

Taxpayer Name **Michael Thierry Monin**

Tax File Number **418 626 898**

Tax Year **2015**

Estimate of tax payable or refundable

Year ended 30 June 2015

Gross Income	26653.00
Less: Deductions with L1	2572.00
Taxable Income	24081.00

Tax Calculation

Tax on taxable income	1117.39
Plus: Medicare Levy	318.50
Plus: Medicare Levy Surcharge	

Gross Tax Payable 1435.89

Less: Tax withheld - salary and wages type income	5704.00
Less: Tax offsets used	445.00
Tax offsets available	445.00

Total tax offsets & credits subtracted 6149.00

ESTIMATED REFUND DUE 4713.11

Tax offsets

445.00 Low income

445.00 Total available tax offsets

DISCLAIMER

This calculation is an estimate only and is based on information supplied by the taxpayer.
It does not include calculations made by the ATO as these are not made available for inclusion in the software.
It relates to the 2015 Income Tax Year only and does not take into account any prior year assessments.
This estimate is based upon existing legislation and proposals by the Government, which when legislated may affect tax estimates.

The calculation cannot accurately account for the effect of final calculations which are done independently of the Tax Office, by other departments, such as the Family Assistance Office (FAO).

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Individual Tax Return 2015

1 July 2014 to 30 June 2015

Your tax file number (TFN)

418 626 898

See the **Privacy** note in the **Taxpayer's declaration** on page 15 of this return.

Are you an Australian resident?

Y

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

Have you included any attachments?

N

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

Your name

Title—for example,
Mr, Mrs, Ms, Miss

MR

Your sex

Print **X** in the relevant box.

Male

X

Female

Surname or family name

Monin

Given names

Michael Thierry

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

N

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

To find out how to update your name on our records, go to ato.gov.au/updatedetails or phone **13 28 61**.

Your postal address

C/- Nick Law Chartered Accountant

P O Box 882

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

N

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

Suburb or town **CHATSWOOD**

State

NSW

Postcode

2057

Country—if not Australia

Your home address

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

51 Powers Road

Suburb or town **SEVEN HILLS**

State

NSW

Postcode

2147

Country—if not Australia

Your mobile phone number

Your daytime phone number

(if different from your mobile phone number above)

Area code

Phone number

Your email address

mt.monin@gmail.com

Your contact details may be used by the ATO:

- to advise you of tax return lodgment options
- to correspond with you with regards to your taxation and superannuation affairs
- to issue notices to you, or
- to conduct research and marketing.

Your date of birth

If you were under 18 years of age on 30 June 2015 you must complete item **A1** on page 5 of this tax return.

Day Month Year

25/08/1990

Final tax return

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

Electronic funds transfer (EFT)

We need your financial institution details to pay any refund owing to you, even if you have provided them to us before.

Write the BSB number, account number and account name.

BSB number
(must be six digits)

062006

Account
number

12090373

Account name (for example, JQ Citizen. Do not show the account type, such as cheque, savings, mortgage offset)

Michael Monin

Income

1 Salary or wages

Your main salary and wage occupation

Labourer - bricklayer's

Occupation code **X** 821111

Payer's Australian business number

13 063 779 251

Tax withheld
(do not show cents)

1335.00

Income
(do not show cents)

C 6212 00

53 159 332 242

20.00

D 403 00

53 097 428 003

4349.00

E 17031 00

F 00 00

G 00 00

2 Allowances, earnings, tips, director's fees etc

K 3007 00

3 Employer lump sum payments

R 00 / 00

Amount A in lump
sum payments box

TYPE

H 00 00

5% of amount B in
lump sum payments box

4 Employment termination payments (ETP)

Date of payment

Day Month Year

Taxable component

I 00 / 00

CODE

Payer's
ABN

5 Australian Government allowances and payments like newstart, youth allowance and austudy payment

A 00 00

6 Australian Government pensions and allowances

You must complete item T1 in Tax offsets on page 4.

B 00 00

7 Australian annuities and superannuation income streams

Taxable component

Taxed element

J 00 00

Untaxed element

N 00 00

Lump sum in arrears - taxable component

Taxed element

Y 00 00

Untaxed element

Z 00 00

8 Australian superannuation lump sum payments

TYPE

Date of payment

Day Month Year

Taxable component

Taxed element

Q 00 00

Payer's
ABN

Untaxed element

P 00 00

9 Attributed personal services income

O 00 00

Total tax withheld

Add up the boxes.

