

2017**Trust tax return**

Day	Month	Year	to	Day	Month	Year

or specify period if part year or approved substitute period.

! Notes to help you prepare this tax return are provided in the *Trust tax return instructions 2017* (the instructions), available on our website ato.gov.au

Trust information

Tax file number (TFN)

See the Privacy note in the Taxpayer's declaration.

Have you attached any 'other attachments'? Yes No

Name of trust

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 lodged.

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.

Suburb/town

State/territory

Postcode

Country if outside Australia

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 return lodged.

Suburb/town

State/territory

Postcode

Country if outside Australia

Taxpayer/entity name:

RN

TFN

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

Surname or family name

First given name

Other given names

If the trustee is a company, print details here including ABN.

Name

ABN

Daytime contact phone number

Phone number (include area code)

Family trust election status

If the trustee has made, or is making, a family trust election, write the four-digit **income year specified** of the election (for example, for the 2016–17 income year write 2017).

If revoking or varying a family trust election, print **R** for revoke or print **V** for variation and complete and attach the *Family trust election, revocation or variation 2017*.

Interposed entity election status

If the trustee has an existing election, write the earliest income year specified. If the trustee is making one or more elections this year, write the earliest income year being specified and complete an *Interposed entity election or revocation 2017* for each election.

If revoking an interposed entity election, print **R** and complete and attach the *Interposed entity election or revocation 2017*.

Type of trust

Print the code representing the **type** of trust.

Print **X** if also a charity

If code **D**, write the date of death.

Day

Month

Year

Managed investment trusts

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

Account name

1 Description of main business activity

Industry code **A**

2 Status of business – print X at label B1, B2 or B3, whichever is the first applicable option, or leave blank.

Multiple business **B1** Ceased business **B2** Commenced business **B3**

Consolidation status – print X at label **Z2** if applicable Consolidated subsidiary member **Z2**

Entity status – print X at label **G1** if applicable Significant global entity **G1**

4 Did you sell any goods or services using the internet? **Q** Yes No

Taxpayer/entity name:

Trust TFN

Income excluding foreign income

5 Business income and expenses

WHOLE DOLLARS ONLY

Income	Primary production	Non-primary production	Totals
Gross payments where ABN not quoted C	<input type="text"/>	D <input type="text"/>	<input type="text"/>
Gross payments subject to foreign resident withholding (excluding capital gains) B		<input type="text"/>	<input type="text"/>
Assessable government industry payments E	<input type="text"/> / <input type="text"/> <small>CODE</small>	F <input type="text"/> / <input type="text"/> <small>CODE</small>	<input type="text"/>
Other business income G	<input type="text"/> / <input type="text"/>	H <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>
Total business income	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>

Expenses

Foreign resident withholding expenses (excluding capital gains)		<input type="text"/>	P <input type="text"/>
Contractor, sub-contractor and commission expenses	<input type="text"/>	<input type="text"/>	C <input type="text"/>
Superannuation expenses	<input type="text"/>	<input type="text"/>	D <input type="text"/>
Cost of sales	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>	E <input type="text"/> / <input type="text"/>
Bad debts	<input type="text"/>	<input type="text"/>	F <input type="text"/>
Lease expenses	<input type="text"/>	<input type="text"/>	G <input type="text"/>
Rent expenses	<input type="text"/>	<input type="text"/>	H <input type="text"/>
Total interest expenses	<input type="text"/>	<input type="text"/>	I <input type="text"/>
Total royalty expenses	<input type="text"/>	<input type="text"/>	J <input type="text"/>
Depreciation expenses	<input type="text"/>	<input type="text"/>	K <input type="text"/>
Motor vehicle expenses	<input type="text"/>	<input type="text"/>	L <input type="text"/>
Repairs and maintenance	<input type="text"/>	<input type="text"/>	M <input type="text"/>
All other expenses	<input type="text"/>	<input type="text"/>	N <input type="text"/>
Total expenses – labels P to N	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>	O <input type="text"/> / <input type="text"/>

Reconciliation items

Add: Income reconciliation adjustments	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>	A <input type="text"/> / <input type="text"/>
Add: Expense reconciliation adjustments	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>	B <input type="text"/> / <input type="text"/>
Net income or loss from business	Q <input type="text"/> / <input type="text"/>	R <input type="text"/> / <input type="text"/>	S <input type="text"/> / <input type="text"/>

Net small business income **V** -00

6 Tax withheld

Tax withheld where ABN not quoted	T <input type="text"/> -00
Credit for tax withheld – foreign resident withholding (excluding capital gains)	U <input type="text"/> -00

