

Individual tax return

2010

1 July 2009 to 30 June 2010

Your tax file number (TFN)

628 347 212

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

Ms

Your sex

print X in the relevant box.

Male

Female

X

Surname or family name

Cameron

Given names

Eleanor

Heather

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.

34 Brunswick Road

ALBANY

WA

6330

Your date of birth

If you were under 18 years of age on 30 June 2010 you must complete item A1 on page 5 of this tax return.

03/08/1952

Final tax return

N

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

Your daytime phone number

Area code

08

Telephone number

9842 3881

Electronic funds transfer (EFT)

Do you want to use electronic funds transfer (EFT) this year for your tax refund where applicable?

Y

Print Y for yes or N for no.

If you answered yes, complete the account details.

BSB number
Must be six digits

066500

Account number

10209945

Account name

E H Cameron

Use Agent Trust Account?

N

F

IN-CONFIDENCE—when completed

Detailed

Income

1 Salary or wages

Your main salary and wage occupation

Psychologist - community

Occupation code

X

272399

Payer	Allowances	Lump A	Lump B	Tax Withheld	Gross
Southern Agcare				ABN: 49 546 709 383	RFBA: 14019
				16,806.00	51,864

9 Attributed personal services income

O

Total tax withheld

Add up the

boxes.

\$

16,806.00

I Only used by taxpayers completing the supplementary section

Transfer the amount from TOTAL SUPPLEMENT INCOME OR LOSS

0

/

LOSS

TOTAL INCOME OR LOSS

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

boxes.

51,864

/

LOSS

F

Deductions

D2 Work related travel expenses

B

10,245

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

C

120

/

CLAIM

C

D5 Other work related expenses

E

2,407

D9 Gifts or donations

J

50

Per Schedule

50

D10 Cost of managing tax affairs

M

121

TAF

121

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

12,943

SUBTOTAL

TOTAL INCOME OR LOSS less TOTAL DEDUCTIONS

38,921

/

LOSS

TAXABLE INCOME OR LOSS

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

\$

38,921

/

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

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 2009 to 30 June 2010, were you and all your dependants (including your spouse) - if you had any - covered by private patient HOSPITAL cover?

E

N

Print Y for yes or N for no.

Number of days NOT liable for surcharge

A

365

Number of dependent children

D

Income tests

Are you completing the Income tests items?

Y

- 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 received family payments, childcare benefits or a tax-free pension from Centrelink or the Department of Veterans' Affairs.
 - 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 2010 and you are entitled to the mature age worker tax offset (see page s59 in TaxPack 2010).
 - You paid 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) 2010
 - T10 Parent, spouse's parent or invalid relative tax offset; on the Tax return for individuals (supplementary section) 2010
 - T12 Net income from working – supplementary section; on the Tax return for individuals (supplementary section) 2010
 - T13 Entrepreneurs tax offset; on the Tax return for individuals (supplementary section) 2010
 - P9 Business loss activity details; on the Business and professional items schedule for individuals 2010.

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 2009–10 you must also complete Spouse details – married or de facto on page 6.

IT1

Total reportable fringe benefits amount

W

14,019

IT2

Reportable employer superannuation contributions

T

0

IT3

Tax-free government pensions

U

IT4

Target foreign income

V

IT5

Total net investment loss

X

IT6

Net rental property loss

Y

IT7

Child support you paid

Z

18

Capital gains

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

G

N

Print Y for yes or N for no.

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

Q

Print Y for yes or N 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

Print Y for yes or N 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

Print Y for yes or N for no.

Did you have an interest in a foreign investment fund (FIF) or a foreign life assurance policy (FLP)?

J

N

Print Y for yes or N for no.

CFC income

K

Transferor trust income

B

FIF and FLP income

C

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

Print Y for yes or N for no.