\$

5704.00

10 Gross interest

Tax file number amounts
withheld from gross interest

M

Gross interest

L

00

11 Dividends

Tax file number amounts
withheld from dividends

V

Unfranked amount

S

00

Franked amount

T

00

Franking credit

U

00

12 Employee share schemes

Discount from taxed upfront schemes
– eligible for reduction

D

00

Discount from taxed upfront schemes
– not eligible for reduction

E

00

Discount from deferral schemes

F

00

Discount on ESS Interests acquired pre 1 July 2009
and 'cessation time' occurred during financial year

G

00

Total Assessable discount amount

B

00

TFN amounts withheld from discounts

C

Foreign source discounts

A

00

I

Only used by taxpayers completing the supplementary section

Transfer the amount from TOTAL SUPPLEMENT INCOME OR LOSS on page 10 and write it here.

LOSS
00 /

TOTAL INCOME OR LOSS

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

boxes.

26653

LOSS
00 /

Deductions

D1 Work related car expenses

A

00 /
QJM
TFE

D2 Work related travel expenses

B

2305

00

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

C

267

00 /
QJM
TFE
P

D4 Work related self-education expenses

D

00 /
QJM
TFE

D5 Other work related expenses

E

00

D6 Low value pool deduction

K

00

D7 Interest deductions

I

00

D8 Dividend deductions

H

00

D9 Gifts or donations

J

00

D10 Cost of managing tax affairs

M

00

D

Only used by taxpayers completing the supplementary section

Transfer the amount from TOTAL SUPPLEMENT DEDUCTIONS on page 11 and write it here.

00

TOTAL DEDUCTIONS

Items D1 to

D

- add up the

boxes.

2572

00

SUBTOTAL

TOTAL INCOME OR LOSS less TOTAL DEDUCTIONS

24081

LOSS
00 /

Losses

L1 Tax losses of earlier income years

Primary production losses carried
forward from earlier income years

Q

00

Primary production losses
claimed this income year

F

00

Non-primary production losses carried
forward from earlier income years

R

00

Non-primary production losses
claimed this income year

Z

00

TAXABLE INCOME OR LOSS

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

\$

24081

LOSS
00 /

Sensitive (when completed)

Tax offsets

T1 Seniors and pensioners (includes self-funded retirees)

If you had a spouse during 2014-15 you must also complete **Spouse details - married or de facto** on page 7.

TAX OFFSET	VETERAN
N <input type="checkbox"/>	Y <input type="checkbox"/>
CODE	CODE

T2 Australian superannuation income stream

S <input type="checkbox"/>	<input type="text"/>	00
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T Only used by taxpayers completing the supplementary section

Transfer the amount from **TOTAL SUPPLEMENT TAX OFFSETS** on page 11 and write it here.

<input type="text"/>	00
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TOTAL TAX OFFSETS

Items T2 and T - add up the

boxes.

U <input type="checkbox"/>	<input type="text"/>	0 00
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Medicare levy related items

M1 Medicare levy reduction or exemption

If you complete this item and you had a spouse during 2014-15 you must also complete **Spouse details - married or de facto** on page 7.

Reduction based on family income

Number of dependent children and students

Y <input type="checkbox"/>	<input type="text"/>
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Exemption categories

Full 2.0% levy exemption - number of days

V <input type="checkbox"/>	<input type="text"/>	/	<input type="text"/>
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C/M

TYPE

Half 2.0% levy exemption - number of days

W <input type="checkbox"/>	<input type="text"/>
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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 2014 to 30 June 2015, were **you** and **all** your dependants (including your spouse) - if you had any - covered by private patient HOSPITAL cover?

E <input type="checkbox"/>	N <input type="checkbox"/>	Print Y for yes or N for no.
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If you printed **Y**, you must complete **Private health insurance policy details** on the next page. If you printed **N**, read below.

If you are liable for the surcharge for the whole period 1 July 2014 to 30 June 2015 you **must** write **0** at **A**

If you are liable for the surcharge for part of the period 1 July 2014 to 30 June 2015 you **must** write the number of days you were **NOT** liable at **A**

Number of days **NOT** liable for surcharge

A <input type="checkbox"/>	<input type="text"/>	0
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If you are **NOT** liable for the surcharge for the whole period 1 July 2014 to 30 June 2015 you **must** write **365** at **A**

If you had a spouse during 2014-15 (and you printed **N** at **E**), complete **Spouse details - married or de facto** on page 7. If you were covered by private patient hospital cover at any time during 2014-15 you **must** complete **Private health insurance policy details** on the next page.

