



## Appendix: Tax return forms

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**Taxation  
Statistics  
1998-99**



**1 July 1998 to 30 June 1999**

**Tax file number**

It is not an offence not to quote your tax file number (TFN). However, your TFN helps the Australian Taxation Office (ATO) to correctly identify your 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 us to administer the tax laws. We may give some of this information to other government agencies authorised by law to receive it, including Centrelink and the departments of Family and Community Services; Veterans' Affairs and Education, Training and Youth Affairs.

Are you an Australian resident?  Print Y for yes or N for no. Have you included any attachments—other than group certificates and income tax credit vouchers?  Print Y for yes or N for no.

Name	Title—for example, Mr, Mrs, Ms, Miss	<input type="checkbox"/>	Sex—print X in the relevant box	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Surname or family name					
Given names					
Has any part of your name changed since completing your last tax return?			<input type="checkbox"/> Print Y for yes or N for no. If yes, print previous surname.		
<b>Current postal address</b>					
Has your postal address changed since completing your last tax return?			<input type="checkbox"/> Print Y for yes or N for no.		
Suburb or town			State	Postcode	
Country—if not Australia					
<b>Home address</b>					
If the same as current postal address, print AS ABOVE.					
Suburb or town			State	Postcode	
Country—if not Australia					
<b>Your date of birth</b>					
If you were under 18 years of age on 30 June 1999 you must complete item A1 on this tax return.			Day	Month	Year
Final tax return If you know this is your final tax return, print FINAL.					
<b>Your daytime telephone number</b>			Area code	Telephone number	
<b>Your spouse's name</b>			Surname or family name		
			Given names		
<b>Electronic funds transfer (EFT)</b>					
Do you want to use EFT for your refund this year?			<input type="checkbox"/> Print Y for yes or N for no.		
If yes complete the account details—do not provide details if they are the same as last year.			BSB number	Account number	
			Account name		

**Taxpayer's declaration**

**Read and sign the declaration after completing your tax return, including the supplementary section and schedules if applicable.**

I declare that all the information I have given in this tax return, including the supplementary section and schedules—if applicable—is true and correct, AND:

- I have shown all my income for tax purposes—including net capital gains—from sources in **and out of Australia** for the year of income
- I have the necessary receipts and/or other records—or expect to obtain the necessary written evidence within a reasonable time of lodging this tax return—to support my claims for deductions, rebates and family tax assistance (FTA) AND
- I have obtained the consent of my spouse to quote their TFN where this is given to support a claim for FTA.

Signature

Date

Day Month Year

**Important:**

- The tax law imposes heavy penalties for giving false or misleading information.
- If the taxpayer is not an Australian resident, the words **and out of** may be deleted from the declaration.

**ATO use only**

ETP 5%	<b>B</b>
ETP1-Code	<b>C</b>
ETP1-Lrt	<b>D</b>
ETP1-Hrt	<b>E</b>
ETP2-Code	<b>J</b>
ETP2-Lrt	<b>Q</b>
ETP2-Hrt	<b>R</b>
Average code	<b>H</b>
Indics	<b>X</b>
LLP-Start	<b>S</b>
LLP-End	<b>T</b>
M/I Indic	<b>P</b>

F

**Tax agent's certificate—refer to *The 1999 tax agent form 1 instructions***

I,

having charged a fee for preparing or assisting in the preparation of this return, hereby certify that this return has been prepared in accordance with the information supplied by the taxpayer.

Agent's signature

Date

Client's reference

Day

Month

Year

Contact name

Agent's telephone number

Area code

Telephone number

Agent's reference number

NAT 1371—2.1999

IN-CONFIDENCE—when completed



Tax forms

**Income**

Page 2

**1 Gross salary and wages shown on group certificates**  
Main salary and wage occupation

	Occupation code	<b>X</b>	
--	-----------------	----------	--

Name of employer from each group certificate			

\$	c	Income—do not show cents
<b>C</b>	/	.☒
<b>D</b>	/	.☒
<b>E</b>	/	.☒
<b>F</b>	/	.☒
<b>G</b>	/	.☒

**2 Allowances, benefits, earnings, tips, director's fees, etc.**

--	--	--

**K**
.☒
**3 Lump sum payments**

Amount A in lump sum payments box

--	--	--

**R**
.☒

5% of amount B in lump sum payments box

--	--	--

**H**
.☒
**4 Eligible termination payments**Taxable amount other than  
excessive component

--	--	--

**I**
.☒

Excessive component

--	--	--

**N**
.☒
**5 Youth allowance, Newstart, sickness allowance or special benefit, austudy payment or other educational or training allowances or payments**

--	--	--

**A**
.☒
**6 Commonwealth of Australia government pensions or allowances**If you had a spouse during 1998–99 you must complete  
Spouse details—married or de facto on page 5.

--	--	--

**B**
.☒
/
Rebate
code
**7 Other Australian pensions or annuities**

Type

--	--	--

**J**
.☒
**Total tax instalments deducted**Add up the **1** boxes. \$

--	--	--

**8 Gross interest**If you are a non-resident make sure you have  
printed your country of residence on page 1.Gross interest **L** .☒Tax file number (TFN) amounts  
deducted from gross interest

--	--	--

**M**
**9 Dividends**If you are a non-resident make sure you have  
printed your country of residence on page 1.Unfranked amount **S** .☒Franked amount **T** .☒Imputation credit **U** .☒

TFN amounts deducted from dividends

--	--	--

**V**
**I** Only used by taxpayers completing the supplementary section.Transfer the amount from **TOTAL SUPPLEMENTARY SECTION  
INCOME OR LOSS** on page 7 and write it here.  .☒ /  **TOTAL INCOME OR LOSS**Add up income amounts and deduct any loss amount in the **1** boxes.

--	--	--

.☒ / **F**

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Tax forms

## Private health insurance policy details

Page 4

If you and/or your dependants were covered by private health insurance, or you made premium payments towards private health insurance, you must provide the details for each policy below.

Health fund ID <b>B</b> <input type="text"/> F	Membership number <b>C</b> <input type="text"/> / <input type="text"/> Type <b>F</b>
B <input type="text"/> F	C <input type="text"/> / <input type="text"/> Type <b>F</b>
B <input type="text"/> F	C <input type="text"/> / <input type="text"/> Type <b>F</b>
B <input type="text"/> F	C <input type="text"/> / <input type="text"/> Type <b>F</b>

## Medicare levy related items

### M1 Medicare levy reduction or exemption

If you complete this item and you had a spouse during 1998–99 you must complete **Spouse details—married or de facto** on page 5.

Reduction based on family income      Number of dependent children and students **Y**

Exemption      Full 1.5% levy exemption—number of days **V**  Claim  type

Half 1.5% levy exemption—number of days **W**

### M2 Medicare levy surcharge

THIS ITEM IS COMPULSORY.

If you do not complete this question you may be charged the full Medicare levy surcharge. Refer to *The 1999 tax agent form 1 instructions*.

Were you and all your dependants—including your spouse—covered by private patient HOSPITAL cover for the whole period 1 July 1998 to 30 June 1999? **E**  Print Y for yes or N for no.

If yes, you must provide policy details at **Private health insurance policy details** above.

If no, read below.

If you are liable for the surcharge for the whole period 1 July 1998 to 30 June 1999 you must write 0 at label A.

If you are liable for the surcharge for part of the period 1 July 1998 to 30 June 1999 you must write the number of days you were NOT liable at label A.

If you are NOT liable for the surcharge for the whole period 1 July 1998 to 30 June 1999 you must write 365 at label A.

Number of days NOT liable for surcharge **A**

Number of dependent children **D**

If you had a spouse during 1998–99, complete **Spouse details—married or de facto** on page 5.

If you were covered by private patient hospital cover during 1998–99 you must provide policy details at **Private health insurance policy details** above.



