.

## Your date of birth

If you were under 18 years of age on 30 June 2017 you must complete item **A1** on page 5 of this tax return.

Day	Month	Year
-----	-------	------

## Final tax return

If you know this is your final tax return, print **FINAL**.

## 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.

BSB number (must be six digits) Account number 

Account name (for example, JQ Citizen. Do not show the account type, such as cheque, savings, mortgage offset)

Taxpayer/entity name:

**Income****1 Salary or wages**

Your main salary and wage occupation

Occupation code

**X**

Payer's Australian business number

Tax withheld  
(do not show cents)Income  
(do not show cents)

TYPE

TYPE

TYPE

TYPE

TYPE

TYPE

**2 Allowances, earnings, tips, director's fees etc****3 Employer lump sum payments**Amount A in lump  
sum payments box

TYPE

5% of amount B in  
lump sum payments box**4 Employment termination payments (ETP)**

Date of payment

Taxable component

CODE

Payer's  
ABN**5 Australian Government allowances and payments like  
newstart, youth allowance and austry payment****6 Australian Government pensions and allowances**You must complete item **T1** in **Tax offsets** on page 4.**7 Australian annuities and superannuation income streams**

Taxable component

Taxed element

Untaxed element

Lump sum in arrears – taxable component

Taxed element

Untaxed element

**8 Australian superannuation lump sum payments**

TYPE

Date of payment

Taxable component

Taxed element

Untaxed element

Payer's  
ABN**9 Attributed personal services income****Total tax withheld**Add up the  boxes.

\$

Taxpayer/entity name:

RN

TFN

**10 Gross interest**

Tax file number amounts withheld from gross interest

**M**

Gross interest

**L**

-00

**11 Dividends**

Unfranked amount

**S**

-00

Franked amount

**T**

-00

Tax file number amounts withheld from dividends

**V**

Franking credit

**U**

-00

**12 Employee share schemes**

Discount from taxed upfront schemes – eligible for reduction

**D**

-00

Discount from taxed upfront schemes – not eligible for reduction

**E**

-00

Discount from deferral schemes

**F**

-00

Discount on ESS Interests acquired pre 1 July 2009 and 'cessation time' occurred during financial year

**G**

-00

Total Assessable discount amount

**B**

-00

TFN amounts withheld from discounts

**C**

Foreign source discounts

**A**

-00

**I Only used by taxpayers completing the supplementary section**

Transfer the amount from **TOTAL SUPPLEMENT INCOME OR LOSS** on page 10 and write it here.

-00

LOSS

**TOTAL INCOME OR LOSS**

Add up the income amounts and deduct any loss amount in the boxes.

-00

LOSS

**Deductions**

**D1 Work related car expenses**

**A**

-00

CLAIM

TYPE

**D2 Work related travel expenses**

**B**

-00

**D3 Work related uniform, occupation specific or protective clothing, laundry and dry cleaning expenses**

**C**

-00

CLAIM

TYPE

**D4 Work related self-education expenses**

**D**

-00

CLAIM

TYPE

**D5 Other work related expenses**

**E**

-00

**D6 Low value pool deduction**

**K**

-00

**D7 Interest deductions**

**I**

-00

**D8 Dividend deductions**

**H**

-00

**D9 Gifts or donations**

**J**

-00

**D10 Cost of managing tax affairs**

**M**

-00

**D Only used by taxpayers completing the supplementary section**

Transfer the amount from **TOTAL SUPPLEMENT DEDUCTIONS** on page 11 and write it here.

-00

**TOTAL DEDUCTIONS**

Items **D1** to **D** – add up the boxes.

-00

**SUBTOTAL**

**TOTAL INCOME OR LOSS less TOTAL DEDUCTIONS**

-00

LOSS

**Losses**

**L1 Tax losses of earlier income years**

Primary production losses carried forward from earlier income years

**Q**

-00

Primary production losses claimed this income year

**F**

-00

Non-primary production losses carried forward from earlier income years

**R**

-00

Non-primary production losses claimed this income year

**Z**

-00

**TAXABLE INCOME OR LOSS**

Subtract amounts at **F** and **Z** item **L1** from amount at **SUBTOTAL**.