Taxpayer/entity name:

RN

TFN

**7 Credit for interest on early payments
– amount of interest**

W

8 Partnerships and trusts

Primary production

Distribution from partnerships **A** -00 /

Share of net income from trusts **Z** -00 /

Deductions relating to amounts shown at **A** and **Z** **S** -00

Net primary production amount -00 /

Non-primary production

Distribution from partnerships, less foreign income **B** -00 /

Share of net income from trusts, less capital gains, foreign income and franked distributions **R** -00 /

Deductions relating to amounts shown at **B** and **R** **T** -00

Franked distributions from trusts **F** -00

Deductions relating to franked distributions from trusts in label **F** **G** -00

Net non-primary production amount -00 /

Capital gains from another trust and net foreign capital gains need to be included at item 21.
Amounts of foreign income must be included at item 22 or 23.

Share of credits from income

Share of credit for tax withheld where ABN not quoted **C** -00

Share of franking credits from franked distributions **D**

Share of credit for TFN amounts withheld from interest, dividends and unit trust distributions **E**

Credit for TFN amounts withheld from payments from closely held trusts **O**

Share of credit for tax withheld – foreign resident withholding (excluding capital gains) **U** -00

9 Rent

Gross rent **F** -00

Interest deductions **G** -00

Capital works deductions **X** -00

Other rental deductions **H** -00

Net rent -00 /

10 Forestry managed investment scheme income

Q -00

11 Gross interest – including Australian Government loan interest

J -00

TFN amounts withheld from gross interest **I**

12 Dividends

Unfranked amount **K** -00

Franked amount **L** -00

Franking credit **M** -00

TFN amounts withheld from dividends **N**

Sensitive (when completed)

Taxpayer/entity name:

Trust TFN

13 Superannuation lump sums and employment termination payments

Death benefit superannuation lump sum where the beneficiary is a non-dependant

Taxed element **V** -00

Untaxed element **W** -00

Death benefit employment termination payment where the beneficiary is a dependant

Taxable component **X** -00

Death benefit employment termination payment where the beneficiary is a non-dependant

Taxable component **Y** -00

14 Other Australian income – give details

Type of income Excepted net income -00

O -00 /

15 Total of items 5 to 14

Add the boxes. -00 /

Deductions

16 Deductions relating to:

Australian investment income **P** -00

Franked distributions **R** -00

Deductions relating to franked distributions should **not** include deductions included at **G** item **8**.

17 Forestry managed investment scheme deduction

D -00

18 Other deductions – show only deductions not claimable at any other item

Name of each item of deduction

Amount

-00

-00 **Q** -00

19 Total of items 16 to 18

-00

20 Net Australian income or loss – other than capital gains

Subtract item 19 from item 15. **\$** -00 /

21 Capital gains

Do you need to complete a *Capital gains tax (CGT) schedule 2017?*

Did you have a CGT event during the year?

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** -00

Credit for foreign resident capital gains withholding amounts

B

Taxpayer/entity name:

RN

TFN

Foreign 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?

S Yes No

Listed country **M** -00

Unlisted country **X** -00

If you answered **Yes** at label **S**, complete and attach an *International dealings schedule 2017*. Do you need to complete a *Losses schedule 2017*?

23 Other assessable foreign source income

– other than income shown at item 22

Gross **B** -00 Net **V** -00 /

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** -00

24 Total of items 20 to 23

Add the boxes -00 /

25 Tax losses deducted

C -00

26 Total net income or loss

Subtract item 25 from item 24. -00 /

27 Losses information

A *Losses schedule 2017* 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.

Tax losses carried forward to later income years **U** -00

Net capital losses carried forward to later income years **V** -00

28 Landcare and water facility tax offset

Landcare and water facility tax offset brought forward from prior years **G** -00

Overseas transactions / thin capitalisation

29 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** -00

Royalty expenses overseas **E** -00

If you answered **Yes** at label **W** or **O** or completed **D** or **E**, complete and attach the *International dealings schedule 2017*.

Was any beneficiary who was not a resident of Australia at any time during the income year, 'presently entitled' to a share of the income of the trust? **A** Yes No

If you answered **Yes** at label **A**, attach the information requested in the instructions.

Taxpayer/entity name:

Trust TFN

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?

