Individual tax return 1 July 2011 to 30 June 2012

2012

Your tax file number (TFN) 628 3			347 212		Are you an Australian resident?			
			Privacy note in the Taxpayer's on on page 14 of this tax return. Have you included any attachments?				And Drive V for the	
Your name	Title - for e Mr, Mrs, M		Ms		Your sex	print X in the relevant box.	Male Female X	
	Surname or fam	ly name	Cameron					
	Giver	names	Eleanor			Неа	ther	
Has any part of your changed since comp your last tax return?	leting N Print	Y for yes for no.	If yes, print previous surname.					
Your postal addre	ess		C/- WHEATCRO	FT ENTERP	RISES			
			PO Box 509					
Has your postal add	race \Box		ALBANY			WA	6331	
changed since comp your last tax return?	lating Pilli	Y for yes for no.						
Your home address If the same as your current postal address, print AS ABOVE.			34 Brunswick	Road		WA	6330	
Your date of birth If you were under 18 30 June 2012 you mile tem A1 on page 5 of	ust complete	ı	03/08/1952		If you kn	x return N now this is your fin, print FINAL.	final	
Your daytime pho	ne number	Area code	08	Phone number	98422942			
Electronic funds t	ransfer (EFT)					Use Age	ent Trust Account? Y	
Provide your financia Write the BSB number	al institution detail er, account numb	er	BSB number (must be six digits)	016510		Account number 103	1459929	
and account name below. (See r instructions.)		ant			(for example, JCue, savings, mor		t show the account type,	
			Account name	Wheatcrof	t Enterpr	ises		

TFN: 628 347 212

Income

1	Sa	lary	or	wa	ges
---	----	------	----	----	-----

	Your main salary and wage occup	ation			
	Psychologist - commun			Occupation	code X 272399
	Payer Allowances	Lump A Lump	B Tax W	· Vithheld	Gross
	Southern Agcare	zamp // zamp	ABN: 49 546 709		RFBA:14597
			13,3	324.00	53,446
	Attributed personal services	income		0/	
	Total tax withheld	Add up the b	oxes. \$ 13,3	24.00	
		-			
•	Only used by taxpayers comp		VI SECTION TOTAL SUPPLEMENT INCO	MEORLOSS	0 1
	TOTALINCOME OR LOSS AG	dd up the income amounts an	d deduct any loss amount in	the boxes.	53,446 /
ed	uctions			,	
3	Work related uniform, occupa	ation specific or protectiv	ve		150 / P
	clothing, laundry and dry clea			C	
	Ldry			150 P	
5	Other work related expenses				2,780
	Office Furniture			500	
	Postage & Stationery cos	ts		270	
	Books and Journals			1,000	
	Hm Office			709	
	Depreciation Transferred	l		301	
9	Gifts or donations			J	350
	Various			350	
10	Cost of managing tax affairs			M	132
	TAF			132	
)	Only used by taxpayers con		nry section DMTOTAL SUPPLEMENT DI	EDUCTIONS	0
	TOTAL DEDUCTIONS		Items D1 to D add up	the boxes	3,412
	SUBTOTAL	TOTAL INCOME OF	R LOSS less TOTAL DEDUC	CTIONS	50,034
	TAXABLE INCOME OR LOSS		Subtract amounts at F and from amount at SU	Zitem L1	50,034
D	Only used by taxpayers com	pleting the supplementa		<u></u>	0
	TOTALTAXOFFSETS		5, T6 and T —add up the		0
	ate health insurance pol must provide the details for ea Health insurer ID	ch policy if item T5 or ite	m M2 asked you to com	plete this secti	
	B HBF F	C 36915	5853		/ A
2	Medicare levy surcharge (ML- THISITEMIS COMPULSORY If you do not complete this ite For the whole period 1 July 2011 t (including your spouse) - if you ha	m you may be charged the o 30 June 2012, were you an	d all your dependants	charge.	Print Y for yes or N for no.
			Number of da liable for su		366
			Number of dependent	children D	

Income tests

Are you completing the Income tests items?

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VAZ

You must complete this section if any of the following apply to you.