**\$**

-00

LOSS

Taxpayer/entity name:

RN

TFN

### Tax offsets

#### T1 Seniors and pensioners (includes self-funded retirees)

If you had a spouse during 2016–17 you must also complete **Spouse details – married or de facto** on page 7.

TAX OFFSET CODE  N

VETERAN CODE  Y

#### T2 Australian superannuation income stream

S  .00

#### T 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

Items T2 and T – add up the boxes.

U  .00

### Medicare levy related items

#### M1 Medicare levy reduction or exemption

If you complete this item and you had a spouse during 2016–17 you must also complete **Spouse details – married or de facto** on page 7.

#### Reduction based on family income

Number of dependent children and students

Y

#### Exemption categories

Full 2.0% levy exemption – number of days

V CLAIM TYPE

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 2016 to 30 June 2017, were **you** and **all** your dependants (including your spouse) – if you had any – covered by private patient HOSPITAL cover?

E Print Y for yes or N for no.

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 2016 to 30 June 2017 you **must** write **0** at **A**.

If you are liable for the surcharge for part of the period 1 July 2016 to 30 June 2017 you **must** write the number of days you were **NOT** liable at **A**.

Number of days **NOT** liable for surcharge

A

If you are **NOT** liable for the surcharge for the whole period 1 July 2016 to 30 June 2017 you **must** write **365** at **A**.

If you had a spouse during 2016–17 (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 2016–17 you **must** complete **Private health insurance policy details** on the next page.

Taxpayer/entity name:

RN

TFN

### Private health insurance policy details

You must read **Private health insurance policy details** in the instructions before completing this item.  
Fill all the labels below unless directed in the instructions.

Health insurer ID	<b>B</b> <input type="text"/>	Membership number	<b>C</b> <input type="text"/>
Your premiums eligible for Australian Government rebate	<b>J</b> <input type="text"/> -00	Your Australian Government rebate received	<b>K</b> <input type="text"/> -00
Benefit code	<b>L</b> <input type="text"/>	Tax claim code. Read the instructions.	<b>K</b> <input type="text"/> CODE

Health insurer ID	<b>B</b> <input type="text"/>	Membership number	<b>C</b> <input type="text"/>
Your premiums eligible for Australian Government rebate	<b>J</b> <input type="text"/> -00	Your Australian Government rebate received	<b>K</b> <input type="text"/> -00
Benefit code	<b>L</b> <input type="text"/>	Tax claim code. Read the instructions.	<b>K</b> <input type="text"/> CODE

Health insurer ID	<b>B</b> <input type="text"/>	Membership number	<b>C</b> <input type="text"/>
Your premiums eligible for Australian Government rebate	<b>J</b> <input type="text"/> -00	Your Australian Government rebate received	<b>K</b> <input type="text"/> -00
Benefit code	<b>L</b> <input type="text"/>	Tax claim code. Read the instructions.	<b>K</b> <input type="text"/> CODE

Health insurer ID	<b>B</b> <input type="text"/>	Membership number	<b>C</b> <input type="text"/>
Your premiums eligible for Australian Government rebate	<b>J</b> <input type="text"/> -00	Your Australian Government rebate received	<b>K</b> <input type="text"/> -00
Benefit code	<b>L</b> <input type="text"/>	Tax claim code. Read the instructions.	<b>K</b> <input type="text"/> CODE

### Adjustments

#### A1 Under 18

If you were under 18 years of age on 30 June 2017 you must complete this item or you may be taxed at a higher rate. Read the information on **A1** in the instructions for more information.

<b>J</b> <input type="text"/> -00	<input type="text"/> TYPE
-----------------------------------	---------------------------

#### A2 Part-year tax-free threshold

Read the information on **A2** in the instructions before completing this item.

Date	<input type="text"/> Day <input type="text"/> Month <input type="text"/> Year	Months eligible for threshold	<b>N</b> <input type="text"/>
------	---	-------------------------------	-------------------------------

#### A3 Government super contributions

Read the information on **A3** in the instructions before completing this item.

