Mrs Sandra Anne Adams

PART A

Electronic Lodgment Declaration (Form I)

TFN: 627 602 809

This declaration is to be completed where a taxpayer elects to use the Electronic Lodgment Service. It is the responsibility of the taxpayer to retain this declaration for a period of five years after the declaration is made; penalties may apply for failure to do so.

The Tax Office is authorised by the Income Tax Assessment Act 1936, the Income Tax Assessment Act 1997 and the Taxation Administration Act 1953, the A New Tax System (Australian Business Number) Act 1999 and the Superannuation (Unclaimed Money and Lost Members) Act 1999 to ask for information in this form. We need this information to help us to administer the taxation and superannuation laws.

We may give this information to other government and non-government organisations specified in the taxation and superannuation laws to receive it - 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 organisations such as the Child Support Agency, the Australian Bureau of Statistics, the Reserve Bank of Australia and superannuation funds. 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.

Your tax file number

You do not have to quote your TFN. However, you cannot lodge your income tax form electronically if you do not quote your TFN.

Electronic funds transfer - direct debit

Where you have requested an EFT direct debit some of your details will be provided to your financial institution and the Tax Office's sponsor bank to facilitate the payment of your taxation liability from your nominated account.

Tax file number (TFN)	627	602 809	Year	2011		
Name	Mrs	Sandra Anne Adam	s	<u>-</u>		
Declaration declare that the information provided the agent is authorised	,	egistered tax agent for the prepathis tax return.	aration of this tax return, in	ncluding any a	applicable schedul	es is true and correct, and
mportant: The tax	law im	poses heavy penalties for	or giving false or m	isleading i	nformation.	
Signature				D	Date	

Individual tax return 1 July 2010 to 30 June 2011

2011

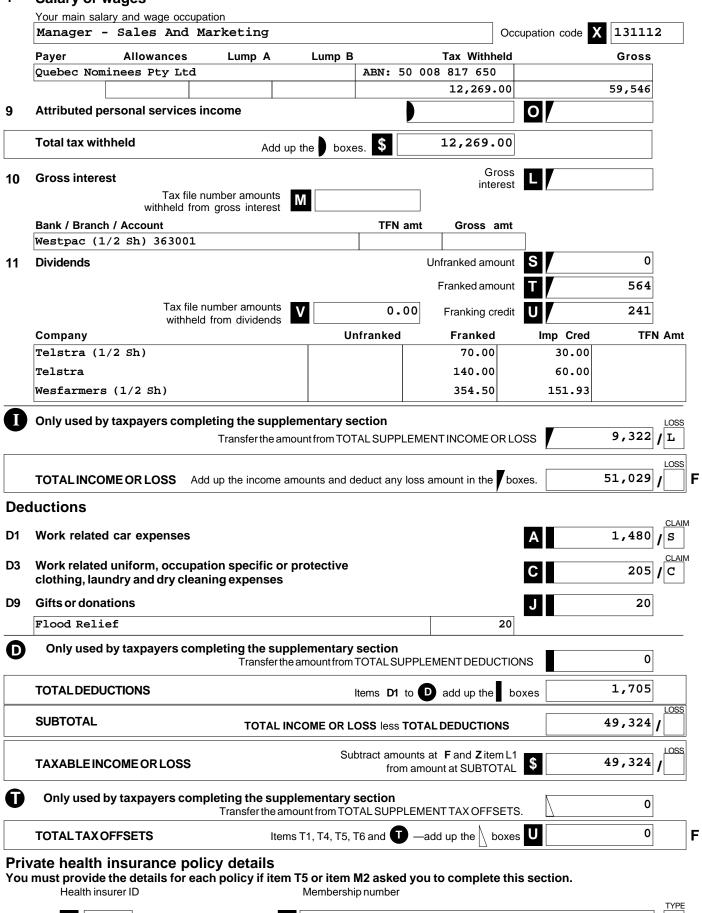
Your tax file n	umber (TFN)	627 6	02 809	A	kre you an Aus	tralian r	esident?		rint Y for yes
			Privacy note in the Taxpayer's on on page 13 of this tax return. Have you included any attachments? - other than PAYG payment summaries?						rint Y for yes
Your name	Title - for e Mr, Mrs, I		Mrs		Your sex	print X in relevant	1\/1:	ale	Female X
	Surname or fam	ily name	Adams						
	Give	n names	Sandra				Anne		
Has any part of yo changed since con your last tax return	npleting N Print	Y for yes for no.	If yes, print previous surname.						
Your postal add	ress		C/- WHEATCRO	FT ENTERP	RISES				
			PO Box 509						
Has your postal ad	ddress —		ALBANY				WA	63	31
changed since con	npleting or N	Y for yes for no.							
Your home addr If the same as you postal address, pri	ir current		582 St Alban	s Road					
ABOVE.	ni A3		BALDIVAS				WA	61	71
Your date of birt If you were under 30 June 2011 you item A1 on page 5	18 years of age or must complete	1	28/01/1961		If you kn	x return ow this is n, print Fli	N s your final NAL.		
Your daytime ph	none number	Area code	08	Telephone number	9524 2090				
Electronic funds Provide your financy your refund paid d It's faster and simp in this way. Write t number and accou	cial institution detai irectly to your acco pler to have your re he BSB number, a	ount. fund paid ccount	(must be six digits)		(for example, JC	Account number	Do not sh		
information see Colinformation on you	mpleting individual		.) Account name				<i>,</i>		