## Adjustments

### A1 Under 18 excepted net income

**J**  . /  Type

### A2 Part-year tax-free threshold

Date  Day  Month  Year

Months **N**

Income during period as a student **O**  .

### A3 Amount on which family trust distribution tax has been paid

You must read the information on A3 in *The 1999 tax agent form 1 instructions* before completing this item.

**X**  . F

# Taxation Statistics 1998–99

## A4 Family tax assistance (FTA)

Page 5

Only complete this item if you are eligible for FTA.  
Refer to *The 1999 tax agent form I instructions*.

If you had a spouse during 1998–99 you must complete **Spouse details—married or de facto** below.

### Details of dependent children

Each dependent child must meet the income test—refer to *The 1999 tax agent form I instructions*.

Dependent child's given name		Date of birth Day   Month   Year	Full care		Shared care single period		Shared care multiple periods	
				Number of nights		Number of nights you provided care	Number of nights others provided care	
1	A	B C D E F						
2	A	B C D E F						
3	A	B C D E F						
4	A	B C D E F						
5	A	B C D E F						

Maximum number of dependent children cared for at any one time from 1 July 1998 to 30 June 1999 inclusive **F** [ ]

Number of nights you provided care for one or more dependent children under 5 years of age from 1 July 1998 to 30 June 1999 inclusive—maximum of 365 nights **G** [ ]

### Family tax payment (FTP) details

Amount of FTP received from Centrelink for the dependent children for whom you are claiming FTA. This FTP may have been received by you, your spouse, or another person living with you.

Part A **H** [ ] .~~XX~~  
Part B **I** [ ] .~~XX~~

## Spouse details—married or de facto

Only provide these details if you had a spouse—married or de facto—during 1998–99 and you completed any of the following items:

- 6 – Commonwealth of Australia government pensions or allowances
- R1 – spouse rebate
- R3 – low income aged persons rebate
- R5 – private health insurance incentive—1 July to 31 December 1998
- M1 – Medicare levy reduction or exemption
- M2 – Medicare levy surcharge—and at label E you printed 'N'
- A4 – family tax assistance
- R7 – superannuation contributions on behalf of your spouse rebate—see the supplementary section

It is not an offence not to quote your spouse's tax file number (TFN). However, the TFN will assist us to process your claim. The TFN may be used to confirm your spouse's income. If you cannot provide their TFN, please provide their date of birth.

Spouse's TFN—only complete if you are claiming family tax assistance **J** [ ]

Spouse's date of birth **K** [ ] Day   Month   Year

Did you have a spouse for the full year 1 July 1998 to 30 June 1999?

**L**  Print Y for yes  
or N for no.

**From**

**M** [ ] Day   Month   Year

**To**

**N** [ ] Day   Month   Year

► Spouse's 1998–99 taxable income

You need only complete spouse's taxable income if:  
– you had a spouse on 30 June 1999 AND  
you completed one or more of items R5,  
M1 (label Y only) and A4  
– you had a spouse for all of 1998–99 AND  
at label E item M2 you printed 'N'  
– you had a spouse for any part of the year AND  
you completed one or more of items 6, R3,  
R7 and M1 (label V or W).  
Refer to *The 1999 tax agent form I instructions*.

If you did not have a spouse for the full year, write the dates you had a spouse between 1 July 1998 and 30 June 1999.

**O** [ ] .~~XX~~

**P** [ ] .~~XX~~

**Q** [ ] .~~XX~~

**R** [ ] .~~XX~~

If you are required to complete any of the labels O, P, Q or R and you are declaring that your spouse's income is zero, write **0**.

If you completed item 6 show the amount of any exempt pension income received by your spouse in 1998–99.

If you completed item R1, show your spouse's 1998–99 separate net income.

**F**



Tax forms

**Supplementary section****Did you have net income or loss from a business?**

Page 6

No  Complete the supplementary section.Yes  Refer to the **Business and professional items** section of *The 1999 tax agent form I instructions* and complete the *Individual 1999 business and professional items schedule* before completing the supplementary section.**Income****10 Partnerships and trusts**

Primary production

Distribution from partnerships **N**  / Distribution from trusts **L**  / Landcare operations and water  
conservation/conveying expenses **I** Other deductions relating to distribution **X** Net primary production distribution **F**  / 

Non-primary production

Distribution from partnerships, not  
including foreign source income **O**  / Distribution from trusts, not including net  
capital gains and foreign source income **U**  / Landcare operations expenses **J** Other deductions relating to distribution in labels O and U **Y** Net non-primary production distribution **F**  / Distributions of net capital gains must be included at item 13.  
Distributions of foreign source income must be included at item 15.

Share of credits from income

Share of prescribed payments system credit **P** Share of reportable payments system credit **Z** Share of imputation credit from franked dividends **Q** Share of credit for tax file number amounts  
deducted from interest and dividends **R** Share of credit for tax paid by trustee **S** Share of credit for 1999–2000 provisional  
tax payable by trustee **T** Income tax credit vouchers relating to  
partnership or trust distributions **A** **11 Net income or loss from business**Primary production—transferred from **Y** on your *Individual 1999 business and professional items schedule* **B**  . / Non-primary production—transferred from **Z** on your *Individual 1999 business and professional items schedule* **C**  . / Prescribed payments system credit **D** Reportable payments system credit **W** **12 Net income equalisation and/or farm management deposits or withdrawals****E**  . / Tax withheld on withdrawals of income equalisation  
and/or farm management deposits **F** **F**

**Taxation  
Statistics  
1998-99**

**13 Capital gains**

Page 7

Total current year capital gains **H**  TypeTotal current year capital losses applied **G**  TypePrior year net capital losses applied **X**  TypeNet capital gains (label H less labels G and X)  .Net capital losses carried forward **R**  .Capital gains tax small business net roll-over amount **S**  .Capital gains tax small business retirement exemption amount **T**  .

**14 Foreign entities**

Did you have either a direct or indirect interest in a controlled foreign company (CFC)? **I**  Print Y for yes or N for no.CFC income **K**  .

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

Transferor trust income **B**  .Did you have an interest in a foreign investment fund (FIF) or a foreign life assurance policy (FLP)? **J**  Print Y for yes or N for no.FIF and FLP income **C**  .

**15 Foreign source income and foreign assets or property**

Assessable foreign source income **E**  .Net foreign employment and net foreign pension or annuity income without an undeducted purchase price **L**  Type .Net foreign pension or annuity income with an undeducted purchase price **D**  .Other net foreign source income **M**  .Exempt foreign employment income **N**  .Foreign tax credits **O** 

Did you own, or have an interest in, assets located outside Australia during the year which have a total value of AUD \$50 000 or more?

**F**

**16 Rent**

Gross rent **P**  .Interest deductions **Q**  .Special building write-off **F**  .Other rental deductions **U**  .Net rent (label P less labels Q, F and U)  .

**17 Bonuses from life insurance companies and friendly societies**

**W**  .Claim type

**18 Other income—not shown elsewhere on your tax return**

Type of income Category 1  **Y**  .Category 2  **V**  .Tax instalments deducted—lump sum payments in arrears **E** Taxable professional income **Z**  .**F**

**TOTAL SUPPLEMENTARY SECTION INCOME OR LOSS**

Add up income amounts and deduct any loss amounts in the  boxes.  .Transfer this amount to the bottom of page 2 at **I**



Tax forms

**Deductions**

Page 8

**D10 Total allowable prior year losses**Primary production **F**  .Non-primary production **Z**  .**D11 Australian film industry incentives****G**  .**D12 Deductible amount of undeducted purchase price of foreign pension or annuity****Y**  .**D13 Non-employer sponsored superannuation contributions**

Full name of fund

Policy number

**H**  .**D14 Other deductions—not claimable at items D1 to D13**

Description of claim

Election expenses **E**  .Other deductions **J**  .**TOTAL SUPPLEMENTARY SECTION DEDUCTIONS**Items **D10** to **D14**—add up the  boxes .Transfer this amount to **D** on page 3 ◀ **Rebates****R7 Superannuation contributions on behalf of your spouse**

You must also complete Spouse details—married or de facto on page 5.

