

PART A**Electronic Lodgment Declaration (Form I)**

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 However, you cannot lodge your income tax form electronically if you do not quote your TFN.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	[REDACTED]	Year	2017		
Name	MR JAMALE ELMIR				
Total Income or Loss	117,275	Total Deductions	5,329	Total Rebates	0
Total Tax instalments	40,650	Total Credits	0	Taxable Income	111,946

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	64748000
Account Name:	Cliental Trust Account

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

Signature

Date

Individual tax return

1 July 2016 to 30 June 2017

2017

Your tax file number (TFN)

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

Surname or family name

 ELMIR

Given names

 JAMALE

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

☐ N Print Y for yes or N for no.

If yes, print
previous surname.

Your postal address

 30 ST CLOUD CR

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

☐ Print Y for yes or N for no.

 LAKE HEIGHTS

 NSW

 2502

Your home address

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

 30 ST CLOUD CR

 LAKE HEIGHTS

 NSW

 2502

Your mobile phone number

Your daytime phone number

(if different from your mobile phone
number above)

Area
code

 02

Phone
number

 42431389

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 2017 you must complete
item A1 on page 5 of this tax return.

 07/10/1970

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 below.

BSB number
(must be six digits)

 032070

Account
number

 174678

Use Agent Trust Account?

☐ Y

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

 Cliental Trust Account

Income

1 Salary or wages

Your main salary and wage occupation

Surveyor

Occupation code **X** 232212

Payer	Allowances	Lump A	Lump B	Tax Withheld	Gross
CARDNO STAFF				ABN: 84 098 877 313	
				40,650.00	117,275

Total tax withheld

Add up the boxes.

\$

40,650.00

11 Dividends

Unfranked amount

S

0

Franked amount

T

0

Tax file number amounts withheld from dividends

V

0.00

Franking credit

U

0

Company

Unfranked

Franked

Imp Cred

TFN Amt

CARDNO LIMITED XX835

CARDNO LIMITED XX379

TOTAL INCOME OR LOSS

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

117,275

LOSS

Deductions

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

C

144

CLAIM

P

D5 Other work related expenses

E

3,895

D9 Gifts or donations

J

750

Edmond Rice College And St Franced

750

D10 Cost of managing tax affairs

M

540

TRIPS 170KMS X2

340

TAF

200

TOTAL DEDUCTIONS

Items D1 to **D** add up the boxes

5,329

SUBTOTAL

TOTAL INCOME OR LOSS less TOTAL DEDUCTIONS

111,946

LOSS

TAXABLE INCOME OR LOSS

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

\$

111,946

LOSS

TOTAL TAX OFFSETS

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

0

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 2016 to 30 June 2017, were you and all your dependants (including your spouse) - if you had any - covered by private patient HOSPITAL cover?

E

Y

Print Y for yes or N for no.

Number of days NOT liable for surcharge

A

365

Private health insurance policy details

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

Health insurer ID	B	BUP	Membership number	C	91205674		
Your premiums eligible for Australian Government rebate	J		933	Your Australian Government rebate received	K		242
Benefit code	L		31	Tax claim code. Read the tax return instructions.	CODE	C	

Health insurer ID	B	BUP	Membership number	C	91205674		
Your premiums eligible for Australian Government rebate	J		2,595	Your Australian Government rebate received	K		695
Benefit code	L		30	Tax claim code. Read the tax return instructions.	CODE	C	

Income tests

You must complete this section.
If you had a spouse during 2016-17 you must also complete Spouse details . married or de facto on page 7.

IT1 Total reportable fringe benefits amounts

If the amount is zero, write 0.

Total reportable fringe benefits amounts (for ATO validation only)		0
Employers exempt from FBT under section 57A of the FBTA 1986	N	0
Employers not exempt from FBT under section 57A of the FBTA 1986	W	0

IT2 Reportable employer superannuation contributions

T	0
---	---

IT3 Tax-free government pensions

U	0
---	---

IT4 Target foreign income

V	0
---	---

IT5 Net financial investment loss

X	0
---	---

IT6 Net rental property loss

Y	0
---	---

IT7 Child support you paid

Z	0
---	---

IT8 Number of dependent children

D	2
---	---

(For ATO validation only)

Adjusted taxable income	111,946	/	
Estimated total income	117,275	/	
Estimated eligible income	117,275		
Non-resident foreign income			

Spouse details—married or de facto

Use related ref details?