Income from investment, partnership and other sources	<b>F</b> <input type="text"/> -00	<input type="text"/> CODE
Other income from employment and business	<b>G</b> <input type="text"/> -00	<input type="text"/> LOSS
Other deductions from business income	<b>H</b> <input type="text"/> -00	

#### A4 Working holiday maker net income

<b>D</b> <input type="text"/> -00
-----------------------------------

Taxpayer/entity name:

RN

TFN

## Income tests

You must complete this section.

If you had a spouse during 2016–17 you must also complete **Spouse details – married or de facto** on page 7.

If the amount is zero, write 0.

### IT1 Total reportable fringe benefits amounts

Employers exempt from FBT under section 57A of the FBTA 1986

**N**

Employers not exempt from FBT under section 57A of the FBTA 1986

**W**

### IT2 Reportable employer superannuation contributions

**T**

### IT3 Tax-free government pensions

**U**

### IT4 Target foreign income

**V**

### IT5 Net financial investment loss

**X**

### IT6 Net rental property loss

**Y**

### IT7 Child support you paid

**Z**

### IT8 Number of dependent children

**D**

Taxpayer/entity name:

**Spouse details – married or de facto**If you had a spouse during 2016–17, 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 2016–17 print the name of your spouse on 30 June 2017 or your last spouse.

Surname or family name First given name Other given names **Your spouse's date of birth**

<b>K</b>	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 2016 to 30 June 2017?

<b>L</b>	No	Yes
----------	----	-----

If you did not have a spouse for the full year, write the dates you had a spouse between 1 July 2016 and 30 June 2017.

**From**

<b>M</b>	Day	Month	Year
----------	-----	-------	------

**to**

<b>N</b>	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 0.

Your spouse's 2016–17 taxable income **O**  -00Your 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 **T**  -00Distributions 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 **U**  -00**Your spouse's total reportable fringe benefits amounts**Employers exempt from FBT under section 57A of the FBTAA 1986 **R**  -00Employers not exempt from FBT under section 57A of the FBTAA 1986 **S**  -00Amount of Australian Government pensions and allowances (see **Q6 Australian Government pensions and allowances** in the instructions) that your spouse received in 2016–17 (exclude **exempt pension** income) **P**  -00Amount of exempt pension income (see **Spouse details – married or de facto** in the instructions) that your spouse received in 2016–17. Do not include any amount paid under the *Military Rehabilitation and Compensation Act 2004* **Q**  -00Amount of your spouse's reportable superannuation contributions (which is the total of reportable employer superannuation contributions and deductible personal superannuation contributions) **A**  -00Other specified exempt payments (see **Spouse details – married or de facto** in the instructions) that your spouse received **B**  -00Your spouse's target foreign income **C**  -00Your spouse's total net investment loss (total of net financial investment loss and net rental property loss) **D**  -00Child support your spouse paid **E**  -00Your spouse's taxed element of a superannuation lump sum for which the tax rate is zero (see **M2 Medicare levy surcharge** in the instructions) **F**  -00**Sensitive** (when completed)

Taxpayer/entity name:

RN

TFN

## 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 **N**  /

Share of net income from trusts **L**  /

Landcare operations and deduction for decline in value of water facility, fencing asset and fodder storage asset **I**

Other deductions relating to amounts shown at **N** and **L** **X**  /  TYPE

**Note:** If you have a net loss from a partnership business activity, complete items **P3** and **P9** in the **Business and professional items** section of this tax return in addition to item 13.

Net primary production amount  /  LOSS

#### Non-primary production

Distribution from partnerships less foreign income **O**  /

Share of net income from trusts less capital gains, foreign income and franked distributions **U**  /

Franked distributions from trusts **C**

Landcare operations expenses **J**

Other deductions relating to amounts shown at **O**, **U** and **C** **Y**  /  TYPE

Show amounts of:  
Capital gains from trusts at item **18** on page 9 and Foreign income at item **19** or **20** on page 9-10.