Private health insurance policy details

You must read **Private health insurance policy details** in the instructions before completing this item.
Fill all the labels below unless directed in the instructions.

Health insurer ID	B <input type="text"/>	Membership number	C <input type="text"/>
Your premiums eligible for Australian Government rebate	J <input type="text"/> 00	Your Australian Government rebate received	K <input type="text"/> 00
Benefit code	L <input type="text"/>	Tax claim code. Read the instructions.	K <input type="text"/> CODE

Health insurer ID	B <input type="text"/>	Membership number	C <input type="text"/>
Your premiums eligible for Australian Government rebate	J <input type="text"/> 00	Your Australian Government rebate received	K <input type="text"/> 00
Benefit code	L <input type="text"/>	Tax claim code. Read the instructions.	K <input type="text"/> CODE

Health insurer ID	B <input type="text"/>	Membership number	C <input type="text"/>
Your premiums eligible for Australian Government rebate	J <input type="text"/> 00	Your Australian Government rebate received	K <input type="text"/> 00
Benefit code	L <input type="text"/>	Tax claim code. Read the instructions.	K <input type="text"/> CODE

Health insurer ID	B <input type="text"/>	Membership number	C <input type="text"/>
Your premiums eligible for Australian Government rebate	J <input type="text"/> 00	Your Australian Government rebate received	K <input type="text"/> 00
Benefit code	L <input type="text"/>	Tax claim code. Read the instructions.	K <input type="text"/> CODE

Adjustments

A1 Under 18

If you were under 18 years of age on 30 June 2015 you must complete this item or you may be taxed at a higher rate. Read the information on **A1** in the instructions for more information.

J <input type="text"/> 00	TYPE	<input type="text"/>
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A2 Part-year tax-free threshold

Read the information on **A2** in the instructions before completing this item.

Date	Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Months eligible for threshold	N <input type="text"/>
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A3 Government super contributions

Read the information on **A3** in the instructions before completing this item.

Income from investment, partnership and other sources	F <input type="text"/> 00	CODE	<input type="text"/>
Other income from employment and business	G <input type="text"/> 00	LOSS	<input type="text"/>
Other deductions from business income	H <input type="text"/> 00		

Income tests

You must complete this section.

If you had a spouse during 2014-15 you must also complete **Spouse details – married or de facto** on page 7.

If the amount is zero, write 0.

IT1 Total reportable fringe benefits amount W 0 00

IT2 Reportable employer superannuation contributions T 0 00

IT3 Tax-free government pensions U 0 00

IT4 Target foreign income V 0 00

IT5 Net financial investment loss X 0 00

IT6 Net rental property loss Y 0 00

IT7 Child support you paid Z 0 00

IT8 Number of dependent children D 0

Spouse details - married or de facto

If you had a spouse during 2014-15, you must complete **Spouse details - married or de facto**.
We need the information included in this section to assess your tax accurately.

If you did not have a spouse, go to page 8.

Your spouse's name

If you had more than one spouse during 2014-15 print the name of your spouse on 30 June 2015 or your last spouse.

Surname or family name

First given name Other given names

Your spouse's date of birth

K Day Month Year

Your spouse's sex

Male ☐ Female ☐

Period you had a spouse - married or de facto

Did you have a spouse for the full year - 1 July 2014 to 30 June 2015? **L** ☐ 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 2014 and 30 June 2015.

From

M Day Month Year

to

N Day Month Year

Did your spouse die during the year? ☐ Print **Y** for yes or **N** for no.

This information relates to your spouse's income.

You must complete all labels.

If the amount is zero, write 0.