TFN: 627 602 809

Income



SGI



2247430

M2 Medicare levy surcharge (MLS)

TFN: 627 602 809

THISITEM IS COMPULSORY		
If you do not complete this item you For the whole period 1 July 2010 to 30 July (including your spouse) - if you had any -	ine 2011, were you and all your dependa	ants Print Y for yes
		mber of days NOT Able for surcharge
	Number of de	ependent children D
Spouse details—married or de fa	acto Use re	elated ref details? Y ADAM0001
If you had a spouse during 2010-11, did yo of your 2011 tax refund to repay your sports. T1 Spouse (without dependent child or studing Senior Australians (includes age pension Pensioner).	ouse's Family Assistance Office debt ent), child-housekeeper or housekeeper	!?
 M1 Medicare levy reduction or exemption M2 Medicare levy surcharge and you printed T7 Superannuation contributions on behalf of T10 Parent, spouse's parent or invalid relative T13 Entrepreneurs tax offset 	f your spouse	
NO You do not need to complete this section. Go to page 7.		e this section. Complete the ed below then go to page 7.
Spouse's surname	Adams	
or family name Spouse's given names	Matthew	Warren
	Day Month Year	
Spouse's date of birth	K 15/10/1957 Print X	Spouse's sex in the relevant box Male X Female
If you did not have a spouse for the full year, we the dates you had a spouse between 1 July 20 and 30 June 2011. Pre-fill using related ref return details?	10 From M	to N
(Related ref for spouse details above must be answered Y) Your spouse's share	Your spouse's 2010-1 e of trust income on which the trustee is which has not been included in spouse	s assessed under
• •	which family trust distribution tax has bee show as assessable income if the tax h	•
	Your spouse's total reportable fringe	benefits amounts S
	pensions and allowances (see page 12 is received in 2010-11 (exclude exempt	
	ome (see pages 111-3 in TaxPack 2011) in 2010-11 (show your spouse's exempt	
	ns and deductible personal superannuat	tion contributions)
	government pensions paid under the Milit ensation Act 2004 that have not been inc	cluded at Q above
Yo	Your spouse's targ ur spouse's total net investment loss (tol	
	investment loss and net rer	ntal property loss)
	Crilia support	your spouse paid
	pouse's taxed element of a superannuath the tax rate is zero (see pages 89–94	

Individual tax return 2011

TFN: 627 602 809

Supplementary section

Income

Refer to TaxPack 2011 supplement 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 TaxPack 2011 supplement for the relevant code.