Contributions paid  **A**  .**R8 Zone or overseas forces****R**  .**R9 Rebate on net medical expenses over \$1250****X**  .**R10 Parent, parent-in-law and invalid relative****B**  .**R11 Landcare and water facility rebate**Landcare and water facility rebate claimed **M**  . Claim type Landcare and water facility rebate brought forward from prior year **T**  .**R12 Other rebates****C**  . Claim type 

If you are entitled to a low income rebate, do not write it anywhere on your tax return.  
The ATO will calculate it for you. Refer to *The 1999 tax agent form 1 instructions*.

**TOTAL SUPPLEMENTARY SECTION REBATES**Items **R7** to **R12**—add up the  boxes  .Transfer this amount to **R** on page 3 ◀ **Other credits for tax paid****C1 Income tax credit vouchers**—not shown elsewhere on your tax return**K** **C2 Credit for interest on early payments**—amount of interest**L** **F**

**Taxation  
Statistics  
1998–99**



Tax file number (TFN)
-----------------------

See the note on privacy under the TFN in the *Individual 1999 income tax return*.

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**Complete this schedule only if you need to complete item 11 in the supplementary section of your tax return.**

**Name**—as printed on your *Individual 1999 income tax return*

Title—for example, Mr, Mrs, Ms, Miss

Surname or family name   
Given names

**P1 Description of main business activity**

Industry code **A**

**P2 Status of your business**—print X in one box only—refer to *The 1999 tax agent form 1 instructions* for details

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

**P3 Business name of main business**

**P4 Business address of main business**

Suburb or town  State **C** Postcode

**P5 Did you sell any goods or services using the Internet?**

**Q**  Print Y for yes  
or N for no.

**Taxpayer's signature**

When you have completed your schedule, sign and date below.

**Hours taken to prepare and complete this schedule** **S**   
Do not include tax agent's time.

Signature

Date  Day   Month   Year

Check that you have included your personal details on this schedule.  
Attach your schedule to page 3 of your *Individual 1999 income tax return*.



Tax forms

**P6 Business income and expenses****Income**

Gross prescribed payments system income

Gross reportable payments system income

Assessable government industry payments

Other business income

## Primary production

## Non-primary production

## Totals

<b>D</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>F</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>H</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>J</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Total business income</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Expenses**

Opening stock

Purchases and other costs

Closing stock

Cost of sales  
(label K plus L less M)

Contractor, sub-contractor and commission expenses

Superannuation expenses

Bad debts

Lease expenses

Rent expenses

Interest expenses within Australia

Interest expenses overseas

Depreciation expenses

Motor vehicle expenses

Repairs and maintenance

All other expenses

Type

Add up the **S** boxes for each column.**Reconciliation items**

Drought investment allowance

Environmental protection expenses

Landcare operations and water conservation/conveying expenses

Other reconciliation adjustments

Net income or loss from business

**Other business and professional items****P7** Trade debtors**E** **P8** Trade creditors**F** **P9** Total salary and wage expenses**G** **P10** Payments to related entities**H** **P11** Depreciable assets purchased**I** **P12** Depreciable assets sold**J** **P13** Prescribed payments system income—net of expenses**K** **P14** Trading stock election—print **Y** for yes or leave blank**L** 

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Tax forms

Page 2

**Information statement****To be completed by all companies**Refer to *The 1999 form C instructions* for information on completing this tax return.**5 Calculation of total profit or loss**  
**Income**

Gross prescribed payments system income **A**

Gross reportable payments system income **B**

Other sales of goods and services **C**

Gross distribution from partnerships **D**  /

Gross distribution from trusts **E**  / CODE

Gross interest **F**

Gross rents and other leasing and hiring income **G**

Gross dividends **H**

Fringe benefit employee contributions **I**

Assessable government industry payments **Q**  / CODE

Other gross income **R**  /

**Total income S**  /  **F**

**Expenses**

Cost of sales **A**  /

Contractor, sub-contractor and commission expenses **C**

Employee superannuation **D**

Bad debts **E**

Lease expenses within Australia **F**

Lease expenses overseas **I**

Rent expenses **H**

Interest expenses within Australia **V**

Interest expenses overseas **J**

Royalty expenses within Australia **W**

Royalty expenses overseas **U**

Depreciation expenses **X**

Motor vehicle expenses **Y**

Repairs and maintenance **Z**

All other expenses **S**

**Total expenses Q**  / **Operating profit or loss**—subtract Total expenses **Q** from Total income **S** **R**  / Extraordinary revenue or expenses **N**  / **Total profit or loss T**  /  **F**

**Taxation  
Statistics  
1998-99**

Page 3

**6 Reconciliation to taxable income or loss**

Total profit or loss amount shown at label T, page 2	<input type="checkbox"/> [ ] / <input type="checkbox"/>
<b>Add</b>	
Total current year capital gains	<input type="checkbox"/> [ ] / <input type="checkbox"/> CODE
Non-deductible exempt income expenditure	<input type="checkbox"/> [ ]
Other assessable income	<input type="checkbox"/> [ ]
Non-deductible expenses	<input type="checkbox"/> [ ]
<b>Less</b>	
Total current year capital losses applied	<input type="checkbox"/> [ ] / <input type="checkbox"/> CODE
Prior year net capital losses applied	<input type="checkbox"/> [ ]
Capital losses and net capital losses transferred in	<input type="checkbox"/> [ ]
Depreciation deducted	<input type="checkbox"/> [ ]
Mining and quarrying companies only	Immediate write-off <input type="checkbox"/> [ ]
	Other capital expenditure <input type="checkbox"/> [ ]
Special building write-off	<input type="checkbox"/> [ ]
Drought investment allowance	<input type="checkbox"/> [ ]
Development allowance	<input type="checkbox"/> [ ]
Non-syndicated research and development	<input type="checkbox"/> [ ]
Syndicated research and development	<input type="checkbox"/> [ ]
Landcare operations and water conservation/conveying expenses	<input type="checkbox"/> [ ]
Environment protection expenses	<input type="checkbox"/> [ ]
Offshore banking unit adjustment	<input type="checkbox"/> [ ]
Income exempt from tax	<input type="checkbox"/> [ ]
Other income not included in assessable income	<input type="checkbox"/> [ ]
Other deductible expenses	<input type="checkbox"/> [ ]
Losses deducted	<input type="checkbox"/> [ ]
Losses transferred in	<input type="checkbox"/> [ ]
<b>Taxable income or loss</b>	<input type="checkbox"/> [ ] / <input type="checkbox"/> F
Losses transferred out	<input type="checkbox"/> [ ]
Losses carried forward	<input type="checkbox"/> [ ]
Net capital losses transferred out	<input type="checkbox"/> [ ]
Net capital losses carried forward	<input type="checkbox"/> [ ]
Capital gains tax small business net roll-over amount	<input type="checkbox"/> [ ]