Your spouse's 2014-15 taxable income	O	<input type="text"/>	00
Your spouse's share of trust income on which the trustee is assessed under section 98, and which has not been included in your spouse's taxable income	T	<input type="text"/>	00
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	<input type="text"/>	00
Your spouse's total reportable fringe benefits amounts	S	<input type="text"/>	00
Amount of Australian Government pensions and allowances (see Q6 Australian Government pensions and allowances in the instructions) that your spouse received in 2014-15 (exclude exempt pension income)	P	<input type="text"/>	00
Amount of exempt pension income (see Amounts that you do not pay tax on in the instructions) that your spouse received in 2014-15 (show your spouse's exempt pension income)	Q	<input type="text"/>	00
Amount of your spouse's reportable superannuation contributions (which is the total of reportable employer superannuation contributions and deductible personal superannuation contributions)	A	<input type="text"/>	00
Your spouse's amount of any tax-free government pensions paid under the <i>Military Rehabilitation and Compensation Act 2004</i> that have not been included at Q above	B	<input type="text"/>	00
Your spouse's target foreign income	C	<input type="text"/>	00
Your spouse's total net investment loss (total of net financial investment loss and net rental property loss)	D	<input type="text"/>	00
Child support your spouse paid	E	<input type="text"/>	00
Your spouse's taxed element of a superannuation lump sum for which the tax rate is zero (see M2 Medicare levy surcharge in the instructions)	F	<input type="text"/>	00

Supplementary section Income

Refer to the supplement instructions 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 the supplement instructions for the relevant code.

13 Partnerships and trusts

Primary production

Distribution from partnerships	N	<input type="text"/>	00	/	<input type="text"/>
Share of net income from trusts	L	<input type="text"/>	00	/	<input type="text"/>
Landcare operations and deduction for decline in value of water facility	I	<input type="text"/>	00		
Other deductions relating to amounts shown at N and L	X	<input type="text"/>	00	/	<input type="text"/>

Note: If you have a net loss from a partnership business activity, complete items P3 and P9 in the **Business and professional items** section of this tax return in addition to item 13.

Net primary production amount 00 / LOSS

Non-primary production

Distribution from partnerships less foreign income	O	<input type="text"/>	00	/	<input type="text"/>
Share of net income from trusts less capital gains, foreign income and franked distributions	U	<input type="text"/>	00	/	<input type="text"/>
Franked distributions from trusts	C	<input type="text"/>	00		
Landcare operations expenses	J	<input type="text"/>	00		
Other deductions relating to amounts shown at O, U and C	Y	<input type="text"/>	00	/	<input type="text"/>

Show amounts of:
Capital gains from trusts at item 18 on page 9 and Foreign income at item 19 or 20 on page 9-10.

Net non-primary production amount 00 / LOSS

Share of credits from income and tax offsets

Share of credit for tax withheld where Australian business number not quoted	P	<input type="text"/>
Share of franking credit from franked dividends	Q	<input type="text"/>
Share of credit for tax file number amounts withheld from interest, dividends and unit trust distributions	R	<input type="text"/>
Credit for TFN amounts withheld from payments from closely held trusts	M	<input type="text"/>
Share of credit for tax paid by trustee	S	<input type="text"/>
Share of credit for amounts withheld from foreign resident withholding	A	<input type="text"/>
Share of National rental affordability scheme tax offset	B	<input type="text"/>

14 Personal services income (PSI)

Tax withheld - voluntary agreement	G	<input type="text"/>
Tax withheld where Australian business number not quoted	H	<input type="text"/>
Tax withheld - labour hire or other specified payments	J	<input type="text"/>

Net PSI - transferred from A item P1 on page 12 00 / LOSS

15 Net income or loss from business

Primary production - transferred
from **Y** item **P8** on page 13

B / 00 / LOSS

Non-primary production - transferred
from **Z** item **P8** on page 13

C / 00 / LOSS

If you show a loss at **B** or **C** you must complete item **P9** on page 14.

Tax withheld - voluntary agreement **D** /

Tax withheld where Australian
business number not quoted **W** /

Tax withheld - foreign resident
withholding **E** /

Tax withheld - labour hire or
other specified payments **F** /

16 Deferred non-commercial business losses

Item **P9** on page 14
must be completed
before you complete
this item.

Your share of deferred losses
from partnership activities

F / 00

Deferred losses from
sole trader activities

G / 00

Primary production
deferred losses **I** / 00

Non-primary production
deferred losses **J** / 00

17 Net farm management deposits or repayments

Deductible deposits **D** / 00

Early repayments
natural disaster **N** / 00

Other repayments **R** / 00

Net farm management deposits or repayments **E** / 00 / LOSS

18 Capital gains

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

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

You must print **Y** at **G** if you had an
amount of a capital gain from a trust.

Have you applied an
exemption or rollover?

M / CODE Print **Y** for yes
or **N** for no.

Net capital gain **A** / 00

Total current year capital gains **H** / 00

Net capital losses carried forward
to later income years **V** / 00

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.

CFC income **K** / 00

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.