13	Partnerships and	trust	S												
		1	N :	r I	вт	Trust	Fund	i							
	PPInc				Credi	ts:Abn				Foreig	n Resident Withh	olding			
N	PPInc					Frnk				Renta	al Affordability So	cheme			
				-		Tfn				Financ	cial Investment In	come			
					Tf	n trusts				R	Rental Property In	come			
						Trustee									
18	Capital gains					oital gain the year		N F	Print Y f or N for	or yes no.					
	Did this CGT evinvestment sch		tere	st you	ı held d	other tha	n Q	F	Print Y for N for	or yes					
			as	s an II	nitiai pa	articipant	?				Net capital gair				
19	Foreign entities														
		ontrolle	d fo	reign	compa	ny (CFC)?	N P	rint Y for r N for	or yes no.	CFC income	K			
	Have you ever , e the transfer servio	of pro	perty	y—ino	cluding	ctly, caus money- rust esta	–or W	N P	rint Y for N for	or yes no.	Transferor trust income				
20	Foreign source in During the year did assets loc a tot	d you o ated o	own, utsic	or ha de Au	ave an stralia	interest	in, ad P	N P	rint Y for						F
21	Rent					Gross r	ent P			5,736					
				Ir	nterest	deductio	ns Q		1	L2,930					
			Ca	apital	works	deduction	ons F								LOSS
			(Other	rental	deductio	ns U			2,128	Ne P less (Q + F	t rent + U)		9,322	L
	TOTAL SUPPLEME		I	Items	13 to 2	24 - add ⊧	up the	boxes			ounts and deduc			9,322	LOSS
	INCOMEORLOSS)						Transfe	er this	amount to	on page :	3	•		

Individual tax return 2011 Mrs Sandra Anne Adams TFN: 627 602 809 Page 5 of 9

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
0.9				

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 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 the 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 Register 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.

Tax agent's declaration				
, SUE WHEATCROFT				
declare that this tax return has been prepared in that the taxpayer has given me a declaration sta and that the taxpayer has authorised me to lodge	ting that the informati			
Agent's signature	Date	Vaar	Client's reference	
	Day Month	Year	ADAM0002	
Contact name	Agent's telephor	ne number Telephone number		Agent's reference number
SUE WHEATCROFT	08	98422942		61715002

Depreciation Worksheet

2011

TFN: 627 602 809

Title Lot 120 Tribute Vista

Transfer to 3 Rental: Lot 120 Tribute Vista

Is taxpayer a Small business for the purposes of the Small and General Business Tax Break?

Total Cost	Opening	Acquisition Date	Acquisition Cost	Total Value	Rate T	ype P/D	Decline in Value	Private Portion	Closing
All Assets (4)									
Landscaping									
2,410	0	01/11/2010	2,410	2,410	20.00	D	320	0	2,090
General Expens	es To Comp	lete		-			<u>'</u>		
1,164	0	01/11/2010	1,164	1,164	20.00	D	154	0	1,010
Shelving		1							
530	0	02/04/2011	530	530	20.00	D	26	0	504
2 X Single Gat	es							l .	
970	0	01/11/2010	970	970	20.00	D	129	0	841
5,074	0		5,074	5,074			629	0	4,445
Disposal	s·	duct for Priva t Adjustment	Deduct for P Net Deprecia te Use Total Claime	ition	ciation		629		

Total Assets - 4 [On hand the full year - 0, Acquisitions - 4, Disposals - 0]

