



# Trust income schedule 2024

## Who should complete this schedule?

If you have 4 or fewer distributions, complete this schedule. If you have more than 4 distributions, complete this schedule and the *Trust income schedule 2024 additional distributions* (NAT 75536A). Attach NAT 75536A to this schedule and ensure you include your TFN on both forms.

## When completing this form

You can complete this form electronically or with a pen.  
If you choose to use a pen:

- Print clearly in BLOCK LETTERS using a black pen.
- Place **X** in ALL applicable boxes.

For instructions to help you prepare the schedule, see *Trust income schedule instructions 2024*.

## Tax file number (TFN)

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## Individual name

Title: Mr  Mrs  Miss  Ms  Other

Surname or family name

First given name

Other given names

OR

## Non-individual name (company, trust, partnership, fund, SMSF)

## Residential address for individuals or business address for non individuals

Suburb/town/locality

State/territory  
  
(Australia only)

Postcode  
  
(Australia only)

Country if outside Australia

# Distribution details

## Name of distributing trust

## Australian business number (ABN)

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## Investor number

Share of income  
of trust estate

**W**

Share of credit for TFN amounts  
withheld from payments from  
closely held trusts

**O**

Share of credit for tax withheld  
– foreign resident withholding  
(excluding capital gains)

**L**

Capital gains

**F**

Australian franking credits  
from a New Zealand  
franking company

**N**

Gross capital gain

**F1**

Primary  
production

**A**   /

Loss

Capital losses applied

**F2**

PP – NCMI

**A1**

CGT discount applied

**F3**

PP – Excluded  
from NCMI

**A2**

CGT small business  
concessions applied

**F4**

Non-primary  
production

**B**   /

NCMI capital gains

**F5**

Non PP – NCMI

**B1**

Excluded from  
NCMI capital gains

**F6**

Credit for tax withheld  
where ABN not quoted

**C**

Share of credit for foreign  
resident capital gains  
withholding amounts

**G**

LOSS

Franked distributions

**U**

Other assessable  
foreign source income

**H**   /

Franking credit

**D**

Foreign income tax offset

**I**

TFN amounts withheld

**E**

Share of National rental  
affordability scheme tax offset

**R**

Exploration credits  
distributed

**M**

Early stage venture capital  
limited partnership tax offset

**T**

Early stage investor  
tax offset

**J**

Div 6AA Eligible income **C1**

## Small business income tax offset information

Share of net small  
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s98(3) assessable amount

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# Declarations

**!** If the schedule is not lodged with the income tax return, you are required to sign and date the schedule.

Contact name

Daytime contact number (include area code)

## Important

Before making this declaration check to ensure that all the information required has been provided on this form and any attachments to this form, and that the information provided 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 ATO. The income tax law imposes heavy penalties for false or misleading statements.

## Privacy

We are authorised to request TFNs by the *Taxation Administration Act 1953*. We use them to identify you in our records. It is not an offence not to provide TFNs. However, this may cause delays in processing your form.

Taxation law authorises us to collect information and disclose it to other government agencies. This includes personal information of the person authorised to complete the form and sign the declaration. See more about your privacy at [ato.gov.au/privacy](http://ato.gov.au/privacy).

## Taxpayer's/public officer's/director's/partner's/trustee's declaration

I declare that the information on this form is true and correct

Signature

Date

Day	<input type="text"/>	/	Month	<input type="text"/>	/	Year	<input type="text"/>	<input type="text"/>
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## Tax agent's declaration

I,

declare that this tax return has been prepared in accordance with information supplied by the taxpayer, that the taxpayer has given me a declaration stating that the information provided to me is true and correct and that the taxpayer has authorised me to lodge the tax return.

Agent's signature

Client's reference

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

Agent's phone number (include area code)

Agent's reference number

Office use only  
Indics X



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Share of credit for foreign  
resident capital gains  
withholding amounts

**Z**

Franked distributions

**U**

Attributed foreign income

**G**

Franking credit

**D**

Other assessable  
foreign source income

**H**   /

TFN amounts withheld

**E**

Foreign income tax offset

**I**

## Small business income tax offset information

Share of net small  
business income

**Y**

Share of National rental  
affordability scheme tax offset

**R**

Exploration credits  
distributed

**M**

Early stage venture capital  
limited partnership tax offset

**T**

Early stage investor  
tax offset

**J**

Div 6AA Eligible income **C1**

LOSS

## Non-resident beneficiary additional information

s98(3) assessable amount

**J**

s98(4) assessable amount **K**

## Annual Trustee Payment report information

Total TFN amounts  
withheld from payments

**T**