Transferor
trust income **B** / 00

20 Foreign source income and foreign assets or property

Assessable foreign source income **E** 00

Other net foreign employment income **T** 00 / LOSS

Net foreign pension or annuity income WITHOUT an undeducted purchase price **L** 00 / LOSS

Net foreign pension or annuity income WITH an undeducted purchase price **D** 00 / LOSS

Net foreign rent **R** 00 / LOSS

Other net foreign source income **M** 00 / LOSS

Australian franking credits from a New Zealand franking company **F** 00

Also include at **F** Australian franking credits from a New Zealand franking company that you have received indirectly through a partnership or trust.

Net foreign employment income - payment summary **U** 00 / LOSS

Exempt foreign employment income **N** 00

Foreign income tax offset **O**

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.

21 Rent

Gross rent **P** 00

Interest deductions **Q** 00

Capital works deductions **F** 00

Other rental deductions **U** 00

Net rent **P** less (**Q + F + U**) 00 / LOSS

22 Bonuses from life insurance companies and friendly societies

W 00

23 Forestry managed investment scheme income

A 00

24 Other income

Type of income
 Category 1 **Y** 00
 Category 2 **V** 00

Tax withheld - lump sum payments in arrears **E**

Taxable professional income **Z** 00

TOTAL SUPPLEMENT INCOME OR LOSS

Items 13 to 24 - add up the

boxes for income amounts and deduct any loss amounts in the boxes.

Transfer this amount to **I** on page 3.

Deductions

D11 Deductible amount of undeducted purchase price of a foreign pension or annuity

Y 00

D12 Personal superannuation contributions

Full name of fund

Account number

H 00

Fund Australian business number

Fund tax file number

D13 Deduction for project pool

D 00

D14 Forestry managed investment scheme deduction

F 00

D15 Other deductions - not claimable at items **D1** to **D14**

Description of claim

Election expenses

E 00

Other deductions

J 00

TOTAL SUPPLEMENT DEDUCTIONS

Items **D11** to **D15** - add up the boxes and transfer this amount to **D** on page 3.

00

Tax offsets

T3 Superannuation contributions on behalf of your spouse

You must also complete **Spouse details - married or de facto** on page 7.

Contributions
paid

00

A 00

T4 Zone or overseas forces

R 00

T5 Total net medical expenses

X 00

Do these medical expenses only relate to disability aids, attendant care or aged care?

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

T6 Invalid and invalid carer

B 00

T7 Landcare and water facility

Landcare and water facility tax offset
brought forward from earlier income years

T 00

**T8 Other non-refundable
tax offsets**

If you are entitled to a low-income tax offset, do not write it
anywhere on your tax return. The ATO will calculate it for you.

C 00

CLAIM
TYPE

T9 Other refundable tax offsets

P 00

CODE

TOTAL SUPPLEMENT TAX OFFSETS

Items **T3**, **T4**, **T6**, **T7**, **T8** and **T9** - add up the boxes

00

Transfer this amount to **T** on page 4. ←

Adjustments

A4 Amount on which family trust distribution tax has been paid

Read the information on **A4** in the supplement instructions before completing this item.

X 00

Credit for interest on tax paid

C1 Credit for interest on early payments - amount of interest

L

Business and professional items section

P1 Personal services income (PSI)

Print **X** in the appropriate box.

Did you receive any personal services income?

YES ☐ Read on. **NO** ☐ Go to item **P2**.

Part A

Did you satisfy the results test?

P **NO** ☐ Read on. **YES** ☐ Go to item **P2**.

Have you received a personal services business determination(s) that was in force for the whole of the period you earned PSI?

C **NO** ☐ Read on. **YES** ☐ Go to item **P2**.

Did you receive 80% or more of your PSI from one source?

Q **NO** ☐ Read on. **YES** ☐ Go to part B.

If you received less than 80% of your PSI from each source for the whole of the period you earned PSI and you satisfied any of the following personal services business tests, indicate which business test(s) you satisfied. Print **X** in the appropriate box(es). Refer to the publication *Business and professional items 2015* before you complete this item.

Unrelated clients test **D1** ☐ Employment test **E1** ☐ Business premises test **F1** ☐ If you printed **X** at **D1**, **E1** or **F1**, go to item **P2** below; otherwise go to part B.

Part B

Do not show amounts at part B that were subject to foreign resident withholding. Show these at item **P8**.