- You have a payment summary showing total reportable fringe benefits amount or reportable employer superannuation contributions.
- You or your spouse received family payments, childcare benefits or a tax-free pension from Centrelink or the Department of Veterans'
- You or your spouse are intending to claim family payments or childcare benefits as a lump sum for the 2011-12 year.
- Your child received student payments from Centrelink based on parental income.
- You hold a Commonwealth seniors health card.
- You were 55 years old or older on 30 June 2012 and you are entitled to the mature age worker tax offset (see page s38 in TaxPack 2012 supplement).
- You paid or received child support.
- You have a HELP or SFSS debt,
- You completed any of the following items:
- 12 Employee share schemes; where you wrote an amount at D
- T1 Spouse (without dependent child or student), child-housekeeper or housekeeper tax offset
- T2 Senior Australians tax offset
- T3 Pensioner tax offset
- M2 Medicare levy surcharge; where you printed N in the NO box at E
- T7 Superannuation contributions on behalf of your spouse tax offset; on the Tax return for individuals (supplementary section) 2012
- T10 Dependent relative on the Tax return for individuals (supplementary section) 2012
- T12 Net income from working supplementary section; on the Tax return for individuals (supplementary section) 2012
- T13 Entrepreneurs tax offset; on the Tax return for individuals (supplementary section) 2012
- P9 Business loss activity details; on the Business and professional items schedule for individuals 2012.

We need the information requested in this section to accurately assess your tax offset entitlement. Medicare levy surcharge, and HELP or SFSS repayment amount. We may also pass this information to other government agencies such as Centrelink which will use the information to ensure you are receiving your full entitlement to government benefits.

If you had a spouse during 2011-12 you must also complete Spouse details - married or de facto on page 6.

IT1	Total reportable fr	inge benefits amount			V	V 1	4,597	
IT2	Reportable emplo	yer superannuation contribu	tions				0	
IT3	Tax-free governm	ent pensions			Į	J		
IT4	Target foreign inc	ome			\	7		
IT5	Net financial inves	stment loss			2	(
IT6	Net rental propert	y loss			`	7		
IT7	Child support you	paid			E	4		
15	Net income or los	s from business	F	Primary production - t	ransferred Y item P8.	В		LOSS
	Tax withheld - vo	luntary agreement D	Non-p	orimary production - t from	ransferred Z item P8.	С	304	LOSS LOSS
	Tax withheld business r Tax withheld Tax wit	where Australian humber not quoted of a foreign resident withholding hheld - labour hire pecified payments				rou show a loss st complete item		ou F
16	Deferred non-con	nmercial business losses						
	Item P9 must be completed before you complete this item.	Your share of deferred losses from partnership activities Deferred losses from sole trader activities	F G	304 Primary prodeferred Non-primary pro	losses	1/	304	
				deferred	losses		304	
18	Capital gains	Did you have a capital gains tax event during the year?	G N Print' or N	Y for yes for no.				
		rent relate to a forestry managed eme interest you held other than as an initial participant?		Y for yes for no. Net cap	oital gain			
					_			

19 Foreign entities

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	Did you have either a direct or indirect in a controlled foreign company		Print Y for yes or N for no.	CFC income	K	
	Have you ever , either directly or indirectly the transfer of property—including me services to a non-resident trus	caused N	Print Y for yes or N for no.	Transferor trust income	В	
20	Foreign source income and foreign ass During the year did you own, or have an inte assets located outside Australia wh a total value of AUD\$50,000 o	erest in, ich had PN	Print Y for yes or N for no.			F
	siness and professional items se	ction				
P1	Personal services income (PSI) Print X in the appropriate box.					
	Did you receive any personal services income	?				
	YES Read on.		NO X Go to iter	m P2.		
	Part A Did you satisfy the results test?					
	P NO Read on.		YES Go to iter	m P2 .		
P2	Description of main business or profess	sional activity				
	Counselling Services n.e.c.			Industry code	A 85129	
Р3	Number of business activities				B 1	
P4	Status of your business—print X in one be	ox only				
	Ceased business C1 Co	mmenced busines	ss C2 X			
P5	Business name of main business and A)		
	Plantagenet Counselling					
					ABN	
P6	Business address of main business					
	34 Brunswick Rd					
	Albany		Sub	urb WA Sta	D 6330 Postcode	
Exp	enses Opening stock				K	
	Purchases and other costs				L	TYPE
	Closing stock				М],[
	Cost of sales (label K + L - M)					F
	Foreign resident				U]
	withholding expenses Contractor, sub-contractor				ai -]
	and commission expenses Superannuation expenses				G]
	· · · · · · · · · · · · · · · ·]
	Bad debts]
	Lease expenses		<u> </u>]
	Rent expenses Interest expenses]
	within Australia		<u> </u>		Q	
	Interest expenses overseas				R	
	Depreciation expenses				M	TYPE
	Motor vehicle expenses				N]/
	Repairs and maintenance				0	
	All other expenses			304	P 304	:
	expenses o the boxes for each column.		Т	304 /	304	

