

PART A Electronic Lodgment Declaration (Individual Tax Return)

This declaration is to be completed where a taxpayer elects to use an approved ATO electronic channel. 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 However, you cannot lodge your income tax form electronically if you do not quote your TFN.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 680 425 073

Year 2024

Name MR SUJAL SAPKOTA

Declaration**I declare that:**

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

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

Signature



Date

PART B**Electronic funds transfer consent**

This declaration is to be completed when an electronic funds transfer (EFT) of a refund is requested and the tax return is being lodged through an approved ATO electronic lodgment channel.

The declaration must be signed by the taxpayer prior to the EFT details being transmitted to the Tax Office. If you elect for an EFT, all details below must be completed.

Important: Care should be taken when completing EFT details as the payment of any refund will be made to the account specified.

Agent's reference
number

Account Name: SUJAL SAPKOTA

I authorise the refund to be deposited directly to the specified account as above.

Signature



Date

Individual tax return
1 July 2023 to 30 June 2024

2024

Your tax file number (TFN)

680 425 073

Return year

2024

See the Privacy note in the Taxpayer's declaration on page 16 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.

If NO please enter residency dates

From To

Your name

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

MR

Surname or family name

SAPKOTA

Given names

SUJAL

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

Your postal address

UNIT 1 15 OLYMPIC DR

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

☐

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

LIDCOMBE

NSW

2141

Your home address

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

UNIT 1 15 OLYMPIC DR

LIDCOMBE

NSW

2141

Your mobile phone number

Your daytime phone number
(if different from your mobile phone
number above)

Area
code

Phone
number

Your email address

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 2024 you must complete
item A1 on page 5 of this tax return.

28/05/2004

Final tax return

☐ N

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)

062194

Account
number

10765192

Use Agent Trust Account?

☐ N

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

SUJAL SAPKOTA

Income

1 Salary or wages

Your main salary and wage occupation
Factory worker - food processing machine operator Occupation code **X** 831199

Payer's Australian business number 74415368292
Payer's Name THE TRUSTEE FOR RUPANI FAMILY TRUST

	Tax withheld	2,679	TYPE
	Gross payment	22,672	
Allowances	163	RFBA	
Lump A		RESC	
Lump B		CDEP	
Lump D			

2 Allowances, earnings, tips, director's fees etc 0 **K** 163

Allowances from Item 1 0 163

Total tax withheld Add up the boxes. \$ 2,679

10 Gross interest Gross interest **L** 16

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

Bank	Branch	Account Number	A/C holders
COMMONWEALTH BANK OF AUSTRALIA		309777738464	1

	Total
TFN amounts withheld	0.00
Gross interest	16.23

Interest adjustment reason code

Interest adjustment reason description

ATO prefill certainty indicator **Y**

TOTAL INCOME OR LOSS Add up the income amounts and deduct any loss amount in the boxes. 22,851 / LOSS

Deductions

D5 Other work-related expenses **E** 300

WORK RELATED EXPENSES	300

D10 Cost of managing tax affairs Interest charged by the ATO **N** 0

Litigation costs **L** 0

Other expenses incurred in managing your tax affairs **M** 77

TAX AGENT FEE			77
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TOTAL DEDUCTIONS Items D1 to **D** - add up the boxes. 377

SUBTOTAL TOTAL INCOME OR LOSS less TOTAL DEDUCTIONS 22,474 / LOSS

TAXABLE INCOME OR LOSS Subtract amounts at **F** and **Z** question L1 from amount at SUBTOTAL. \$ 22,474 / LOSS

TOTAL TAX OFFSETS

Items T2 and **T** —add up the boxes. **U**

M2 Medicare levy surcharge (MLS)

THIS QUESTION IS COMPULSORY

If you do not complete this question you may be charged the full Medicare levy surcharge.

For the whole period 1 July 2023 to 30 June 2024, were you and all your dependants (including your spouse) - if you had any - covered by private patient HOSPITAL cover?

E

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

Number of days NOT liable for surcharge

A

Income tests

You must complete this section.

If you had a spouse during 2023-24 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 amounts

Total reportable fringe benefits amounts (for ATO validation only)

Employers exempt from FBT under section 57A of the FBTA 1986 **N**

Employers not exempt from FBT under section 57A of the FBTA 1986 **W**

IT2 Reportable employer superannuation contributions

T

IT3 Tax-free government pensions

U

IT4 Target foreign income

V

IT5 Net financial investment loss

X

IT6 Net rental property loss

Y

IT7 Child support you paid

Z

(For ATO validation only)

Adjusted taxable income /

Estimated total income /

Estimated eligible income

Non-resident foreign income

18 Capital gains

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

G

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

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

Have you applied an exemption, rollover or additional discount?

M

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

Total current year capital gains

H

Net capital gain

A

Net capital losses carried forward to later income years

V

Credit for foreign resident capital gains withholding amounts

X

20 Foreign source income and foreign assets or property

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

P

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

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.

/

TOTAL SUPPLEMENT DEDUCTIONS

Items **D11** to **D15**—add up the boxes and transfer this amount to **D**

TOTAL SUPPLEMENT TAX OFFSETS

Questions T3 to T9 - add up the boxes.

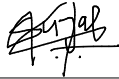
Transfer this amount to **T**

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:

- all the information I have given on this tax return, including any attachments, is true and correct
- I have shown all my income – including net capital gains – for tax purposes for 2023 –24
- I have completed item M2 – Medicare levy surcharge
- 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 and tax offsets
- the information provided to my registered tax agent for the preparation of this tax return is true and correct, if applicable
- I authorise my registered tax agent to lodge this tax return, if applicable.

**Taxpayer's
Signature****Date**

Day Month Year

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.

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Tax agent's declaration

I, **MERIT ACCOUNTING SERVICES**

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

29/07/2024

Client's reference

MI0290

Contact name

SUNG CHUL YOON

Agent's telephone number

Area code

0430

Telephone number

502424

Agent's reference number

25772779

Position held

TAX AGENT

Tax Payable for Individual

	Taxable Income	22,474		
	Tax Free Part	18,200		
	Tax Payable on Taxable Income		812.06	
			Sub-Total	\$ 812.06
Less Offsets:	Offsets (T2 to T9)	0.00		
	Private Health Insurance Offset	0.00		
	Seniors / Pension / Beneficiary Offset	0.00		
	Small business income offset	0.00		
	Low Income Offset	700.00		
	Lump Sum	0.00		
	Foreign Income Offset	0.00		
	Other Offsets	0.00		
	FHSS tax offset	0.00		
			Sub-Total	\$ 700.00
				112.06
Plus:	Medicare Levy	0.00		
	HELP/SSL	TSL/VSL	SFSS	
	0	0	0	
			Sub-Total	\$ 0.00
				112.06
Less Credits:	Tax withheld - salary & wage type income	2,679.00		
	Arrears tax withheld	0.00		
	Foreign Tax Credits	0.00		
	TFN Amounts (credits)	0.00		
	Franking Tax Offset (refundable)	0.00		
	Other Refundable Credits	0.00		
	Other Amounts withheld - ABN,Vol,Labour,Foreign	0.00		
	FHSS tax withheld	0.00		
	PAYG Income Tax Instalments	0.00		
			Sub-Total	\$ 2,679.00
				2,566.94
	Estimated Tax Refund			

DISCLAIMER
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This estimate is provided without warranty of any kind.
It is subject to legislative changes and includes estimates of currently unknown rates.
WARNING : Amounts shown may be adjusted by amounts not included in this return.