PSI - voluntary agreement **M**
PSI - where Australian business number not quoted **N**
PSI - labour hire or other specified payments **O**
PSI - other **J**
Deductions for payments to associates for principal work **K**
Total amount of other deductions against PSI **L**

Net PSI (M + N + O + J) less (K + L) **A** /

Transfer the amount at **A** above to **A** item **14** on page 8.

Complete items **P2** and **P3**. Do not show at item **P8** any amount you have shown at part B of item **P1**.

P2 Description of main business or professional activity

Industry code **A**

P3 Number of business activities

B

P4 Status of your business - print **X** in one box only.

Ceased business **C1** ☐ Commenced business **C2** ☐

P5 Business name of main business and Australian business number (ABN)

ABN

P6 Business address of main business

Suburb or town State **D** Postcode

P7 Did you sell any goods or services using the internet?

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

P8 Business income and expenses

Income	Primary production	Non-primary production	Totals
Gross payments where Australian business number not quoted	C <input type="text"/> 00	D <input type="text"/> 00	<input type="text"/> 00
Gross payments subject to foreign resident withholding		B <input type="text"/> 00	<input type="text"/> 00
Gross payments - voluntary agreement	E <input type="text"/> 00	F <input type="text"/> 00	<input type="text"/> 00
Gross payments - labour hire or other specified payments	N <input type="text"/> 00	O <input type="text"/> 00	<input type="text"/> 00
Assessable government industry payments	G <input type="text"/> 00 / <input type="text"/> TYPE	H <input type="text"/> 00 / <input type="text"/> TYPE	<input type="text"/> 00
Other business income	I <input type="text"/> 00 / <input type="text"/> TYPE	J <input type="text"/> 00 / <input type="text"/> TYPE	<input type="text"/> 00 / <input type="text"/> TYPE
Total business income	<input type="text"/> 00 / <input type="text"/> TYPE	<input type="text"/> 00 / <input type="text"/> TYPE	<input type="text"/> 00 / <input type="text"/> TYPE

Expenses	Primary production	Non-primary production	Totals
Opening stock	<input type="text"/> 00	<input type="text"/> 00	K <input type="text"/> 00
Purchases and other costs	<input type="text"/> 00	<input type="text"/> 00	L <input type="text"/> 00
Closing stock	<input type="text"/> 00	<input type="text"/> 00	M <input type="text"/> 00 / <input type="text"/> TYPE
Cost of sales (K + L - M)	<input type="text"/> 00 / <input type="text"/> TYPE	<input type="text"/> 00 / <input type="text"/> TYPE	<input type="text"/> 00 / <input type="text"/> TYPE
Foreign resident withholding expenses	<input type="text"/> 00	<input type="text"/> 00	U <input type="text"/> 00
Contractor, subcontractor and commission expenses	<input type="text"/> 00	<input type="text"/> 00	F <input type="text"/> 00
Superannuation expenses	<input type="text"/> 00	<input type="text"/> 00	G <input type="text"/> 00
Bad debts	<input type="text"/> 00	<input type="text"/> 00	I <input type="text"/> 00
Lease expenses	<input type="text"/> 00	<input type="text"/> 00	J <input type="text"/> 00
Rent expenses	<input type="text"/> 00	<input type="text"/> 00	K <input type="text"/> 00
Interest expenses within Australia	<input type="text"/> 00	<input type="text"/> 00	Q <input type="text"/> 00
Interest expenses overseas	<input type="text"/> 00	<input type="text"/> 00	R <input type="text"/> 00
Depreciation expenses	<input type="text"/> 00	<input type="text"/> 00	M <input type="text"/> 00
Motor vehicle expenses	<input type="text"/> 00	<input type="text"/> 00	N <input type="text"/> 00 / <input type="text"/> TYPE
Repairs and maintenance	<input type="text"/> 00	<input type="text"/> 00	O <input type="text"/> 00
All other expenses	<input type="text"/> 00	<input type="text"/> 00	P <input type="text"/> 00
Totalexpenditures	S <input type="text"/> 00 / <input type="text"/> TYPE	T <input type="text"/> 00 / <input type="text"/> TYPE	<input type="text"/> 00 / <input type="text"/> TYPE

