

PART A Electronic Lodgment Declaration (Form I)

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.

Privacy

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 However, you cannot lodge your income tax form electronically if you do not quote your TFN.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

Declaration

I declare that

- the information provided to my registered tax agent for the preparation of this tax return, including any applicable schedules is true and correct, and
- the agent is authorised to lodge this tax return.

Important: The tax law imposes heavy penalties for giving false or misleading information.

Signature		Date	
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Individual tax return

2011

1 July 2010 to 30 June 2011

Your tax file number (TFN)

627 602 809

Are you an Australian resident?

Y

Print Y for yes or N for no.

See the Privacy note in the Taxpayer's declaration on page 13 of this tax return.

Have you included any attachments?
- other than PAYG payment summaries?

N

Print Y for yes or N for no.

Your name

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

Mrs

Your sex

print X in the relevant box.

Male

Female

X

Surname or family name

Adams

Given names

Sandra

Anne

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

N

Print Y for yes or N for no.

If yes, print previous surname.

Your postal address

C/- WHEATCROFT ENTERPRISES

PO Box 509

ALBANY

WA

6331

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

Print Y for yes or N for no.

Your home address

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

582 St Albans Road

BALDIVAS

WA

6171

Your date of birth

If you were under 18 years of age on 30 June 2011 you must complete item A1 on page 5 of this tax return.

28/01/1961

Final tax return

N

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

Your daytime phone number

Area code

08

Telephone number

9524 2090

Electronic funds transfer (EFT)

Provide your financial institution details to have your refund paid directly to your account. It's faster and simpler to have your refund paid in this way. Write the BSB number, account number and account name below. (For more information see Completing individual information on your tax return in TaxPack 2011.)

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)

Use Agent Trust Account?

F

Income

1 Salary or wages

Your main salary and wage occupation

Manager - Sales And Marketing

Occupation code **X** 131112

Payer	Allowances	Lump A	Lump B	Tax Withheld	Gross
Quebec Nominees Pty Ltd			ABN: 50 008 817 650		
				12,269.00	59,546

9 Attributed personal services income

O

Total tax withheld

Add up the boxes. \$ 12,269.00

10 Gross interest

Gross interest **L**

Tax file number amounts withheld from gross interest **M**

Bank / Branch / Account	TFN amt	Gross amt
Westpac (1/2 Sh) 363001		

11 Dividends

Unfranked amount **S** 0

Franked amount **T** 564

Tax file number amounts withheld from dividends **V** 0.00

Franking credit **U** 241

Company	Unfranked	Franked	Imp Cred	TFN Amt
Telstra (1/2 Sh)		70.00	30.00	
Telstra		140.00	60.00	
Wesfarmers (1/2 Sh)		354.50	151.93	

I Only used by taxpayers completing the supplementary section

Transfer the amount from TOTAL SUPPLEMENT INCOME OR LOSS 9,322 **L** LOSS

TOTAL INCOME OR LOSS

Add up the income amounts and deduct any loss amount in the boxes. 51,029 **F** LOSS

Deductions

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

C 205 **C** CLAIM

D9 Gifts or donations

J 20

Flood Relief 20

D Only used by taxpayers completing the supplementary section

Transfer the amount from TOTAL SUPPLEMENT DEDUCTIONS 0

TOTAL DEDUCTIONS

Items D1 to **D** add up the boxes 225

SUBTOTAL

TOTAL INCOME OR LOSS less TOTAL DEDUCTIONS 50,804 **F** LOSS

TAXABLE INCOME OR LOSS

Subtract amounts at **F** and **Z** item L1 from amount at SUBTOTAL \$ 50,804 **F** LOSS

T Only used by taxpayers completing the supplementary section

Transfer the amount from TOTAL SUPPLEMENT TAX OFFSETS. 0

TOTAL TAX OFFSETS

Items T1, T4, T5, T6 and **T** —add up the boxes **U** 0 **F**

Private health insurance policy details

You must provide the details for each policy if item T5 or item M2 asked you to complete this section.

Health insurer ID

Membership number

B SGI **F**

C 2247430 **C** TYPE **F**

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 2010 to 30 June 2011, were you and all your dependants (including your spouse) - if you had any - covered by private patient HOSPITAL cover?

E

Y

Print Y for yes or N for no.

Number of days NOT liable for surcharge

A

365

Number of dependent children

D

Use related ref details?

Y

ADAM0001

Spouse details—married or de facto

If you had a spouse during 2010-11, did you complete any of the following items or do you consent to use part or all of your 2011 tax refund to repay your spouse's Family Assistance Office debt?

- T1 Spouse (without dependent child or student), child-housekeeper or housekeeper
- T2 Senior Australians (includes age pensioners, service pensioners and self-funded retirees)
- T3 Pensioner
- M1 Medicare levy reduction or exemption
- M2 Medicare levy surcharge and you printed X in the no box at E
- T7 Superannuation contributions on behalf of your spouse
- T10 Parent, spouse's parent or invalid relative
- T13 Entrepreneurs tax offset

NO ☐ You do not need to complete this section. Go to page 7.

YES ☒ You must complete this section. Complete the information required below then go to page 7.