C Yes No

30 Personal services income

Does your income include an individual's personal services income (PSI)? **N** Yes No

Total amount of PSI included at item 5 income labels **A** **.00**

Total amount of deductions against PSI included at item 5 expense labels **B** **.00**

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**

Taxation of financial arrangements**31 Taxation of financial arrangements (TOFA)**

Total TOFA gains **M** **.00**

Total TOFA losses **N** **.00**

Key financial information

32 All current assets **F** **.00**

33 Total assets **G** **.00**

34 All current liabilities **I** **.00**

35 Total liabilities **J** **.00**

Taxpayer/entity name:

RN

TFN

Business and professional items

36 Business name of main business

37 Business address of main business

Suburb/town

State/territory

Postcode

38 Opening stock **C** -00

39 Purchases and other costs **B** -00

40 Closing stock **D** -00 / CODE

41 Trade debtors **E** -00

42 Trade creditors **H** -00

43 Total salary and wage expenses **L** -00 / CODE

44 Payments to associated persons **M** -00

45 Fringe benefit employee contributions **T** -00

46 Unpaid present entitlement to a private company **Y** -00 / CODE

47 Trading stock election Yes No

48 Capital allowances

Depreciating assets first deducted in this income year

Intangible depreciating assets first deducted **A** \$ -00

Other depreciating assets first deducted **B** \$ -00

Have you self-assessed the effective life of any of these assets? **C** Yes No

For all depreciating assets

Did you recalculate the effective life for any of your assets this income year? **D** Yes No

Total adjustable values at end of income year **E** \$ -00

Assessable balancing adjustments on the disposal of intangible depreciating assets **F** \$ -00

Deductible balancing adjustments on the disposal of intangible depreciating assets **G** \$ -00

Termination value of intangible depreciating assets **H** \$ -00

Termination value of other depreciating assets **I** \$ -00

Deduction for project pool **J** \$ -00

Section 40-880 deduction **K** \$ -00

Landcare operations and deduction for decline in value of water facility, fencing asset and fodder storage asset **L** \$ -00

Taxpayer/entity name:

RN

TFN

49 Small business entity simplified depreciation

Deduction for certain assets **A** -00

Deduction for general small business pool **B** -00

50 National rental affordability scheme

National rental affordability scheme tax offset entitlement **F**

51 Other refundable tax offsets

G / CODE

52 Non-refundable carry forward tax offsets

H / CODE

53 Medicare levy reduction or exemption

Spouse's 2016-17 taxable income – if nil write '0' **A** -00

Number of dependent children and students **B**

Full Medicare levy exemption – number of days **C** / CODE

Half Medicare levy exemption – number of days **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.

54 Income of the trust estate **A** -00

Statement of distribution

55 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.

Taxpayer/entity name:

55 Statement of distribution – continued**BENEFICIARY 1 Tax file number (TFN)**

Entity code

INDIVIDUAL NAME

See the Privacy note in the Taxpayer's declaration.

Title: Mr Mrs Miss Ms Other

Surname or family name

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

State/territory

Postcode

Country if outside Australia

(Australia only)

(Australia only)

Day Month Year

Date of birth

Assessment calculation code

TFN amounts withheld

Share of income of the trust estate

-00

Share of credit for TFN amounts withheld from payments from closely held trusts

Share of credit for tax withheld – foreign resident withholding (excluding capital gains)

-00

Capital gains

-00

Australian franking credits from a New Zealand franking company

-00

Share of credit for foreign resident capital gains withholding amounts

Attributed foreign income

-00

Share of income
 Primary production
 Non-primary production

-00

/ LOSS

-00

/ LOSS

Other assessable foreign source income

-00

/ LOSS

Foreign income tax offset

Share of National rental affordability scheme tax offset

Exploration credits distributed

-00

Share of non-refundable carry forward tax offsets

/ CODE

Small business income tax offset information

Share of net small business income

-00

Non-resident beneficiary additional information

s98(3) assessable amount

-00

s98(4) assessable amount

-00

TB statement information

For each trustee beneficiary, indicate whether you will be making a TB statement:

TB statement?

Yes No

Tax preferred amounts

-00

Untaxed part of share of net income

-00

Annual Trustee Payment report information

Distribution from ordinary or statutory income during income year

-00

Total TFN amounts withheld from payments

-00

Taxpayer/entity name:

55 Statement of distribution – continued

BENEFICIARY 2 Tax file number (TFN) Entity code **U**

INDIVIDUAL NAME See the Privacy note in the Taxpayer's declaration.