Reconciliation items	Primary production	Non-primary production	Totals
Section 40-880 deduction	<input type="text"/> 00	<input type="text"/> 00	A <input type="text"/> 00
Business deduction for project pool	<input type="text"/> 00	<input type="text"/> 00	L <input type="text"/> 00
Landcare operations and business deduction for decline in value of water facility	<input type="text"/> 00	<input type="text"/> 00	W <input type="text"/> 00
Income reconciliation adjustments	<input type="text"/> 00 / <input type="text"/> TYPE	<input type="text"/> 00 / <input type="text"/> TYPE	X <input type="text"/> 00 / <input type="text"/> TYPE
Expense reconciliation adjustments	<input type="text"/> 00 / <input type="text"/> TYPE	<input type="text"/> 00 / <input type="text"/> TYPE	H <input type="text"/> 00 / <input type="text"/> TYPE

Net income or loss from business this year	B <input type="text"/> 00 / <input type="text"/> TYPE	C <input type="text"/> 00 / <input type="text"/> TYPE	<input type="text"/> 00 / <input type="text"/> TYPE
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Deferred non-commercial business losses from a prior year	D <input type="text"/> 00	E <input type="text"/> 00	<input type="text"/> 00
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Net income or loss from business	Y <input type="text"/> 00 / <input type="text"/> TYPE	Z <input type="text"/> 00 / <input type="text"/> TYPE	<input type="text"/> 00 / <input type="text"/> TYPE
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Transfer the amounts at Y and Z to item 15 on page 9.

P9 Business loss activity details

Show details of up to three business activities in which you made a net loss this year. List them in order of size of loss - greatest first.
If you print loss code 8 at G, M or S you must also complete item 16 on page 9.

Activity 1

Description of activity

D

Industry code

E

Partnership (P) or
sole trader (S)

F

Type of loss

G

Reference for code 5

C

Y

/

A

Deferred non-commercial
business loss from a prior year

H

00

Net loss

I

00

Activity 2

Description of activity

J

Industry code

K

Partnership (P) or
sole trader (S)

L

Type of loss

M

Reference for code 5

C

Y

/

A

Deferred non-commercial
business loss from a prior year

N

00

Net loss

O

00

Activity 3

Description of activity

P

Industry code

Q

Partnership (P) or
sole trader (S)

R

Type of loss

S

Reference for code 5

C

Y

/

A

Deferred non-commercial
business loss from a prior year

T

00

Net loss

U

00

P10 Small business entity simplified depreciation

Deduction for certain assets

A

00

Deduction for general
small business pool

B

00

Other business and professional items

P11 Trade debtors

E

00

P12 Trade creditors

F

00

P13 Total salary and wage expenses

G

00

TYPE

P14 Payments to associated persons

H

00

P15 Intangible depreciating assets first deducted

I

00

P16 Other depreciating assets first deducted

J

00

P17 Termination value of intangible depreciating assets

D

00

P18 Termination value of other depreciating assets

K

00

P19 Trading stock election

P

Print Y for yes or leave blank.

Hours taken to prepare and complete the Business and professional items section

S

Family Assistance consent

Complete this section only if you consent to use part or all of your 2015 tax refund to repay your spouse's Family Assistance debt.

Complete the details below only if:

- you were the spouse of a family tax benefit (FTB) claimant, or the spouse of a child care benefit claimant on 30 June 2015 **and**
- your spouse has given you authority to quote their customer reference number (CRN) on your tax return - if your spouse does not know their CRN they can contact the Department of Human Services **and**
- your spouse has a Family Assistance debt or expects to have a Family Assistance debt for 2015 **and**
- you expect to receive a tax refund for 2015 **and**
- you consent to use part or all of your tax refund to repay your spouse's Family Assistance debt.

Spouse's CRN

Z

Important: You also need to provide your spouse's name, date of birth and their sex on page 7.

I consent to the ATO using part or all of my 2015 tax refund to repay any Family Assistance debt of my spouse, whose details I have provided on page 7. I have obtained my spouse's permission to quote their CRN.

Your
signature

Date

Day Month Year

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

Michael MONIN

Date

Day Month Year

16/07/2015

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

The ATO will issue your assessment based on your tax return. However, the ATO 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 ATO is authorised by the *Taxation Administration Act 1953* to request your tax file number (TFN). We will use your TFN to identify you in our records. It is not an offence not to provide your TFN. However if you do not provide your TFN, your assessment may be delayed.