**7 Financial and other information**

Opening stock	<input type="checkbox"/> A [ ]
Purchases and other costs	<input type="checkbox"/> S [ ]
Closing stock	<input type="checkbox"/> B [ ] / <input type="checkbox"/> CODE
Trading stock election	<input type="checkbox"/> [ ] Print Y for yes or leave blank.
Trade debtors	<input type="checkbox"/> C [ ]
All current assets	<input type="checkbox"/> D [ ]
Total assets	<input type="checkbox"/> E [ ]
Trade creditors	<input type="checkbox"/> F [ ]
All current liabilities	<input type="checkbox"/> G [ ]
Total liabilities	<input type="checkbox"/> H [ ]
Shareholders funds	<input type="checkbox"/> R [ ] / <input type="checkbox"/> F
Franked dividends paid	<input type="checkbox"/> J [ ]
Unfranked dividends paid	<input type="checkbox"/> K [ ]
Class A franking account balance	<input type="checkbox"/> L [ ]
Class C franking account balance	<input type="checkbox"/> M [ ]
Loans to shareholders	<input type="checkbox"/> N [ ] / <input type="checkbox"/> CODE
Depreciable assets purchased	<input type="checkbox"/> Z [ ]
Depreciable assets sold	<input type="checkbox"/> P [ ]
Total salary and wage expenses	<input type="checkbox"/> D [ ] / <input type="checkbox"/> CODE
Payments to associated persons	<input type="checkbox"/> Q [ ]
Prescribed payments system income—net of expenses	<input type="checkbox"/> A [ ] / <input type="checkbox"/> F
Net foreign income	<input type="checkbox"/> R [ ]
Tax spared foreign tax credits	<input type="checkbox"/> S [ ]
Broad-exemption listed country	<input type="checkbox"/> B [ ]
Limited-exemption listed country	<input type="checkbox"/> C [ ]
Unlisted country	<input type="checkbox"/> U [ ]
Transferor trust	<input type="checkbox"/> V [ ]
Foreign investment fund income	<input type="checkbox"/> W [ ]
Foreign life policy	<input type="checkbox"/> X [ ]
Currency gain or loss	<input type="checkbox"/> I [ ] / <input type="checkbox"/> F
Section 128F exempt interest paid	<input type="checkbox"/> O [ ]

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Tax forms

Page 4

**8 Licensed clubs only**Percentage of  
non-member income **A**  %**9 Life assurance companies and registered  
organisations only**

Complying	<b>B</b> <input type="text"/>
Non-complying	<b>C</b> <input type="text"/>
Net capital gains	<b>D</b> <input type="text"/>
Gross taxable contributions	<b>E</b> <input type="text"/>
Total superannuation deductions	<b>F</b> <input type="text"/>

**12 Landcare and water facility rebate**Landcare and water facility rebate claimed **L**  /CODE  
Landcare and water facility rebate brought forward from prior year **K** **13 Internet trading**Did the company sell any goods or services using the Internet? **Q**  Print Y for yes  
or N for no.**Overseas transactions or interests**—refer to *The 1999 form C instructions***The following questions must be answered.** Print Y for yes or N for no at questions 14, 15 and 16. If you answer yes to questions 14, 15 or 16 below, complete and attach the **1999 schedule 25A**.**14 Overseas transactions**

- Did the company have international dealings, including loans or advances, with related parties overseas, including permanent establishments or head offices? OR
- Did the company (including where the company is a non-resident company) claim as a deduction any interest paid on foreign debt to a foreign controller or non-resident associate?

**X** **15 Interest in a foreign company or foreign trust**

Did the company have either a direct or indirect interest in a foreign trust, controlled foreign company, or transferor trust?

**Y** **16 Foreign investment fund and foreign life assurance policy**

Did the company have an interest in a foreign investment fund or a foreign life assurance policy?

**Z** 

F

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**Calculation statement**

Foreign tax credits	<b>D</b> \$ <input type="text"/> :
Franking deficit tax offset	<b>E</b> \$ <input type="text"/> :
Deficit deferral tax offset	<b>F</b> \$ <input type="text"/> :
Instalments paid	<b>T</b> \$ <input type="text"/> :
Credit for interest on early payments—amount of interest	<b>V</b> \$ <input type="text"/> :
Prescribed payments system credit	<b>W</b> \$ <input checked="" type="text"/> :
Reportable payments system credit	<b>X</b> \$ <input checked="" type="text"/> :
Tax withheld from interest/investments	<b>Y</b> \$ <input type="text"/> :
Other refundable credits	<b>Z</b> \$ <input type="text"/> :

Taxable or net income	<b>A</b> \$ <input type="text"/> <input checked="" type="checkbox"/>
Gross tax	<b>B</b> \$ <input type="text"/> :
Rebates/tax offsets	<b>C</b> \$ <input type="text"/> :
Tax assessed	<b>D</b> \$ <input type="text"/> :
total of labels D/E/F	<b>G</b> \$ <input type="text"/> :
Tax payable	<b>H</b> \$ <input type="text"/> :
Add:	Sec102AAM interest <b>I</b> \$ <input type="text"/> :
Less:	total of labels T/V/W/X/Y/Z <b>R</b> \$ <input type="text"/> :
Amount of payment (+) or refund (-)	<b>S</b> \$ <input type="text"/> :

F

**Declaration**

I declare that the particulars shown in this tax return and the relevant records used to ascertain the taxable or net income, as shown, derived by the company from all sources in **and out of** Australia during the year of income are true and correct.  
Non-resident companies: delete **and out of**.

Public officer signature

Date

Day	Month	Year
-----	-------	------

Title

Hours taken to prepare and complete this return **J**  F—refer to *The 1999 form C instructions*.

Public officer's name

Daytime contact  
telephone number

Area code

Telephone number

F

**Taxation  
Statistics  
1998-99**



## 1999 income tax return

1 July 1998 to 30 June 1999

Day	Month	Year	to	Day	Month	Year
-----	-------	------	----	-----	-------	------

or specify period if part year or **approved** substitute period

Tax file number

**Name of fund or trust**

**Previous name of fund or trust**

If the fund or trust name has changed, please print it **exactly** as shown on the last notice of assessment or the last tax return lodged.

**Current postal address**

If the address has not changed, please print it exactly as shown on the last notice of assessment or the last tax return lodged.

**Postal address on previous tax return**

If the address has changed, please print it **exactly** as shown on the last notice of assessment or the last tax return lodged.

**Name of trustee** If the trustee is a company, print details here including Australian Company Number (ACN) or Australian Registered Body Number (ARBN).

ACN or ARBN\*  
\* Cross out whichever is not applicable.

**Hours taken to prepare and complete this return—refer to The 1999 form F instructions**

**J**

**Business postcode**

**Final tax return—refer to The 1999 form F instructions**

**Declaration:** I declare that the particulars shown in this tax return and the relevant records used to ascertain the taxable income, as shown, derived by the fund from all sources in **and out of** Australia during the year of income are true and correct. Non-resident funds or trusts **delete and out of**.

Trustee's signature Day Month Year Trustee's contact name Area code Trustee's telephone number

**Tax agent's certificate—refer to The 1999 form F instructions**

I,

having charged a fee for preparing or assisting in the preparation of this return, hereby certify that this return has been prepared in accordance with the information supplied by the taxpayer.

Day Month Year

Client's reference

Contact name Area code Telephone number Agent's reference number

**1 Superannuation fund number—refer to The 1999 form F instructions**

**A**

**2 Date of establishment of fund or trust—refer to The 1999 form F instructions**

**B** Day Month Year

**3 Status of fund or trust—print X in a box if applicable—refer to The 1999 form F instructions**

Resident

Non-resident

**C1**

**C2**

Superannuation fund

Approved deposit fund

**D1**

**D2**

Pooled superannuation fund trust

**D3**

Membership industry classification

**E1**

**4 Type of fund or trust—refer to The 1999 form F instructions**

Non-regulated

Excluded

Public offer or retail

**H1**

**H2**

**H3**

Industry or award

Employer sponsored or corporate

Public sector fund

**H4**

**H5**

**H6**

Other

**H7**

**4A Family trust/interposed entity election status**

If the trust or fund has made or is making a family trust election and/or one or more interposed entity elections for 1998-99 or an earlier income year, print the appropriate election status code for the fund or trust and complete and attach *1999 family trust election and/or 1999 family trust revocation and/or 1999 interposed entity election*.