Y

ELMI0002

If you had a spouse during 2016-17, 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 2016-17 print the name of your spouse on 30 June 2017 or your last spouse.

Surname or family name

ELMIR

First given name

SAMAR

Other given names

SALAH

Your spouse's
date of birth

K

Day Month Year

03/08/1972

Your spouse's gender

Male

☐

Female

☒

Indeterminate

☐**Period you had a spouse - married or de facto**Did you have a spouse for the full year
- 1 July 2016 to 30 June 2017?

L

No

☐

Yes

☒

From

M

to

N

If you did not have a spouse for the
full year, write the dates you had a
spouse between 1 July 2016 and
30 June 2017.

Did your spouse die during the year?

No

☐

Yes

☐**This information relates to your spouse's income**

You must complete all labels

Pre-fill using related ref return details?
(Related ref for spouse details above
must be answered Y)

Y

Your spouse's 2016-17 taxable income

O

51,114

Your spouse's share of trust income on which the trustee is assessed under
section 98 and which has not been included in spouse's taxable income

T

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

Your spouse's total reportable fringe benefits amounts

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

R

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

S

Amount of Australian Government pensions and allowances (see Q6 Australian Government
pensions and allowances in the tax return instructions) that your spouse received in 2016-17
(exclude exempt pension income)

P

Amount of exempt pension income (see Spouse details - married or de facto in the instructions)
that your spouse received in 2016-17. Do not include any amount paid under the
Military Rehabilitation and Compensation Act 2004

Q

Amount of your spouse's reportable superannuation contributions (which is the total of reportable
employer superannuation contributions and deductible personal superannuation contributions)

A

Other specified exempt payments that your spouse received
(see Spouse details - married or de facto in the instructions)

B

Your spouse's target foreign income

C

Your spouse's total net investment loss (total of net financial
investment loss and net rental property loss)

D

Child support your spouse paid

E

Your spouse's taxed element of a superannuation lump sum for which the tax rate
is zero (see M2 Medicare levy surcharge in the tax return instructions)

F

Spouse's total ATI
(ATO validation purpose only)

51,114

/

18 Capital gains

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

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

CODE

Have you applied an exemption or rollover?

M ☐ **/** ☐

Total current year capital gains

H ☐

Net capital losses carried forward to later income years

V ☐

Credit for foreign resident capital gains withholding amounts

X ☐

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

Net capital gain

A ☐**19 Foreign entities**

Did you have either a direct or indirect interest in a controlled foreign company (CFC)?

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

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

Transferor trust income

B ☐**20 Foreign source income and foreign assets or property**

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

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

LOSS

TOTAL SUPPLEMENT DEDUCTIONSItems **D11** to **D15** - add up the boxes and transfer this amount to**D****T8 Early stage venture capital limited partnership****K** ☐**T9 Early stage investor****L** ☐**TOTAL SUPPLEMENT TAX OFFSETS**

Items T3, T4, T6, T7, T8, T9, T10 and T11 - 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:

" the information provided to my registered tax agent for the preparation of this tax return is true and correct, and
" I authorise my registered tax agent to lodge this tax return.

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

Day Month Year

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

The 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,

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

Contact name

Agent's telephone number

Area code

Telephone number

Agent's reference number

Depreciation Worksheet

2017

Title Equipment
 Transfer to 1 Work Deductions
 Private Use % (default private use % for this worksheet)

Total Cost	Opening	Acquisition Date	Acquisition Cost	Total Value	Rate %	Type P/D	Decline in Value	Private Portion	Closing
------------	---------	------------------	------------------	-------------	--------	----------	------------------	-----------------	---------

All Assets (6)