Title: Mr Mrs Miss Ms Other

Surname or family name

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

State/territory
(Australia only)

Postcode
(Australia only)

Country if outside Australia

Date of birth Day Month Year

Assessment calculation code	V <input type="text"/>	TFN amounts withheld	E <input type="text"/>
Share of income of the trust estate	W <input type="text"/> -00	Share of credit for TFN amounts withheld from payments from closely held trusts	O <input type="text"/>
Share of credit for tax withheld – foreign resident withholding (excluding capital gains)	L <input type="text"/> -00	Capital gains	F <input type="text"/> -00
Australian franking credits from a New Zealand franking company	N <input type="text"/> -00	Share of credit for foreign resident capital gains withholding amounts	Z <input type="text"/>
Share of income	Primary production A <input type="text"/> -00 / <input type="text"/> LOSS	Attributed foreign income	G <input type="text"/> -00
	Non-primary production B <input type="text"/> -00 / <input type="text"/> LOSS	Other assessable foreign source income	H <input type="text"/> -00 / <input type="text"/> LOSS
Credit for tax withheld where ABN not quoted	C <input type="text"/> -00	Foreign income tax offset	I <input type="text"/>
Franked distributions	U <input type="text"/> -00	Share of National rental affordability scheme tax offset	R <input type="text"/>
Franking credit	D <input type="text"/>	Exploration credits distributed	M <input type="text"/> -00
		Share of non-refundable carry forward tax offsets	T <input type="text"/> / <input type="text"/> CODE

Small business income tax offset information

Share of net small business income **Y** -00

Non-resident beneficiary additional information

s98(3) assessable amount **J** -00

s98(4) assessable amount **K** -00

TB statement information

For each trustee beneficiary, indicate whether you will be making a TB statement:

TB statement? Yes No

Tax preferred amounts **P** -00

Untaxed part of share of net income **Q** -00

Annual Trustee Payment report information

Distribution from ordinary or statutory income during income year **S** -00

Total TFN amounts withheld from payments **T** -00

Taxpayer/entity name:

55 Statement of distribution – continued

BENEFICIARY 3 Tax file number (TFN) Entity code **U**

INDIVIDUAL NAME See the Privacy note in the Taxpayer's declaration.

Title: Mr Mrs Miss Ms Other

Surname or family name

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

State/territory
(Australia only)

Postcode
(Australia only)

Country if outside Australia

Date of birth Day Month Year

Assessment calculation code **V**

Share of income of the trust estate **W** -00

Share of credit for tax withheld – foreign resident withholding (excluding capital gains) **L** -00

Australian franking credits from a New Zealand franking company **N** -00

Share of income Primary production **A** -00 / LOSS

Non-primary production **B** -00 / LOSS

Credit for tax withheld where ABN not quoted **C** -00

Franked distributions **U** -00

Franking credit **D**

TFN amounts withheld **E**

Share of credit for TFN amounts withheld from payments from closely held trusts **O**

Capital gains **F** -00

Share of credit for foreign resident capital gains withholding amounts **Z**

Attributed foreign income **G** -00

Other assessable foreign source income **H** -00 / LOSS

Foreign income tax offset **I**

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

Exploration credits distributed **M** -00

Share of non-refundable carry forward tax offsets **T** / CODE

Small business income tax offset information

Share of net small business income **Y** -00

Non-resident beneficiary additional information

s98(3) assessable amount **J** -00

s98(4) assessable amount **K** -00

TB statement information

For each trustee beneficiary, indicate whether you will be making a TB statement: **TB statement?** Yes No

Tax preferred amounts **P** -00

Untaxed part of share of net income **Q** -00

Annual Trustee Payment report information

Distribution from ordinary or statutory income during income year **S** -00

Total TFN amounts withheld from payments **T** -00

Taxpayer/entity name:

55 Statement of distribution – continued

BENEFICIARY 4 Tax file number (TFN) Entity code **U**

INDIVIDUAL NAME See the Privacy note in the Taxpayer's declaration.

Title: Mr Mrs Miss Ms Other

Surname or family name

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

State/territory

Postcode

Country if outside Australia

(Australia only)

(Australia only)

Date of birth

Day Month Year

Assessment calculation code **V**

Share of income of the trust estate **W** -00

Share of credit for tax withheld – foreign resident withholding (excluding capital gains) **L** -00

Australian franking credits from a New Zealand franking company **N** -00

Share of income Primary production **A** -00 / LOSS
 Non-primary production **B** -00 / LOSS

Credit for tax withheld where ABN not quoted **C** -00

Franked distributions **U** -00

Franking credit **D**

TFN amounts withheld **E**

Share of credit for TFN amounts withheld from payments from closely held trusts **O**