**I**

**5 Is the fund or trust complying in accordance with section 45, 47 or 48 of The Superannuation Industry (Supervision) Act 1993—print Y for yes or N for no—refer to The 1999 form F instructions**

**F**

**6 Does the fund or trust expect to have a liability to tax in future years?**

Print Y for yes or N for no—refer to The 1999 form F instructions.

**G** **F**

**Calculation Statement**

Foreign tax credits

**D** \$ :

Rebates/tax offsets

**C** \$ :

Credit for interest on early payments—amount of interest

**V** \$ :

Other refundable credits

**Q** \$ :

**Taxable income** **A** \$ .  
**Gross tax** **B** \$ :

**Less:** total of labels D and C **G** \$ :

**Tax payable** **H** \$ :

**Add:** Section 102AAM interest charge **H** \$ :

**Less:** total of labels V and Q **R** \$ :

**Subtotal** **S** \$ :

**Less:** Instalment(s) paid **T** \$ :

Amount of payment (+) or refund (-) **S** \$ :

**F**



Tax forms

<b>Information Statement</b>		<b>To be completed by all entities</b>	
Refer to <i>The 1999 form F instructions</i> for information on completing this tax return.			
<b>Income</b>		<b>Less</b>	
Total current year capital gains	<b>A</b>	Interest expenses within Australia	<b>A</b>
Gross rent and other leasing and hiring income	<b>B</b>	Interest expenses overseas	<b>B</b>
Gross interest	<b>C</b>	Total salary and wage expenses	<b>C</b>
Gross dividends	<b>D</b>	Special building write-off	<b>Q</b>
Gross foreign income	<b>I</b>	Depreciation deducted	<b>W</b>
Net foreign income	<b>E</b>	Other deductions	<b>D</b>
Gross taxable employer contributions	<b>F</b>	Transfer of taxable contributions	<b>E</b>
Gross taxable employee or depositor contributions	<b>G</b>	Losses deducted	<b>F</b>
Net excessive private company dividends and other excessive non-arm's length income	<b>H</b>	Exempt current pension income	<b>G</b>
Sections 288A and 288B net previous income	<b>W</b>	Exempt section 290A income	<b>H</b>
Gross distribution from partnerships	<b>V</b>	Total current year capital losses applied	<b>I</b>
Gross distribution from trusts	<b>X</b>	Prior year net capital losses applied	<b>S</b>
Other income	<b>R</b>	<b>Taxable income or loss</b>	<b>T</b>
<b>Total of above labels</b> —add the <b>I</b> boxes	<b>S</b>	<b>Losses carried forward</b>	<b>V</b>
		<b>F</b>	
<b>Other information</b>		<b>Attributed foreign Income</b>	
Total investments	<b>Q</b>	Broad-exemption listed country	<b>O</b>
Number of members	<b>R</b>	Limited-exemption listed country	<b>L</b>
Net capital losses carried forward	<b>U</b>	Unlisted country	<b>J</b>
Exempt section 274(7) contributions	<b>M</b>	FIF/FLP income	<b>P</b>
Exempt section 275B contributions	<b>N</b>	Tax spared foreign tax credits	<b>K</b>
<b>7 Landcare and water facility rebate</b>		Landcare and water facility rebate claimed	<b>A</b>
		Landcare and water facility rebate brought forward from prior year	<b>B</b>
<b>8 Internet transactions</b>		Print Y for yes or N for no.	<b>I</b>
Did the fund have dealings (including purchases and sales of assets or borrowings) on the Internet?			
<b>The following questions must be answered.</b> Print Y for yes or N for no at questions 9 to 16. If you answer yes to questions 9, 10 or 11 below, complete and attach the <b>1999 schedule 25A</b> .			
<b>9 Overseas transactions</b>	<b>X</b>		
<ul style="list-style-type: none"> <li>Did the fund or trust have international dealings, including loans or advances, with related parties overseas, including permanent establishments or head offices? OR</li> <li>Did the fund or trust claim as a deduction any interest paid on foreign debt to a foreign controller or non-resident associate?</li> </ul>			
<b>10 Interest in a foreign company or foreign trust</b>	<b>Y</b>		
Did the fund or trust have either a direct or indirect interest in a foreign trust, controlled foreign company, or transferor trust?			
<b>11 Foreign investment fund and foreign life assurance policy</b>	<b>Z</b>		
Did the fund or trust have an interest in a foreign investment fund or a foreign life assurance policy?			
<b>12</b>	<b>F</b>		
If there is an amount of exempt current pension income, has the trustee of the fund obtained the relevant actuary's certificate or certificates required by sections 273A, 273B or 283 as a condition of exemption? Answer this question ONLY if there is an amount of exempt current pension income.			
<b>13</b>			
Is the fund or trust claiming a deduction for premiums for death or disability cover under section 279 that requires an actuary's certificate to be obtained? If so, has the fund or trust obtained the relevant certificate?			
<b>14</b>			
Has the fund or trust, with consent of the transferee, transferred taxable contributions to a life assurance company, registered organisation or pooled superannuation trust? If so, show the names of the transferee or transferees and the amount of contributions transferred to each.			
Name:		\$	
Name:		\$	
<b>15</b>			
(a) Is the fund or trust a continuously complying fixed interest approved deposit fund claiming to have part of its income treated as exempt under section 290A?			
(b) Is the reckoning date, at which the components in the formula in subsection 290A(2) were determined, at a date other than the beginning of the year of income? If so, state the reckoning date.			
Day    Month    Year			
<b>16</b>			
Has the fund or trust made a payment or transferred a benefit that is included in the assessable income of the recipient under section 82AAQ?			



**Taxation  
Statistics  
1998-99**



Name of partnership

**Previous name of partnership**

If the partnership name has changed, please print it exactly as shown on the last tax return lodged.

**Current postal address**

If the address has not changed, please print it exactly as shown on the last tax return lodged.

**Postal address on previous tax return**

If the address has changed, please print your previous address exactly as shown on the last tax return lodged.

Have you attached any other attachments?

Tax file number
-----------------

**1999 income tax return**

1 July 1998 to 30 June 1999

Notes to assist in the preparation of this tax return are provided in *The 1999 forms P and T instructions* available from the Australian Taxation Office (ATO). Post or deliver this tax return to the ATO by 31 October 1999. Addresses are shown in the instructions.

--	--

--	--

Suburb or town	State	Postcode
Country—if not Australia		

--	--

Suburb or town	State	Postcode
Country—if not Australia		

**Full name of the partner to whom notices should be sent**

Title—for example, Mr, Mrs, Ms, Miss

Surname or family name	Given names
------------------------	-------------

Given names

Name

ACN or ARBN*							
--------------	--	--	--	--	--	--	--

\* Cross out whichever is not applicable.

**Interposed entity election status** If the partners have made or are making one or more interposed entity elections from a day in 1998-99 or an earlier income year, print the appropriate **election status code** for the partnership in the box to the right and complete and attach **1999 interposed entity election**—refer to *The 1999 forms P and T instructions*.

**Tax file number of former partnership**

If the partnership arose as a result of a reconstitution, refer to *The 1999 forms P and T instructions*.

--	--	--	--	--	--	--

**Final tax return—**  
refer to *The 1999 forms P and T instructions*

--

**Important:** Before making this declaration please check to ensure that all income has been disclosed and the tax return is true and correct in every detail. If you are in doubt about any aspect of the tax return, place all the facts before the Australian Taxation Office. The income tax law imposes heavy penalties for false or misleading statements in tax returns.

**Declaration:** I declare that:

- the particulars shown in this tax return and in the accompanying documents are true and correct in every detail and disclose a full and complete statement of the total income derived from all sources in and out of Australia during the year of income; and
- the partnership has the necessary receipts and/or other records, or expects to obtain the necessary written evidence within a reasonable time of lodging this tax return.