Net non-primary production amount  /  LOSS

Partnership share of net small business income less deductions attributable to that share **D**

Trust share of net small business income less deductions attributable to that share **E**

#### Share of credits from income and tax offsets

Share of credit for tax withheld where Australian business number not quoted **P**

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 **M**

Share of credit for tax paid by trustee **S**

Share of credit for foreign resident withholding amounts (excluding capital gains) **A**

Share of National rental affordability scheme tax offset **B**

Show amounts of:  
Credit for foreign resident capital gains withholding from trusts at item **18**.

### 14 Personal services income (PSI)

Tax withheld – voluntary agreement **G**

Tax withheld where Australian business number not quoted **H**

Tax withheld – labour hire or other specified payments **J**

Net PSI – transferred from **A** item **P1** on page 12 **A**  /  LOSS



Taxpayer/entity name:

RN

TFN

15 Net income or loss from business

Primary production – transferred from Y item P8 on page 13 B / .00 LOSS

Non-primary production – transferred from Z item P8 on page 13 C / .00 LOSS

If you show a loss at B or C you must complete item P9 on page 14.

Net small business income A / .00

Tax withheld – voluntary agreement D / .00

Tax withheld where Australian business number not quoted W /

Tax withheld – foreign resident withholding (excluding capital gains) E /

Tax withheld – labour hire or other specified payments F / .00

16 Deferred non-commercial business losses

Item P9 on page 14 must be completed before you complete this item.

Your share of deferred losses from partnership activities F / .00

Deferred losses from sole trader activities G / .00

Primary production deferred losses I / .00

Non-primary production deferred losses J / .00

17 Net farm management deposits or repayments

Deductible deposits D / .00

Early repayments – natural disaster and drought N / .00

Other repayments R / .00

Net farm management deposits or repayments E / .00 LOSS

18 Capital gains

Did you have a capital gains tax event during the year? G / Print Y for yes or N for no. You must print Y at G if you had an amount of a capital gain from a trust.

Have you applied an exemption or rollover? M / CODE / Print Y for yes or N for no.

Net capital gain A / .00

Total current year capital gains H / .00

Net capital losses carried forward to later income years V / .00

Credit for foreign resident capital gains withholding amounts X /

19 Foreign entities

Did you have either a direct or indirect interest in a controlled foreign company (CFC)? I / Print Y for yes or N for no.

CFC income K / .00

Have you ever, either directly or indirectly, caused the transfer of property – including money – or services to a non-resident trust estate? W / Print Y for yes or N for no.

Transferor trust income B / .00

Taxpayer/entity name:

RN

TFN

20 Foreign source income and foreign assets or property

Assessable foreign source income E [ ] -00

Other net foreign employment income T [ ] -00 LOSS

Net foreign pension or annuity income WITHOUT an undeducted purchase price L [ ] -00 LOSS

Net foreign pension or annuity income WITH an undeducted purchase price D [ ] -00 LOSS

Net foreign rent R [ ] -00 LOSS

Other net foreign source income M [ ] -00 LOSS

Australian franking credits from a New Zealand franking company F [ ] -00

Also include at F Australian franking credits from a New Zealand franking company that you have received indirectly through a partnership or trust.

Net foreign employment income - payment summary U [ ] -00 LOSS

Exempt foreign employment income N [ ] -00

Foreign income tax offset O [ ]

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? P [ ] Print Y for yes or N for no.

21 Rent

Gross rent P [ ] -00

Interest deductions Q [ ] -00

Capital works deductions F [ ] -00

Other rental deductions U [ ] -00

Net rent P less ( Q + F + U ) [ ] -00 LOSS

22 Bonuses from life insurance companies and friendly societies

W [ ] -00

23 Forestry managed investment scheme income

A [ ] -00

24 Other income

Type of income Category 1 [ ] Y [ ] -00

Type of income Category 2 [ ] V [ ] -00

Tax withheld - lump sum payments in arrears E [ ] -00

Taxable professional income Z [ ] -00

TOTAL SUPPLEMENT INCOME OR LOSS

Items 13 to 24 - add up the boxes for income amounts and deduct any loss amounts in the boxes. [ ] -00 LOSS

Transfer this amount to I on page 3.