TFN: 627 602 809

Work Related Expenses Schedule 2011

Evidence / calculation code S Substantiation not reqd Pte MV used for work purposes Work related uniforms Provide a description of the items and explain why you need to use these for work purposes. C rk related uniforms, protective clothing, laundry expenses. Expense type L Details of "O" code	Expenses - Se	et Rate Per	Kilom	etre					
Kilometres									
Evidence / calculation code S Substantiation not reed Work related uniforms Provide a description of the items and explain why you need to use these for work purposes. C k related uniforms, protective clothing, laundry expenses. Expense type L Details of "O" code Claimed \$ Evidence / calculation code S Substantiation not reed Claimed \$ Expense type P Details of "O" code Claimed \$ Expense type P Details of "O" code Claimed \$ Expense type P Details of "O" code Claimed \$ Evidence / calculation code I O Imm/Rept. Other evidence Claimed \$ Evidence / calculation code I O Imm/Rept. Other evidence Claimed \$ Evidence / calculation code I O Imm/Rept. Other evidence Claimed \$ Evidence / calculation code I O Imm/Rept. Other evidence Claimed \$ Evidence / calculation code I O Imm/Rept. Other evidence Claimed \$ Evidence / calculation code I O Imm/Rept. Other evidence Claimed \$ Evidence / calculation code I O Imm/Rept. Other evidence Claimed \$ Evidence / calculation code I O Imm/Rept. Other evidence Claimed \$ Evidence / calculation code I O Imm/Rept. Other evidence Claimed \$ Evidence / calculation code I O Imm/Rept. Other evidence Claimed \$ Evidence / calculation code I O Imm/Rept. Other evidence Claimed \$ Evidence / calculation code I O Imm/Rept. Other evidence Claimed \$ Evidence / calculation code I O Imm/Rept. Other evidence Claimed \$ Evidence / calculation code I O Imm/Rept. Other evidence Claimed \$ Evidence / calculation code I O Imm/Rept. Other evidence Claimed \$ Evidence / calculation code I O Imm/Rept. Other evidence Claimed \$ Evidence / calculation code I O Imm/Rept. Other evidence Claimed \$ Evidence / calculation code I Imm/Rept. Other evidence Claimed \$ Evidence / calculation code I Imm/Rept. Other evidence Claimed \$ Evidence / calculation code I Imm/Rept. Other evidence Claimed \$ Evidence / calculation code I Imm/Rept. Other evidence	3 1 71 -			-	CC				
Work related uniforms Provide a description of the items and explain why you need to use these for work purposes. C k related uniforms, protective clothing, laundry expenses. Expense type				Rate			Claimed	\$	1,4
Work related uniforms Provide a description of the items and explain why you need to use these for work purposes. C k related uniforms, protective clothing, laundry expenses. Expense type					Substanti	ation not requ			
Provide a description of the items and explain why you need to use these for work purposes. C k related uniforms, protective clothing, laundry expenses. Expense type	Pte MV used	. ior wor	k pur	poses					
Provide a description of the items and explain why you need to use these for work purposes. C k related uniforms, protective clothing, laundry expenses. Expense type									
Provide a description of the items and explain why you need to use these for work purposes. C k related uniforms, protective clothing, laundry expenses. Expense type L Details of "O" code Claimed \$ Evidence / calculation code S Substantiation not regd Expense type P Details of "O" code Claimed \$ Evidence / calculation code I O Inv/Ropt, Other evidence protective shoes for working in store									
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Expense type P Details of "O" code Claimed \$ Evidence / calculation code I O Inv/Rcpt, Other evidence protective shoes for working in store	k related unifo	orms, prote	ective c	lothing,	laundry ex	penses.		7	
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Expense type P Details of "O" code Claimed \$ Evidence / calculation code I O Inv/Rcpt, Other evidence protective shoes for working in store Other work related expenses			ective c			penses.	Claimed	\$	1:
Evidence / calculation code I O Inv/Rcpt, Other evidence protective shoes for working in store Other work related expenses	Expense type	L			of "O" code		Claimed	\$	1
Evidence / calculation code I O Inv/Rcpt, Other evidence protective shoes for working in store Other work related expenses	Expense type	L			of "O" code		Claimed	\$	1
Evidence / calculation code I O Inv/Rcpt, Other evidence protective shoes for working in store Other work related expenses	Expense type	L			of "O" code		Claimed	\$	1
Evidence / calculation code I O Inv/Rcpt, Other evidence protective shoes for working in store Other work related expenses	Expense type	L			of "O" code		Claimed	\$	1
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Evidence / calculation code I O Inv/Rcpt, Other evidence protective shoes for working in store Other work related expenses	Expense type Evidence / calcu	L lation code		Details	of "O" code		Claimed	\$	1
protective shoes for working in store Other work related expenses	Expense type Evidence / calcu	L lation code		Details	of "O" code		Claimed	\$	1
Other work related expenses	Expense type Evidence / calcu	L lation code		Details	of "O" code				1
Other work related expenses Please explain how each expense claimed (except FID, union, or overtime meal allowance) related to your work.	Expense type Evidence / calculation Expense type	L lation code	S	Details	of "O" code Substanti of "O" code	ation not reqd			
Other work related expenses Please explain how each expense claimed (except FID, union, or overtime meal allowance) related to your work.	Expense type Evidence / calcu Expense type Evidence / calcu	L lation code	s I	Details	of "O" code Substanti of "O" code	ation not reqd			
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	Expense type Evidence / calculation Expense type Evidence / calculation protective so	P Ilation code shoes for	I O work	Details Details	of "O" code Substanti of "O" code Inv/Rcpt, store	ation not reqd Other evidence	Claimed	\$	
mobile required by employer	Expense type Evidence / calculation Expense type Evidence / calculation protective so	P Ilation code shoes for	I O work	Details Details	of "O" code Substanti of "O" code Inv/Rcpt, store	ation not reqd Other evidence	Claimed	\$	