F

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,

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
<input type="text"/>	Day Month Year	<input type="text" value="CAME0001"/>
Contact name	Agent's telephone number	Agent's reference number
<input type="text" value="SUE WHEATCROFT"/>	Area code Telephone number	<input type="text" value="61715002"/>
	<input type="text" value="08"/> <input type="text" value="98422942"/>	

Depreciation Worksheet

2010

TitleHome Office Equipment

Transfer toWork Deductions

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

Total Cost	Opening	Acquisition Date	Acquisition Cost	Total Value	Rate %	Type P/D	Decline in Value	Private Portion	Closing
Desk									
0	618		0	618	25.00	D	155	0	463
Air Conditioner									
0	1,519		0	1,519	25.00	D	380	0	1,139
0	2,137		0	2,137			535	0	1,602

Deduct for Private Use

Net Depreciation

Disposals: { Deduct for Private Use

Net Adjustment

Total Claimed for Depreciation

0

535

Work Related Expenses Schedule 2010

Work related travel expenses

Travel expense type	T	Details of "O" code	
Flight Costs			3,388
Accommodation			3,448
Australian Psychological Soc			3,409
Claimed			\$ 10,245
Evidence / calculation code	I	D	O
Inv/Rcpt, Diary evidence, Other evidence			
Australian Psychological Society Professional Development tour			

D3 Work related uniforms

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

ldry of compulsory uniform

Work related uniforms, protective clothing, laundry expenses.

Expense type	P	Details of "O" code	
Claimed			\$ 120
Evidence / calculation code	I		Inv/Rcpt
1 pair blundstone boots - wearing on farms - visiting clients			

Other work related expenses

Expense type	P	Details of "O" code		
Business		%	Claimed	\$ 70
Evidence / calculation code	D	O	I	Diary evidence, Other evidence, Inv/Rcpt
incidental stationery purchases				

Expense type	B	Details of "O" code		
Business		%	Claimed	\$ 466
Evidence / calculation code	D	O	I	Diary evidence, Other evidence, Inv/Rcpt
books & journals				

Expense type	H	Details of "O" code		
Business		%	Claimed	\$ 284
Evidence / calculation code	D	O	I	Diary evidence, Other evidence
home office running costs ~21hrs p.wk @ 26c = \$284				

Expense type	O	Details of "O" code		prof assoc fees
Business		%	Claimed	\$ 862
Evidence / calculation code	I	D	I	Inv/Rcpt, Diary evidence
west australian psychologist registration board \$300 & Australian Psychological Society \$557				

Expense type	S	Details of "O" code		
Business		%	Claimed	\$ 160
Evidence / calculation code	I	I	I	Inv/Rcpt
Seminaar & Conference				

Expense type	O	Details of "O" code		sun protn
Business		%	Claimed	\$ 30
Evidence / calculation code	I	I	I	Inv/Rcpt
sunblock				

Dep'n: Home Office Equipment	535
Total claimed \$ 2,407	

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

	Taxable Income	38,921		
	Tax Free Part	6,000		
	Tax Payable on Taxable Income		5,526.30	
			Sub-Total	\$ 5,526.30
Less Offsets:	Offsets (T1 to T14 except T2,T3,T12,T13)		0.00	
	Seniors / Pension / Beneficiary Offset		0.00	
	Mature Aged Workers Tax Offset		494.45	
	Low Income Offset		993.16	
	Lump Sum		0.00	
	Life Assurance Bonus		0.00	
	Other Offsets		0.00	
			Sub-Total	\$ 1,487.61
				4,038.69
Plus:	Medicare Levy		583.81	
	HECS/HELP 20,614		2,382.30	
	Sup. Loan 0		Sub-Total	\$ 2,966.11
				7,004.80
Less Credits:	Tax withheld - salary & wage type income	16,806.00		
	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		
	Baby Bonus Offset (refundable)			
	PAYG Income Tax Instalments	0.00		
			Sub-Total	\$ 16,806.00
				9,801.20
	Estimated Tax Refund			

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.