Taxpayer/entity name:

RN

TFN

### Deductions

**D11 Deductible amount of undeducted purchase price of a foreign pension or annuity** **Y**  -00

### D12 Personal superannuation contributions

Full name of fund

Account number

**H**  -00

Fund Australian business number

Fund tax file number

**D13 Deduction for project pool** **D**  -00

**D14 Forestry managed investment scheme deduction** **F**  -00

### D15 Other deductions – not claimable at items D1 to D14

Description of claim

Election expenses

**E**  -00

Other deductions

**J**  -00

### TOTAL SUPPLEMENT DEDUCTIONS

Items **D11** to **D15** – add up the **I** boxes and transfer this amount to **D** on page 3.

-00

### Tax offsets

#### T3 Superannuation contributions on behalf of your spouse

You must also complete **Spouse details – married or de facto** on page 7.

Contributions paid

 -00

**A**  -00

**T4 Zone or overseas forces** **R**  -00

**T5 Total net medical expenses for disability aids, attendant care or aged care** **X**  -00

**T6 Invalid and invalid carer** **B**  -00

**T7 Landcare and water facility** Landcare and water facility tax offset brought forward from earlier income years

**T**  -00

**T8 Early stage venture capital limited partnership** **K**  -00

**T9 Early stage investor** **L**  -00

#### T10 Other non-refundable tax offsets

If you are entitled to a low-income tax offset, do not write it anywhere on your tax return. The ATO will calculate it for you.

**C**  -00

CLAIM TYPE

**T11 Other refundable tax offsets** **P**  -00

CODE

### TOTAL SUPPLEMENT TAX OFFSETS

Items **T3**, **T4**, **T6**, **T7**, **T8**, **T9**, **T10** and **T11** – add up the **N** boxes.

-00

Transfer this amount to **T** on page 4. ←

### Adjustment

#### A5 Amount on which family trust distribution tax has been paid

Read the information on **A5** in the supplement instructions before completing this item.

**X**  -00

### Credit for interest on tax paid

#### C1 Credit for interest on early payments – amount of interest

**L**

Taxpayer/entity name:

RN

TFN

## Business and professional items section

### P1 Personal services income (PSI)

Print **X** in the appropriate box.

Did you receive any personal services income?

**YES**  Read on. **NO**  Go to item **P2**.

#### Part A

Did you satisfy the results test?

**P** **NO**  Read on. **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?

**C** **NO**  Read on. **YES**  Go to item **P2**.

Did you receive 80% or more of your PSI from one source?

**Q** **NO**  Read on. **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 2017* before you complete this item.

Unrelated clients test **D1**

Employment test **E1**

Business premises test **F1**

If you printed **X** at **D1**, **E1** or **F1**, go to item **P2** below; otherwise go to part B.

#### Part B

Do not show amounts at part B that were subject to foreign resident withholding. Show these at item **P8**.

PSI – voluntary agreement **M**  **.00**

PSI – where Australian business number not quoted **N**  **.00**

PSI – labour hire or other specified payments **O**  **.00**

PSI – other **J**  **.00**

Deductions for payments to associates for principal work **K**  **.00**

Total amount of other deductions against PSI **L**  **.00**

**Net PSI** ( **M** + **N** + **O** + **J** ) less ( **K** + **L** ) **A**  **.00** /

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**.

### P2 Description of main business or professional activity

Industry code **A**

### P3 Number of business activities

**B**

### P4 Status of your business – print **X** in one box only.

Ceased business **C1**

Commenced business **C2**

### P5 Business name of main business and Australian business number (ABN)

ABN

### P6 Business address of main business

Suburb or town

State

**D**

Postcode

### P7 Did you sell any goods or services using the internet?

**Q**  Print **Y** for yes or **N** for no.

Taxpayer/entity name:

RN

TFN

**P8 Business income and expenses**  
**Income**

	Primary production	Non-primary production	Totals
Gross payments where Australian business number not quoted	<b>C</b> <input type="text" value="-00"/>	<b>D</b> <input type="text" value="-00"/>	<input type="text" value="-00"/>
Gross payments subject to foreign resident withholding (excluding capital gains)		<b>B</b> <input type="text" value="-00"/>	<input type="text" value="-00"/>
Gross payments – voluntary agreement	<b>E</b> <input type="text" value="-00"/>	<b>F</b> <input type="text" value="-00"/>	<input type="text" value="-00"/>
Gross payments – labour hire or other specified payments	<b>N</b> <input type="text" value="-00"/>	<b>O</b> <input type="text" value="-00"/>	<input type="text" value="-00"/>
Assessable government industry payments	<b>G</b> <input type="text" value="-00"/> / <input type="text"/>	<b>H</b> <input type="text" value="-00"/> / <input type="text"/>	<input type="text" value="-00"/>
Other business income	<b>I</b> <input type="text" value="-00"/> / <input type="text"/>	<b>J</b> <input type="text" value="-00"/> / <input type="text"/>	<input type="text" value="-00"/> / <input type="text"/>
<b>Total business income</b>	<input type="text" value="-00"/> / <input type="text"/>	<input type="text" value="-00"/> / <input type="text"/>	<input type="text" value="-00"/> / <input type="text"/>

Expenses	Primary production	Non-primary production	Totals
Opening stock	<input type="text" value="-00"/>	<input type="text" value="-00"/>	<b>K</b> <input type="text" value="-00"/>
Purchases and other costs	<input type="text" value="-00"/>	<input type="text" value="-00"/>	<b>L</b> <input type="text" value="-00"/>
Closing stock	<input type="text" value="-00"/>	<input type="text" value="-00"/>	<b>M</b> <input type="text" value="-00"/> / <input type="text"/>
Cost of sales ( <b>K</b> + <b>L</b> – <b>M</b> )	<input type="text" value="-00"/> / <input type="text"/>	<input type="text" value="-00"/> / <input type="text"/>	<input type="text" value="-00"/> / <input type="text"/>
Foreign resident withholding expenses (excluding capital gains)		<input type="text" value="-00"/>	<b>U</b> <input type="text" value="-00"/>
Contractor, subcontractor and commission expenses	<input type="text" value="-00"/>	<input type="text" value="-00"/>	<b>F</b> <input type="text" value="-00"/>
Superannuation expenses	<input type="text" value="-00"/>	<input type="text" value="-00"/>	<b>G</b> <input type="text" value="-00"/>
Bad debts	<input type="text" value="-00"/>	<input type="text" value="-00"/>	<b>I</b> <input type="text" value="-00"/>
Lease expenses	<input type="text" value="-00"/>	<input type="text" value="-00"/>	<b>J</b> <input type="text" value="-00"/>
Rent expenses	<input type="text" value="-00"/>	<input type="text" value="-00"/>	<b>K</b> <input type="text" value="-00"/>
Interest expenses within Australia	<input type="text" value="-00"/>	<input type="text" value="-00"/>	<b>Q</b> <input type="text" value="-00"/>
Interest expenses overseas	<input type="text" value="-00"/>	<input type="text" value="-00"/>	<b>R</b> <input type="text" value="-00"/>
Depreciation expenses	<input type="text" value="-00"/>	<input type="text" value="-00"/>	<b>M</b> <input type="text" value="-00"/>
Motor vehicle expenses	<input type="text" value="-00"/>	<input type="text" value="-00"/>	<b>N</b> <input type="text" value="-00"/> / <input type="text"/>
Repairs and maintenance	<input type="text" value="-00"/>	<input type="text" value="-00"/>	<b>O</b> <input type="text" value="-00"/>
All other expenses	<input type="text" value="-00"/>	<input type="text" value="-00"/>	<b>P</b> <input type="text" value="-00"/>
<b>Total expenses</b> Add up the <input type="text"/> boxes for each column.	<b>S</b> <input type="text" value="-00"/> / <input type="text"/>	<b>T</b> <input type="text" value="-00"/> / <input type="text"/>	<input type="text" value="-00"/> / <input type="text"/>