Asus Pc									
2,400	130		0	130	50.00	D	0	0	0
Disposal	Disposal Date	Consid Received	Assess Adjust	Deduct Adjust	Private Deduct				
	01/07/2016	0	0	130	0				
Buffet Unit									
690	552		0	552	7.50	D	41	0	511
Lap Top Cosmio									
3,044	284		0	284	66.66	D	1	0	0
Disposal	Disposal Date	Consid Received	Assess Adjust	Deduct Adjust	Private Deduct				
	01/07/2016	0	0	283	0				
Gas Heater									
1,300	996		0	996	20.00	D	199	0	797
Ipad									
1,128	657		0	657	66.66	D	438	0	219
Desk Top									
6,316	0	07/01/2017	6,316	6,316	50.00	D	1,514	0	4,802

Total Cost	Opening	Acquisition Cost	Total Value	Decline in Value	Private	Closing
14,878	2,619	6,316	8,935	2,193	0	6,329

Deduct for Private Use
 Net Depreciation

Disposals: [Deduct for Private Use
 Net Adjustment (deductible)

Total Claimed for Depreciation

0
413
2,606

Total Assets - 6 [On hand the full year - 3, Acquisitions - 1, Disposals - 2]

Work Related Expenses Schedule 2017

D3 Work related uniforms

Claim type code for main form I

Work related uniforms, protective clothing, laundry and dry cleaning expenses.

Expense type	<input type="text" value="L"/>	Details of "O" code	<input type="text" value="Laundry"/>	<input type="text" value="144"/>
				<input type="text" value="144"/>
				Claimed \$
Evidence / calculation code	<input type="text" value="R"/>	<input type="text" value=""/>	<input type="text" value="ATO ruling/guidelines"/>	

D5 Other work related expenses

Other work related expenses

Expense type	<input type="text" value=""/>	Details of "O" code	<input type="text" value="Electricity"/>	
Business	<input type="text" value=""/>	%	Amount	<input type="text" value="506"/>
				Claimed \$
				<input type="text" value="506"/>
Evidence / calculation code	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
<input type="text" value="3 DAYS /WK X 8 HRS/DAY X 48 X 44 CENTS"/>				

Expense type	<input type="text" value=""/>	Details of "O" code	<input type="text" value="Internet"/>	
Business	<input type="text" value="80"/>	%	Amount	<input type="text" value="300"/>
				Claimed \$
				<input type="text" value="240"/>
Evidence / calculation code	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
<input type="text" value="\$600 X 80% X 50%"/>				

Expense type	<input type="text" value=""/>	Details of "O" code	<input type="text" value="Office Window Pro"/>	
Business	<input type="text" value=""/>	%	Amount	<input type="text" value="150"/>
				Claimed \$
				<input type="text" value="150"/>
Evidence / calculation code	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>

Expense type	<input type="text" value=""/>	Details of "O" code	<input type="text" value="Stationary"/>	
Business	<input type="text" value=""/>	%	Amount	<input type="text" value="393"/>
				Claimed \$
				<input type="text" value="393"/>
Evidence / calculation code	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>

Dep'n: Equipment	<input type="text" value="2,606"/>	
		Total claimed \$
		<input type="text" value="3,895"/>

Taxpayer declaration:

I declare that the information I have given is true and correct and that I hold the necessary evidence to support my claims.

Signature

Date

Tax agent declaration:

I declare that I have explained to my client the information necessary to complete this form.

Signature

Date

Income Tax Return Tax Estimate

MR JAMALE ELMIR

TFN:

2017

Tax Payable for Individual

Taxable Income	111,946
Tax Free Part	18,200
Tax Payable on Taxable Income	29,052.02

Sub-Total \$ 29,052.02

Less Offsets:

Offsets (T2 to T11)	0.00
Private Health Insurance Offset	0.00
Seniors / Pension / Beneficiary Offset	0.00
Small business income offset	0.00
Low Income Offset	0.00
Lump Sum	0.00
Other Offsets	0.00

Sub-Total \$ 0.00

29,052.02

Plus:

Medicare Levy	2,238.92
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Sub-Total \$ 2,238.92

31,290.94

Less Credits:

Tax withheld - salary & wage type income	40,650.00
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
PAYG Income Tax Instalments	0.00

Sub-Total \$ 40,650.00

Estimated Tax Refund

9,359.06

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.

Sensitive (when completed)