Spouse's surname or family name	Adams		
Spouse's given names	Matthew	Warren	
Spouse's date of birth	Day	Month	Year
	K	15/10/1957	
Spouse's sex	Print X in the relevant box		
	Male	<input checked="" type="checkbox"/>	Female <input type="checkbox"/>

Did you have a spouse for the full year 1 July 2010 to 30 June 2011?

L

Y

Print Y for yes or N for no.

If you did not have a spouse for the full year, write the dates you had a spouse between 1 July 2010 and 30 June 2011.

From

M

 to

N

Pre-fill using related ref return details? ☐
(Related ref for spouse details above must be answered Y)

Your spouse's 2010-11 taxable income

O

62,590

Your spouse's share of trust income on which the trustee is assessed under section 98 and which has not been included in spouse's taxable income

T

Distributions 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

Your spouse's total reportable fringe benefits amounts

S

Amount of any Australian Government pensions and allowances (see page 12 in TaxPack 2011) that your spouse received in 2010-11 (exclude exempt pension income)

P

Amount of any exempt pension income (see pages 111-3 in TaxPack 2011) that your spouse received in 2010-11 (show your spouse's exempt pension income)

Q

Amount of your spouse's reportable superannuation contributions (which is the total of reportable employer superannuation contributions and deductible personal superannuation contributions)

A

Your spouse's amount of any tax-free government pensions paid under the Military Rehabilitation and Compensation Act 2004 that have not been included at Q above

B

Your spouse's target foreign income

C

Your spouse's total net investment loss (total of net financial investment loss and net rental property loss)

D

9,322

Child support your spouse paid

E

Your spouse's taxed element of a superannuation lump sum for which the tax rate is zero (see pages 89-94 in TaxPack 2011)

F

F

Spouse's total ATI (ELS Validation purpose only)

71,912

/

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 trusts

	N	T	I	BT Trust Fund			
PPInc				Credits: Abn		Foreign Resident Withholding	
NPPInc				Fmk		Rental Affordability Scheme	
				Tfn		Financial Investment Income	
				Tfn trusts		Rental Property Income	
				Trustee			

18 Capital gains

Did you have a capital gains tax event during the year?

G

N

PrintY for yes orN for no.

Did this CGT event relate to a forestry managed investment scheme interest you held other than as an initial participant?

Q

PrintY for yes orN for no.

Net capital gain

A

19 Foreign entities

Did you have either a direct or indirect interest in a controlled foreign company (CFC)?

I

N

PrintY for yes orN for no.

Have you ever, either directly or indirectly, caused the transfer of property—including money—or services to a non-resident trust estate?

W

N

PrintY for yes orN for no.

CFC income

K

Transferor trust income

B

20 Foreign source income and foreign assets or property

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

N

PrintY for yes orN for no.

F

21 Rent

Gross rent

P

5,736

Interest deductions

Q

12,930

Capital works deductions

F

Other rental deductions

U

2,128

Net rent

9,322

P less (Q + F + U)

9,322

LOSS

L

TOTAL SUPPLEMENT INCOME OR LOSS

Items 13 to 24 - add up the boxes for income amounts and deduct any loss amounts in the boxes

9,322

LOSS

L

Transfer this amount to I on page 3

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 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 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.

Tax agent's declaration

I,

SUE WHEATCROFT

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
	Day Month Year	ADAM0002
Contact name	Agent's telephone number	Agent's reference number
SUE WHEATCROFT	Area code Telephone number	
	08 98422942	61715002

Work Related Expenses Schedule 2011

D3 Work related uniforms

Provide a description of the items and explain why you need to use these for work purposes.

c

Work related uniforms, protective clothing, laundry expenses.

Expense type

L

Details of "O" code

Claimed

\$

150

Evidence / calculation code

S

Substantiation not reqd

Expense type

P

Details of "O" code

Claimed

\$

55

Evidence / calculation code

I

O

Inv/Rcpt, Other evidence

protective shoes for working in store

D5 Other work related expenses

Please explain how each expense claimed (except FID, union, or overtime meal allowance) related to your work.

mobile required by employer

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 call 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 the necessary evidence to support my claims.

Signature Date

Tax agent declaration:

I declare that I have explained to my client the information necessary to complete this form.

Signature Date

2011 Rental Property Statement

Address of Rental Property	Lot 120 Tribute Vista		
	Baldivia	WA	6171
Date property first earned rental income			01/07/2009
Number of weeks property was rented this year			33

Ownership			% owned
Adams	Matthew	ADAM0001	50.00
Adams	Sandra	ADAM0002	50.00

Income		Return	
Gross rental income	11,472		5,736
Other rental related income			
Gross Rent	11,472		5,736

Expenses		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
Net Rent		18,641 / L		9,322 / L

	Taxable Income	50,804		
	Tax Free Part	6,000		
	Tax Payable on Taxable Income		8,791.20	
			Sub-Total	\$ 8,791.20
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	667.84		
	Lump Sum	0.00		
	Life Assurance Bonus	0.00		
	Other Offsets	0.00		
			Sub-Total	\$ 667.84
				8,123.36
Plus:	Medicare Levy	762.06		
			Sub-Total	\$ 762.06
				8,885.42
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
				3,624.58
	Estimated Tax Refund			
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.