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Other work related expenses

Expense type T Details of "O" code		
Business 100 %	Claimed	\$
Evidence / calculation code I O Inv/Rcpt, Other evidence		
mobile - 50% of total - required by employer to be on ca	ll at all times	
Expense type O Details of "O" code Stationery		
Business 100 %	Claimed	\$
Evidence / calculation code I Inv/Rcpt		
	Total claimed \$	
Taxpayer declaration:		
I declare that the information I have given is true and correct and that I hold to	he necessary evidence to	support my claims.
Signature	Date	
Tax agent declaration:		
I declare that I have explained to my client the information necessary to comp	lete this form.	
Signature	Date	

TFN: 627 602 809

2011 Rental Property Statement

Address of Rental Property	ot 120 Tr	ribute Vi	sta			
I	Baldivia				WA	6171
Date property first earned rental income						01/07/2009
Number of weeks property was rented this ye	ar					33
wnership						% owned
Adams	Matthew	7		ADAM00)1	50.00
Adams	Sandra			ADAM00)2	50.00
come						Return
Gross rental income			11,	472		5,736
Other rental related income						
Gross Rent		-	11,	472		5,736
xpenses			Total	Prv	%	Return
L Interest On Loans			25,	860		12,930
H Council Rates			1,	380		690
U Water Rates			1,	383		692
U Water Charges				334		167
V Gas				102		51
V Power				98		49
S Stationery, Telephone And	Postage			287		144
V Internet Use (10% Of Total)			40		20
I Depreciation Transferred				629		315
Total expenses	•		30,	113		15,058
et Rent			18,	641 / L		9,322

Income Tax Return Tax Estimate

2011

Mrs Sandra Anne Adams

Tax Payable for Individual

Less Offsets:

Plus:

Taxable Income 49,324
Tax Free Part 6,000

Tax Payable on Taxable Income 8,347.20

8,347.20 Sub-Total \$ 0.00 Offsets (T1 to T14 except T2,T3,T12,T13) 0.00 Seniors / Pension / Beneficiary Offset 0.00 Mature Aged Workers Tax Offset 727.04 Low Income Offset 0.00 Lump Sum 0.00 Life Assurance Bonus 0.00 Other Offsets

Sub-Total \$ 727.04 7,620.16

TFN: 627 602 809

Medicare Levy 739.86

Sub-Total \$ 739.86

Less Credits: Tax withheld - salary & wage type income 12,269.00

Arrears tax withheld 0.00
Foreign Tax Credits 0.00
TFN Amounts (credits) 0.00
Franking Tax Offset (refundable) 241.00
Other Refundable Credits 0.00
Other Amounts withheld - ABN,Vol,Labour,Foreign 0.00
PAYG Income Tax Instalments 0.00

Sub-Total \$ 12,510.00

Estimated Tax Refund

4,149.98

8,360.02

PAYG Income Tax Instalment

Instalment income 0
Notional Tax 0
PAYG instalment rate 0.00 %
GDP Adjusted Notional Tax 0

DISCLAIMER

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This estimate is provided without warranty of any kind.

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

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