Taxation law authorises the ATO to collect information and to disclose it to other government agencies. For information about your privacy go to ato.gov.au/privacy

Tax agent's declaration

I, Nick Law Chartered Accountant

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

Day Month Year

Client's reference

MON00000

Contact name

Nick Law

Agent's telephone number

Area code

0490

Telephone number

158 736

Agent's reference number

10098008

Individual (Form I)

Please read this page carefully before completing this declaration.

When should this declaration be completed?

Complete this declaration if you would like your tax agent to prepare and lodge your tax return and any applicable schedules via the Tax Office's electronic lodgment service (ELS).

About this declaration

The declaration is divided into four parts:

PART A (Compulsory) - Taxpayer's declaration relating to the ELS component of lodgment of a tax return or request for amendment.

As your tax return or request for amendment is to be lodged via the ELS, you are required to complete Part A of this declaration. This gives your tax agent the authority to lodge via the ELS your tax return or request for amendment.

PART B (Optional) - Taxpayer's consent relating to the electronic funds transfer (EFT) of an anticipated tax refund.

If your anticipated tax refund is to be deposited by EFT to a specific account, you must complete Part B of this declaration. You may nominate the financial account of your choice. (Include only the name of the account on this form. BSB and account number details are to be included on the tax return or amendment. If the account is your tax agent's account include the agent reference number.)

Note: Care should be taken when completing EFT details, as the amount refundable, will be paid into the account specified on this declaration and transmitted via the ELS.

PART C (Optional) - Family Assistance Office consent

If you consent to the Tax Office using part or all of your tax refund to repay your spouse's Family Assistance Office debt you must complete Part C of this declaration. The declaration in this form can only be made for the 2007-08 and later tax years (different consent conditions apply for earlier tax years).

PART D (Compulsory if a share facility user) - Tax agent's declaration relating to the taxpayer's authorisation

If the taxpayer has authorised the lodgment of their tax return via the ELS by completing Part A of this declaration, and you (the tax agent) are registered and lodging with the ELS under the shared facility arrangements, you must complete Part D.

Legislation requires that the original declaration be maintained by the taxpayer for a period of five years, penalties may apply for failure to do so.

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 ATO is authorised by the *Taxation Administration Act 1953* to request your tax file number (TFN). We will use your TFN to identify you in our records. It is not an offence not to provide your TFN. However, you cannot lodge your income tax form electronically if you do not quote your TFN.

Taxation law authorises the ATO to collect information and to disclose it to other government agencies. For information about your privacy go to ato.gov.au/privacy

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	418 626 898	Year	2015		
Name	Michael Thierry Monin				
Total Income or Loss	\$ 26653	Total Deductions with L1	\$ 2572	Total Tax Offsets	\$ 0
Total Tax Withheld	\$ 5704.00	Total Credits	\$ 6149	Taxable Income	\$ 24081

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	Michael MONIN	Date	16/07/2015
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PART D**Tax agent's certificate (shared facility users only)****I declare that:**

- I have prepared this tax return in accordance with the information supplied by the taxpayer
- I have received a declaration made by the taxpayer that the information provided to me for the preparation of this document is true and correct, and
- I am authorised by the taxpayer to lodge this tax return and any applicable schedules that are attached.

Agent's signature		Date		Client reference	MON00000
Contact name	Nick Law				
Agent's phone number	0490 158 736	Agent's reference number	10098008		

Taxpayer Name **Michael Thierry Monin**

Tax File Number **418 626 898**

Tax Year **2015**

Allowances, earnings, tips, director's fees etc.

Payer's Name	Description	Tax Withheld	Gross Payment
NVIROSCOPE PTY. LIMITED	13 063 779 251		505
CONREC PTY LTD	53 159 332 242		34
COLLECTIVE CIVIL PTY LTD	53 097 428 003		1766
COLLECTIVE CIVIL PTY LTD	53 097 428 003		702
Total		0.00	3007

Work related travel expenses

Description of expenses	Amount claimed
Travel Allowance Expensed - NVIROSCOPE PTY. LIMITED	505
Travel Allowance Expensed - CONREC PTY LTD	34
Travel Allowance Expensed - COLLECTIVE CIVIL PTY LTD	1766
Total	2305

Work related uniform, clothing and laundry expenses

Description of expenses	Category claimed	Amount claimed
Boots for labour work	P	90
Yellow Safety Shirt \$20 x 3	P	60
Sun Screen Protection \$20	P	20
Work Shirt \$30	N	30
Work Socks \$8 x 4	N	32
Work Gloves \$20	N	20
Sun Glasses \$15	N	15
Total		267