**Hours taken to prepare and complete this return**

--	--

Signature

Date

Day	Month	Year
-----	-------	------

**This declaration and all attached documents must be signed by a partner.**

**Tax agent's certificate**—refer to *The 1999 forms P and T instructions*

I,

having charged a fee for preparing or assisting in the preparation of this return, hereby certify that this return has been prepared in accordance with the information supplied by the taxpayer.

Agent's signature

--

Day	Month	Year
-----	-------	------

Client's reference

--

Contact name

--

Agent's telephone number

Area code	Telephone number
-----------	------------------

Agent's reference number

--

**ATO use only**

Indics X

NAT 656—3.1999

**IN-CONFIDENCE—when completed**

F



Tax forms

**1 Description of main business activity**

Page 2

<input type="text"/>	Industry code <b>A</b> <input type="text"/>
----------------------	---------------------------------------------

**2 Status of business**—print X in one box only—refer to *The 1999 forms P and T instructions*Multiple business **B1**  Ceased business **B2**  Commenced business **B3** **3 Did the partnership sell any goods or services using the Internet?****Q**  Print Y for yes  
or N for no.**F****Income excluding foreign income****4 Business income and expenses****Business income**

	Primary production	Non-primary production	Totals
Gross prescribed payments system income	<b>B</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Gross reportable payments system income	<b>C</b> <input type="checkbox"/>	<b>D</b> <input type="checkbox"/>	<input type="checkbox"/>
Assessable government industry payments	<b>E</b> <input type="checkbox"/>	<b>F</b> <input type="checkbox"/>	<input type="checkbox"/>
Other business income	<b>G</b> <input type="checkbox"/>	<b>H</b> <input type="checkbox"/>	<input type="checkbox"/> <b>F</b>
<b>Total business income</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Expenses**

Contractor, sub-contractor and commission expenses	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>C</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
Superannuation expenses	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>D</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
Cost of sales	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>E</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
Bad debts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>F</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
Lease expenses	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>G</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
Rent expenses	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>H</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
Total interest expenses	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>I</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
Total royalty expenses	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>J</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
Depreciation expenses	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>K</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
Motor vehicle expenses	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>L</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
Repairs and maintenance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>M</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
All other expenses	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>N</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Total expenses—labels C to N</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>O</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>

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**Reconciliation items**

<b>Add</b>	Income reconciliation adjustments	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>A</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Add</b>	Expense reconciliation adjustments	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>B</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Less</b>	Drought investment allowance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>U</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>Net income or loss from business</b>	<b>Q</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>R</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
				<b>S</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>

**Taxation  
Statistics  
1998-99**

Page 3

5 Prescribed payments system (PPS) credit **T**  6 Reportable payments system (RPS) credit **V**  **F****8 Partnerships and trusts****Primary production**Distribution from partnerships **A**   / Distribution from trusts **Z**   / Deductions relating to distribution in labels A and Z **S**  Net primary production distribution   / **Non-primary production**Distribution from partnerships, less foreign source income **B**   / Distribution from trusts, less net capital gains and foreign source income **R**   / Deductions relating to distribution in labels B and R **T**  Net non-primary production distribution   / **Share of credits from income**Share of PPS credit **C**  Share of RPS credit **U**  Share of imputation credit from franked dividends **D**  Share of credit for tax file number (TFN) amounts deducted from interest and dividends **E**  **9 Rent**Gross rent **F**  Interest deductions **G**  Special building write-off **X**  Other rental deductions **H**  Net rent   / **10 Gross interest—including Commonwealth government loan interest** **J**  TFN amounts deducted from gross interest **I**  **11 Dividends**Unfranked amount **K**  Franked amount **L**  Imputation credit **M**  TFN amounts deducted from dividends **N**  **12 Other Australian income—give details**

Type of income

**O**   / **13 Total of items 4 to 12**add the **P** boxes   /



Tax forms

Page 4

**Deductions****14 Deductions relating to Australian investment income**

**P**

**15 Other deductions**—show only deductions relating to Australian source income

Name of each item of deduction

Amount

<input type="text"/>	<input checked="" type="checkbox"/>
<input type="text"/>	<input checked="" type="checkbox"/>

**Q**

**16 Total of items 14 to 15****17 Net Australian income or loss**Subtract item 16 from item 13 **\$**   **F** **Foreign income****19 Attributed foreign income**

Did the partnership have either a direct or indirect interest in a foreign trust, controlled foreign company, or transferor trust?

**S**  Print Y for yes or N for no.

Broad-exemption listed country **M**

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

**T**  Print Y for yes or N for no.

Limited-exemption listed country **U**

Unlisted country **X**

FIF/FLP income **Y**



If yes, to either question, complete and attach the 1999 schedule 25A.

**20 Other assessable foreign source income**—other than income shown at item 19

Gross **B**   Net **V**

Foreign tax credits **Z**

**21 Total net income or loss**Total of items 17 to 20—add the **I** boxes   **F** **Overseas transactions****26 Overseas transactions**

Did the partnership have international dealings, including loans or advances, with related parties overseas, including permanent establishments or head offices?

or

Did the partnership claim as a deduction any interest payable on foreign debt to a foreign controller or non-resident associate?

**W**  Print Y for yes or N for no.

**F**

If you have printed Y at label W of item 26, complete and attach the 1999 schedule 25A.

**Taxation  
Statistics  
1998-99**

Page 5

**Business and professional items**

The following information must be filled in for all partnerships carrying on a business.

**27 Business name of main business**

--

**28 Business address of main business**

--

Suburb or town	State	Postcode	A
----------------	-------	----------	---

29 Opening stock    C

39 Total salary and wage expenses    L   CODE

30 Purchases and other costs    B

40 Payments to related entities    M

31 Closing stock    D   CODE

41 Depreciable assets purchased    N

32 Trade debtors    E

42 Depreciable assets sold    O

33 All current assets    F

43 Prescribed payments system income —net of expenses    P   CODE

34 Total assets    G

44 Fringe benefit employee contributions    T

35 Trade creditors    H

45 Interest expenses overseas    Q

36 All current liabilities    I

46 Royalty expenses overseas    R

37 Total liabilities    J

48 Environment protection expenses    V

38 Proprietors funds    K   CODE

49 Trading stock election      Print Y for yes or leave blank.    F

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Tax forms

Page 6

**Note:** It is not an offence not to quote a tax file number (TFN). However, TFNs help the Australian Taxation Office (ATO) to correctly identify each partner'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.

**51 Statement of distribution of net Australian income or loss as shown at item 17**

		Share of income		Prescribed payments system credit		Reportable payments system credit		Imputation credit		TFN credit	
		Primary production income \$	Non-primary production income \$	\$	\$	\$	\$	\$	\$	\$	\$
	A	B	C	J	D	E					
TFN											
	A	B	C	J	D	E					
TFN											
	A	B	C	J	D	E					
TFN											
	A	B	C	J	D	E					
TFN											
	A	B	C	J	D	E					
TFN											
	A	B	C	J	D	E					
TFN											
		Totals of each column		A	B	C	J	D	E	F	

**Important**  
If any partner, 18 years of age or more at 30 June 1999, does not have real and effective control—refer to *The 1999 forms P and T instructions*—over his or her share of income, print name(s).



**Taxation  
Statistics  
1998-99**



**1999 income tax return**

1 July 1998 to 30 June 1999

Have you attached any other attachments?

**Tax file number**

Notes to assist in the preparation of this tax return are provided in *The 1999 forms P and T instructions* available from the Australian Taxation Office (ATO). Post or deliver this tax return to the ATO by 31 October 1999. Addresses are shown in the instructions.

**Name of trust estate**

**Previous name of trust estate**

If the trust estate name has changed, please print it **exactly** as shown on the last notice of assessment or the last tax return lodged.

**Current postal address**

If the address has not changed, please print it **exactly** as shown on the last notice of assessment or the last tax return lodged.

**Postal address on previous tax return**

If the address has changed, please print your previous address **exactly** as shown on the last notice of assessment or the last tax return lodged.