Capital gains **F** -00

Share of credit for foreign resident capital gains withholding amounts **Z**

Attributed foreign income **G** -00

Other assessable foreign source income **H** -00 / LOSS

Foreign income tax offset **I**

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

Exploration credits distributed **M** -00

Share of non-refundable carry forward tax offsets **T** / CODE

Small business income tax offset information

Share of net small business income **Y** -00

Non-resident beneficiary additional information

s98(3) assessable amount **J** -00

s98(4) assessable amount **K** -00

TB statement information

For each trustee beneficiary, indicate whether you will be making a TB statement:

TB statement? Yes No

Tax preferred amounts **P** -00

Untaxed part of share of net income **Q** -00

Annual Trustee Payment report information

Distribution from ordinary or statutory income during income year **S** -00

Total TFN amounts withheld from payments **T** -00

Taxpayer/entity name:

55 Statement of distribution – continued

BENEFICIARY 5 Tax file number (TFN) Entity code **U**

INDIVIDUAL NAME See the Privacy note in the Taxpayer's declaration.

Title: Mr Mrs Miss Ms Other

Surname or family name

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

State/territory
(Australia only)

Postcode
(Australia only)

Country if outside Australia

Date of birth

Day Month Year

Assessment calculation code **V**

Share of income of the trust estate **W** -00

Share of credit for tax withheld – foreign resident withholding (excluding capital gains) **L** -00

Australian franking credits from a New Zealand franking company **N** -00

Share of income
 Primary production **A** -00 / LOSS
 Non-primary production **B** -00 / LOSS

Credit for tax withheld where ABN not quoted **C** -00

Franked distributions **U** -00

Franking credit **D**

TFN amounts withheld **E**

Share of credit for TFN amounts withheld from payments from closely held trusts **O**

Capital gains **F** -00

Share of credit for foreign resident capital gains withholding amounts **Z**

Attributed foreign income **G** -00

Other assessable foreign source income **H** -00 / LOSS

Foreign income tax offset **I**

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

Exploration credits distributed **M** -00

Share of non-refundable carry forward tax offsets **T** / CODE

Small business income tax offset information

Share of net small business income **Y** -00

Non-resident beneficiary additional information

s98(3) assessable amount **J** -00

s98(4) assessable amount **K** -00

TB statement information

For each trustee beneficiary, indicate whether you will be making a TB statement:

TB statement? Yes No

Tax preferred amounts **P** -00

Untaxed part of share of net income **Q** -00

Annual Trustee Payment report information

Distribution from ordinary or statutory income during income year **S** -00

Total TFN amounts withheld from payments **T** -00

Taxpayer/entity name:

RN

TFN

55 Statement of distribution – continued

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.

Assessment calculation code	V	<input type="text"/>	TFN amounts withheld	E	<input type="text"/>
Share of income of the trust estate	W	<input type="text"/> -00	Share of credit for TFN amounts withheld from payments from closely held trusts	O	<input type="text"/>
Share of credit for tax withheld – foreign resident withholding (excluding capital gains)	L	<input type="text"/> -00	Capital gains	F	<input type="text"/> -00
Australian franking credits from a New Zealand franking company	N	<input type="text"/> -00	Share of credit for foreign resident capital gains withholding amounts	Z	<input type="text"/>
Share of income	Primary production	A	Attributed foreign income	G	<input type="text"/> -00
	Non-primary production	B	Other assessable foreign source income	H	<input type="text"/> -00
Credit for tax withheld where ABN not quoted	C	<input type="text"/> -00	Foreign income tax offset	I	<input type="text"/>
Franked distributions	U	<input type="text"/> -00	Share of National rental affordability scheme tax offset	R	<input type="text"/>
Franking credit	D	<input type="text"/>	Share of other refundable tax offsets	X	<input type="text"/>
			Share of non-refundable carry forward tax offsets	T	<input type="text"/>

56 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** -00

Items 57 and 58 must be answered for all trusts – if you answer yes to any of these questions, answer Yes to the 'other attachments' question on page 1 of this tax return.

57 Beneficiary under legal disability who is presently entitled to income from another trust

Was any beneficiary in this trust, who was under a legal disability on 30 June 2017, also presently entitled to a share of the income of another trust?

Yes No

If yes, or the answer is not known, furnish the information requested in the instructions.

58 Non-resident trust

Is the trust a non-resident trust? Yes No

If yes, state the amount of income derived outside Australia to which no beneficiary is presently entitled. Print **NIL** if applicable.

\$ -00

Taxpayer/entity name:

RN

TFN

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

Date 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

Client's reference
Date Day Month Year

Contact name

Agent's phone number (include area code)

Agent's reference number

Office use only
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