Reconciliation items	Primary production	Non-primary production	Totals
Section 40-880 deduction	<input type="text" value="-00"/>	<input type="text" value="-00"/>	<b>A</b> <input type="text" value="-00"/>
Business deduction for project pool	<input type="text" value="-00"/>	<input type="text" value="-00"/>	<b>L</b> <input type="text" value="-00"/>
Landcare operations and business deduction for decline in value of water facility, fencing asset and fodder storage asset	<input type="text" value="-00"/>	<input type="text" value="-00"/>	<b>W</b> <input type="text" value="-00"/>
Income reconciliation adjustments	<input type="text" value="-00"/> / <input type="text"/>	<input type="text" value="-00"/> / <input type="text"/>	<b>X</b> <input type="text" value="-00"/> / <input type="text"/>
Expense reconciliation adjustments	<input type="text" value="-00"/> / <input type="text"/>	<input type="text" value="-00"/> / <input type="text"/>	<b>H</b> <input type="text" value="-00"/> / <input type="text"/>

<b>Net income or loss from business this year</b>	<b>B</b> <input type="text" value="-00"/> / <input type="text"/>	<b>C</b> <input type="text" value="-00"/> / <input type="text"/>	<input type="text" value="-00"/> / <input type="text"/>
Deferred non-commercial business losses from a prior year	<b>D</b> <input type="text" value="-00"/>	<b>E</b> <input type="text" value="-00"/>	<input type="text" value="-00"/>
<b>Net income or loss from business</b>	<b>Y</b> <input type="text" value="-00"/> / <input type="text"/>	<b>Z</b> <input type="text" value="-00"/> / <input type="text"/>	<input type="text" value="-00"/> / <input type="text"/>

Transfer the amounts at **Y** and **Z** to item 15 on page 9.

Taxpayer/entity name:

**P9 Business loss activity details**

Show details of up to three business activities in which you made a net loss this year. List them in order of size of loss – greatest first. If you print loss code **8** at **G**, **M** or **S** you must also complete item **16** on page 9.

**Activity 1** Description of activity **D**

Industry code **E**  Partnership (P) or sole trader (S) **F**

Type of loss **G**  Reference for code 5 **C**  Code **Y**  Year **A**  Number

Deferred non-commercial business loss from a prior year **H**  **-00** Net loss **I**  **-00**

**Activity 2** Description of activity **J**

Industry code **K**  Partnership (P) or sole trader (S) **L**

Type of loss **M**  Reference for code 5 **C**  Code **Y**  Year **A**  Number

Deferred non-commercial business loss from a prior year **N**  **-00** Net loss **O**  **-00**

**Activity 3** Description of activity **P**

Industry code **Q**  Partnership (P) or sole trader (S) **R**

Type of loss **S**  Reference for code 5 **C**  Code **Y**  Year **A**  Number

Deferred non-commercial business loss from a prior year **T**  **-00** Net loss **U**  **-00**

**P10 Small business entity simplified depreciation**

Deduction for certain assets **A**  **-00** Deduction for general small business pool **B**  **-00**

**Other business and professional items**

**P11 Trade debtors** **E**  **-00**

**P12 Trade creditors** **F**  **-00**

**P13 Total salary and wage expenses** **G**  **-00** /  TYPE

**P14 Payments to associated persons** **H**  **-00**

**P15 Intangible depreciating assets first deducted** **I**  **-00**

**P16 Other depreciating assets first deducted** **J**  **-00**

**P17 Termination value of intangible depreciating assets** **D**  **-00**

**P18 Termination value of other depreciating assets** **K**  **-00**

**P19 Trading stock election** **P**

Print **Y** for yes or **leave blank**.

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

**S**

Taxpayer/entity name:

RN

TFN

## Family Assistance consent

Complete this section only if you consent to use part or all of your 2017 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 benefit claimant on 30 June 2017 and
- your spouse has given you authority to quote their customer reference number (CRN) on your tax return – if your spouse does not know their CRN they can contact the Department of Human Services and
- your spouse has a Family Assistance debt or expects to have a Family Assistance debt for 2017 and
- you expect to receive a tax refund for 2017 and
- you consent to use part or all of your tax refund to repay your spouse's Family Assistance debt.

Spouse's CRN

Z

**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 2017 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 signature

Date

Day Month Year

## 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 signature

Date

Day Month Year

**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](http://ato.gov.au/privacy)

## 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

Date

Client's reference

Contact name

Agent's telephone number

Area code

Agent's reference number