**Full name of the trustee  
to whom notices should be sent**

- If the trustee is an individual, print details here.

- If the trustee is a company, print details here including Australian Company Number (ACN) or Australian Registered Body Number (ARBN).














\* Cross out whichever is not applicable.

**Daytime contact telephone number**

Area code  Telephone number

**Type of trust estate—refer to  
The 1999 forms P and T instructions**

Print the code  
representing the  
type of trust estate.

Print X if also an item  
1.5 charitable trust in s50-5  
of ITAA 1997.

If code D, write  
the date of death.  Day  Month  Year

**Is any tax payable by the trustee?—refer  
to The 1999 forms P and T instructions**

Print Y for yes  
or N for no.

**Final tax return—refer to  
The 1999 forms P and T instructions**

**Electronic funds transfer (EFT)**  
Do you want to use EFT for your refund this year?

Print Y for yes  
or N for no.

BSB number  Account number

Account name

**Important:** Before making this declaration please check to ensure that all income has been disclosed and the tax return is true and correct in every detail. If you are in doubt about any aspect of the tax return, place all the facts before the Australian Taxation Office. The income tax law imposes heavy penalties for false or misleading statements in tax returns.

**Declaration:** I declare that:

- the particulars shown in this tax return and in the accompanying documents are true and correct in every detail and disclose a full and complete statement of the total income derived from all sources in **and out of** Australia during the year of income; and
- the trust has the necessary receipts and/or other records, or expects to obtain the necessary written evidence within a reasonable time of lodging this tax return.

**Hours taken to prepare and  
complete this return**  **Signature**  **Date**

**This declaration and all attached documents must be signed by a trustee or public officer.**

**Tax agent's certificate—refer to The 1999 forms P and T instructions**

I,  having charged a fee for preparing or assisting in the preparation of this return, hereby certify that this return has been prepared in accordance with the information supplied by the taxpayer.

Agent's signature

Client's reference

Day  Month  Year

Contact name

Agent's telephone number

Agent's reference number

Area code  Telephone number

**ATO use only**

Indics X

F

NAT 660-3.1999

**IN-CONFIDENCE—when completed**



Tax forms

## 1 Description of main business activity

Page 2

	Industry code	<b>A</b> <input type="text"/>
--	---------------	-------------------------------

2 Status of business—print X in one box only—refer to *The 1999 forms P and T instructions*Multiple business **B1**  Ceased business **B2**  Commenced business **B3** 

## 3 Did the trust sell any goods or services using the Internet?

**Q**  Print Y for yes  
or N for no.**F**

## Income excluding foreign income

## 4 Business income and expenses

## Business income

	Primary production	Non-primary production	Totals
Gross prescribed payments system income	<b>B</b> <input type="checkbox"/>		<input type="checkbox"/>
Gross reportable payments system income	<b>C</b> <input type="checkbox"/>	<b>D</b> <input type="checkbox"/>	<input type="checkbox"/>
Assessable government industry payments	<b>E</b> <input type="checkbox"/>	<b>F</b> <input type="checkbox"/>	<input type="checkbox"/>
Other business income	<b>G</b> <input type="checkbox"/>	<b>H</b> <input type="checkbox"/>	<input type="checkbox"/> <b>F</b>
<b>Total business income</b>	<input type="checkbox"/> /□	<input type="checkbox"/> /□	<input type="checkbox"/> /□

## Expenses

Contractor, sub-contractor and commission expenses	<input type="checkbox"/>	<input type="checkbox"/>	<b>C</b> <input type="checkbox"/>
Superannuation expenses	<input type="checkbox"/>	<input type="checkbox"/>	<b>D</b> <input type="checkbox"/>
Cost of sales	<input type="checkbox"/> /□	<input type="checkbox"/> /□	<b>E</b> <input type="checkbox"/> /□
Bad debts	<input type="checkbox"/>	<input type="checkbox"/>	<b>F</b> <input type="checkbox"/>
Lease expenses	<input type="checkbox"/>	<input type="checkbox"/>	<b>G</b> <input type="checkbox"/>
Rent expenses	<input type="checkbox"/>	<input type="checkbox"/>	<b>H</b> <input type="checkbox"/>
Total interest expenses	<input type="checkbox"/>	<input type="checkbox"/>	<b>I</b> <input type="checkbox"/>
Total royalty expenses	<input type="checkbox"/>	<input type="checkbox"/>	<b>J</b> <input type="checkbox"/>
Depreciation expenses	<input type="checkbox"/>	<input type="checkbox"/>	<b>K</b> <input type="checkbox"/>
Motor vehicle expenses	<input type="checkbox"/>	<input type="checkbox"/>	<b>L</b> <input type="checkbox"/>
Repairs and maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<b>M</b> <input type="checkbox"/>
All other expenses	<input type="checkbox"/>	<input type="checkbox"/>	<b>N</b> <input type="checkbox"/>
<b>Total expenses—labels C to N</b>	<input type="checkbox"/> /□	<input type="checkbox"/> /□	<b>O</b> <input type="checkbox"/> /□

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## Reconciliation items

<b>Add</b>	Income reconciliation adjustments	<input type="checkbox"/> /□	<input type="checkbox"/> /□	<b>A</b> <input type="checkbox"/> /□
<b>Add</b>	Expense reconciliation adjustments	<input type="checkbox"/> /□	<input type="checkbox"/> /□	<b>B</b> <input type="checkbox"/> /□
<b>Less</b>	Drought investment allowance	<input type="checkbox"/>	<input type="checkbox"/>	<b>U</b> <input type="checkbox"/>
<b>Net income or loss from business</b>	<b>Q</b> <input type="checkbox"/> /□	<b>R</b> <input type="checkbox"/> /□	<b>S</b> <input type="checkbox"/> /□	

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5 <b>Prescribed payments system (PPS) credit</b>	<b>T</b> <input type="checkbox"/> <input checked="" type="checkbox"/>
6 <b>Reportable payments system (RPS) credit</b>	<b>V</b> <input type="checkbox"/> <input checked="" type="checkbox"/>
7 <b>Credit for interest on early payments</b> —amount of interest	<b>W</b> <input type="checkbox"/>
<b>8    Partnerships and trusts</b>	
<b>Primary production</b>	
Distribution from partnerships	<b>A</b> <input type="checkbox"/> <input checked="" type="checkbox"/> / <input type="checkbox"/>
Distribution from trusts	<b>Z</b> <input type="checkbox"/> <input checked="" type="checkbox"/> / <input type="checkbox"/>
Deductions relating to distribution in labels A and Z	<b>S</b> <input type="checkbox"/> <input checked="" type="checkbox"/>
	Net primary production distribution <input type="checkbox"/> <input checked="" type="checkbox"/> / <input type="checkbox"/>
<b>Non-primary production</b>	
Distribution from partnerships, less foreign source income	<b>B</b> <input type="checkbox"/> <input checked="" type="checkbox"/> / <input type="checkbox"/>
Distribution from trusts, less net capital gains and foreign source income	<b>R</b> <input type="checkbox"/> <input checked="" type="checkbox"/> / <input type="checkbox"/>
Deductions relating to distribution in labels B and R	<b>T</b> <input type="checkbox"/> <input checked="" type="checkbox"/>
	Net non-primary production distribution <input type="checkbox"/> <input checked="" type="checkbox"/> / <input type="checkbox"/>
<b>Share of credits from income</b>	
Share of PPS credit	<b>C</b> <input type="checkbox"/> <input checked="" type="checkbox"/>
Share of RPS credit	<b>U</b> <input type="checkbox"/> <input checked="" type="checkbox"/>
Share of imputation credit from franked dividends	<b>D</b> <input type="checkbox"/>
Share of credit for tax file number (TFN) amounts deducted from interest and dividends	<b>E</b> <input type="checkbox"/>
<b>9    Rent</b>	
Gross rent	<b>F</b> <input type="checkbox"/> <input checked="" type="checkbox"/>
Interest deductions	<b>G</b> <input type="checkbox"/> <input checked="" type="checkbox"/>
Special building write-off	<b>X</b> <input type="checkbox"/> <input checked="" type="checkbox"/>
Other rental deductions	<b>H</b> <input type="checkbox"/> <input checked="" type="checkbox"/>
	Net rent <input type="checkbox"/> <input checked="" type="checkbox"/> / <input type="checkbox"/>
<b>10    Gross interest</b> —including Commonwealth government loan interest	
TFN amounts deducted from gross interest	<b>I</b> <input type="checkbox"/>
<b>11    Dividends</b>	
Unfranked amount	<b>K</b> <input type="checkbox"/> <input checked="" type="checkbox"/>
Franked amount	<b>L</b> <input type="checkbox"/> <input checked="" type="checkbox"/>
Imputation credit	<b>M</b> <input type="checkbox"/> <input checked="" type="checkbox"/>
	TFN amounts deducted from dividends <b>N</b> <input type="checkbox"/>
<b>12    Other Australian income</b> —give details	
Type of income	Excepted net income <input type="checkbox"/> <input checked="" type="checkbox"/>
	<b>O</b> <input type="checkbox"/> <input checked="" type="checkbox"/> / <input type="checkbox"/>
<b>13    Total of items 4 to 12</b>	
	add the <b>P</b> boxes <input type="checkbox"/> <input checked="" type="checkbox"/> / <input type="checkbox"/>