business loss from a prior year

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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 Tax Office will issue your assessment based on your tax return. However, the Tax Office 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 Tax Office is authorised by the Taxation Administration Act 1953 to request you to quote your tax file number (TFN). It is not an offence not to quote your TFN. However, your assessment may be delayed if you do not quote your TFN. The Tax Office is also authorised by the Income Tax Assessment Act 1936, the Income Tax Assessment Act 1997 and the A New Tax System (Family Assistance) (Administration) Act 1999 to ask for the other information on this tax return. We need this information to help us to administer the taxation laws. We may give this information to other government agencies as authorised in taxation law - for example, benefit payment agencies such as Centrelink, the Department of Education, Employment and Workplace Relations, and the Department of Families, Housing, Community Services and Indigenous Affairs; law enforcement agencies such as state and federal police; and other agencies such as the Child Support Agency, the Australian Bureau of Statistics and the Reserve Bank of Australia. The Commissioner of Taxation, as Registrar of the Australian Business Register, may use the ABN and business details which you provide on this tax return to maintain the integrity of the register.

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.								
Date		Client's reference						
Day Month	Day Month Year							
Agent's telephone number Contact name Areacode Telephonenumber								
08	98422942		61715002					
	stating that the informating dge the tax return. Date Day Month Agent's telepho	stating that the information provided to r dge the tax return. Date Day Month Year Agent's telephone number Area code Telephonenumber	stating that the information provided to me is true and correct dge the tax return. Date Day Month Year Client's reference CAME 0 0 0 1 Agent's telephone number Areacode Telephonenumber					

Depreciation Worksheet

2012

TFN: 628 347 212

Title			Home	Office E	quipment						
Transfer	to	1	Work	Deductio	ns						
	Total Cost	C	Opening	Acquisition Date	Acquisition Cost	Total Value	Rate %	Type P/D	Decline in Value	Private Portion	Closing
All Asse	ts (2)										
Desk											
	0		347		0	347	25.	00 D	87	0	260
Air Cond	ditione	r			•				·		
	0		854		0	854	25.	00 D	214	0	640
	0		1,201			0 1,20	1		301	0	900
					Deduct fo	or Private Use			0		
Ī	Disposal	ls: -	-	duct for Priv	vate Use	cciation					
			- net	Aujustinen	ıı						
					Total Cla	imed for Dep	reciatio	on _	301		

Total Assets - 2 [On hand the full year - 2, Acquisitions - 0, Disposals - 0]

304 / L

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Main Busine	ss Schedule	Non-Primary Production	on 2012
Business Name	Plantagenet Counselling		
Business Activity	Counselling Services n.e.	.c.	85129
Place of Business	34 Brunswick Rd		
	Albany	WA 6330	
Ceased business du	ring year $oxedsymbol{\mathbb{N}}$ Commer	nced business during year	
Number of business	activities 1 Consol	lidated subsidiary member	
INCOME			
		Gross trading income	0,
		Cross trading income	
Plus:			
		Business income	0,
EXPENSES Less:			Private
Less.			%
48 Telephone			160
33 Postage			90
46 Business Na	me Registration		30
34 Printing an	d stationery		24
		Less expenses	304
Plus Reconciliation t	to Taxable Income/Loss		

TOTAL BUSINESS INCOME/LOSS

Income Tax Return Tax Estimate

2012

TFN: 628 347 212

Ms Eleanor Heather Cameron

Tax Payable for Individual

Taxable Income	50,034
Tax Free Part	6,000

Tax Payable on Taxable Income 8,560.20

		Sub-Total	\$	8,560.20
Less Offsets:	Offsets (T1 to T14 except T2,T3,T12,T13)	0.00		
	Seniors / Pension / Beneficiary Offset	0.00		
	Mature Aged Workers Tax Offset	0.00		
	Low Income Offset	698.64		
	Lump Sum	0.00		
	Life Assurance Bonus	0.00		
	Other Offsets	0.00		
		Sub-Total	\$	698.64
			_	7,861.56
Plus:	Medicare Levy	750.51		
	Flood Levy	0.17		
	HECS/HELP Sup. Loan	3,554.70		
	15,798 0	Sub-Total	\$	4,305.38
			-	12,166.94
Less Credits:	Tax withheld - salary & wage type income	13,324.00		
	Arrears tax withheld	0.00		
	Foreign Tax Credits	0.00		
	TFN Amounts (credits)	0.00		
	Franking Tax Offset (refundable)	0.00		
	Other Refundable Credits	0.00		
	Other Amounts withheld - ABN,Vol,Labour,Foreign	0.00		
	PAYG Income Tax Instalments	0.00	_	
		Sub-Total	\$	13,324.00
	Estimated Tax Refund		-	1,157.06

DISCLAIMER

This estimate is provided without warranty of any kind.

It is subject to legislative changes and includes estimates of currently unknown rates.

 $WARNING: Amounts shown \ may \ be \ adjusted \ by \ amounts \ not \ included \ in \ this \ return.$