Tax forms

**Deductions**

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**14 Deductions relating to Australian investment income**

**P**

**15 Other deductions**—show only deductions relating to Australian source income

Name of each item of deduction Amount

<input type="text"/>	<input checked="" type="checkbox"/>
<input type="text"/>	<input checked="" type="checkbox"/>

**Q**

**16 Total of items 14 to 15****17 Net Australian income or loss**—other than capital gains Subtract item 16 from item 13 **\$**    **F****18 Capital gains**Total current year capital gains **R**   CODETotal current year capital losses applied **N**   CODEPrior year net capital losses applied **O**  Capital gains tax small business net roll-over amount **L**  Net capital losses carried forward **P**  Net capital gain—label R less labels N and O  **Foreign income****19 Attributed foreign income**

Did the trust have either a direct or indirect interest in a foreign trust, controlled foreign company, or transferor trust?

**S**  Print Y for yes or N for no.

Broad-exemption listed country **M**

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

**T**  Print Y for yes or N for no.

Limited-exemption listed country **U**

If yes, to either question, complete and attach the 1999 schedule 25A.

Unlisted country **X**

FIF/FLP income **Y**

**20 Other assessable foreign source income**—other than income shown at item 19Gross **B**   Net **V**  Foreign tax credits **Z**  **21 Total net income or loss**Total of items 17 to 20—add the boxes   **22 Total allowable prior year losses deducted in income year**—excluding prior year foreign source losses

Primary production **H**

Non-primary production **C**

**23 Total net income or loss after prior year losses deducted**Subtract item 22 from item 21  **24 Losses available to be carried forward to following income years**—excluding carry forward foreign source losses

Primary production **D**

Non-primary production **E**

**Rebates****25 Landcare and water facility rebate**Refer to *The 1999 forms P and T instructions*.Landcare and water facility rebate claimed **F**   Landcare and water facility rebate brought forward from prior year **G**  **Overseas transactions****26 Overseas transactions**

Did the trust have international dealings, including loans or advances, with related parties overseas, including permanent establishments or head offices?

Did the trust claim as a deduction any interest payable on foreign debt to a foreign controller or non-resident associate?

**W**  Print Y for yes or N for no.

If you have printed Y at label W of item 26, complete and attach the 1999 schedule 25A.

Was any beneficiary who was not a resident of Australia at any time during the year of income, presently entitled to a share of the income of the trust?

**A**  Print Y for yes or N for no.

If yes, attach the information requested in *The 1999 forms P and T instructions*.Amount of tax spared foreign tax credits **Q**    **F**

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**Business and professional items**

The following information must be filled in for all trusts carrying on a business.

**27 Business name of main business**

--	--	--	--

**28 Business address of main business**

Suburb or town	State	Postcode
<b>A</b>		

29 Opening stock

**C**  .

39 Total salary and wage expenses

**L**  . / 

CODE

30 Purchases and other costs

**B**  .

40 Payments to related entities

**M**  .

31 Closing stock

**D**  . / 

CODE

41 Depreciable assets purchased

**N**  .

32 Trade debtors

**E**  .

42 Depreciable assets sold

**O**  .

33 All current assets

**F**  .

43 Prescribed payments system income —net of expenses

**P**  . / 

34 Total assets

**G**  .

44 Fringe benefit employee contributions

**T**  .

35 Trade creditors

**H**  .

45 Interest expenses overseas

**Q**  .

36 All current liabilities

**I**  .

46 Royalty expenses overseas

**R**  .

37 Total liabilities

**J**  .

47 Landcare operations and water conservation/conveying expenses

**S**  .

38 Proprietors funds

**K**  . / 

48 Environment protection expenses

**V**  .

49 Trading stock election

  Print Y for yes or leave blank.

F

**50 Medicare levy reduction or exemption**—refer to *The 1999 forms P and T instructions*1998–99 taxable income of spouse—if nil show 0 **A**  .Full 1.5% levy exemption—number of days **C**  . / Number of dependent children and students **B** Half 1.5% levy exemption—number of days **D**  .

F

**Medicare levy surcharge, private health insurance incentive, 30% private health insurance rebate and savings rebate**If you are liable for the Medicare levy surcharge or entitled to private health insurance incentive or 30% private health insurance rebate or savings rebate—refer to *The 1999 forms P and T instructions*.



**Taxation  
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Undelivered notices should be returned to

Australian  
Taxation  
Office



Fringe Benefits Tax Return Form

1 April 1999 to 31 March 2000

OFFICE USE ONLY

**2000**

1. FBT/Tax File number: If you do not have an FBT/Tax File number, please refer to the **2000 FBT Return Guide**.  (F)

2. Australian Company Number (A.C.N.) or Australian Registered Body Number (A.R.B.N.) (if applicable)

3. Name of trustee or senior partner:

If your organisation is a trust or partnership and we have not completed this box, please show the name of the trustee or the senior partner for your organisation.

(+)

4. Name of Employer:

(+)

5. Postal address:

OFFICE USE  
ONLY  
(DO NOT ALTER)

(F)

6. Change of name and/or address:

If your name and/or address differs from that shown in Items 4 and 5 above, please give us the new details.

A CHANGE OF NAME MUST BE SUPPORTED BY A CERTIFIED COPY OF THE DOCUMENTARY EVIDENCE.

(+)

7. Change of business/trading name and/or address:

If your business/trading name and/or address has changed since your last return or if this is your first return please provide the correct details in this box.

(+)

8. Industry code (ATO ANZSIC):

Please ensure that the correct ANZSIC code is in this box.  (F)

9. Description of main business activity

Please refer to the **2000 FBT Return Guide**.

(F)

10. Is your organisation eligible to claim the 48% rebate of FBT?

You should only write Yes if you are absolutely certain of your eligibility.  
Refer to the **2000 FBT Return Guide** for more information.

Yes/No  (F)

11. Hours taken to prepare and complete this form

Please refer to the **2000 FBT Return Guide**. Do not include Tax Agent's time.  (F)

12. Do you intend to lodge an FBT return for the year ended 31/03/2001?

Yes/No  If No please tell us why.

2  business ceased/sold

3  taxable amount of fringe benefits will be nil (e.g. due to employee contributions)

4  benefits no longer provided

5  other, specify.....

Date benefits  
ceased  
(if applicable)

/ /

Office Use Only
<input type="text"/>

(F)



