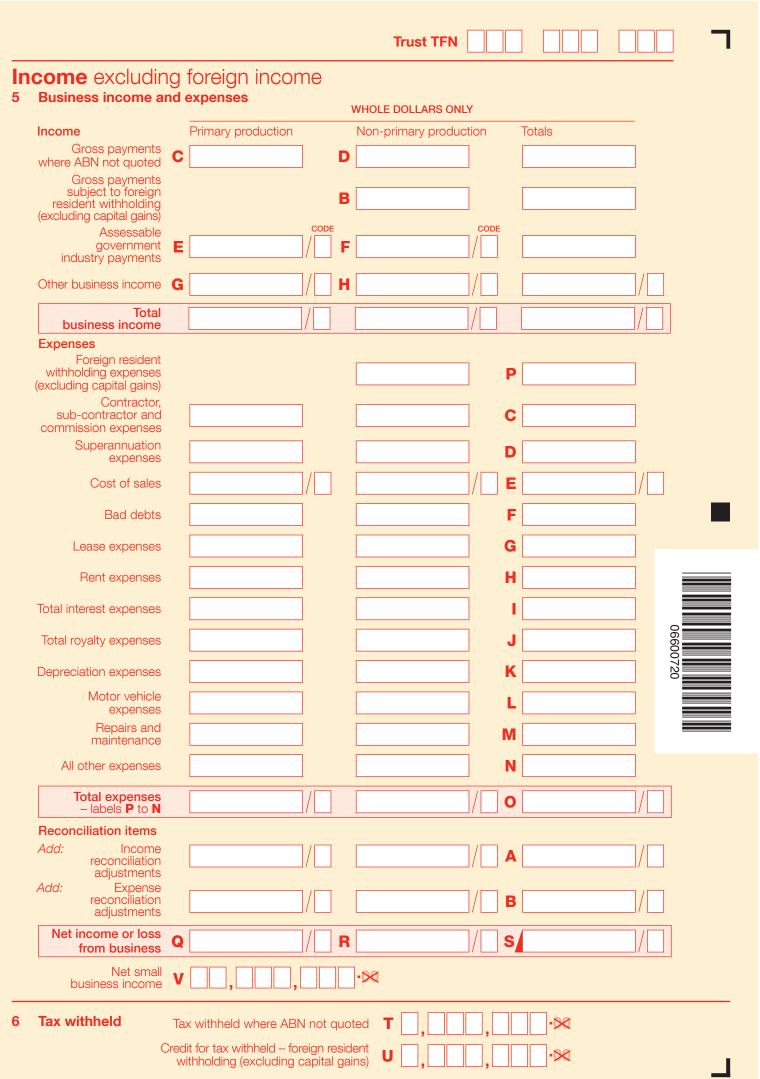
Australian Government Australian Taxation Office Trust tax return 202	20 7													
Day Month Year Day Month Year to Month Year to Month Year to Month Year or specify period if part year or approved substitute period.														
 Notes to help you prepare this tax return are provided in the <i>Trust tax return instructions 2020</i> (the instructions), available on our website ato.gov.au When completing this return Print clearly, using a black or blue pen. Use BLOCK LETTERS and print one character in each box. Image: Image: Image:														
Trust information														
Tax file number (TFN) Have you attached any other attachments'? See the Privacy note in the Taxpayer's declaration. 'other attachments'?														
Australian business number (ABN)														
Previous name of trust If the trust name has changed, print the previous name exactly as shown on the last notice of assessment or the last tax	return lodged													
Current postal address If the address has not changed, print it exactly as shown on the last notice of assessment or the last tax return lodger	d													
Suburb/town	Postcode													
Country if outside Australia														
Destal address an overlage terroritory														
Postal address on previous tax return If the address has changed, print your previous address exactly as shown on the last notice of assessment or the last tax	return lodged.													
	return lodged.													
	c return lodged.													
If the address has changed, print your previous address exactly as shown on the last notice of assessment or the last tax														

Г	Full name of the trustee to whom notices should be sent If the trustee is an individual, print details here.																																					
Title:	Mr		M	s	1	Miss		N	1s		Othe	r																										
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First	liven r][ə													l Der c		n nar	nes																			
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If the Name		stee	e is	a co	omp	ban	y, p	orin	t de	etai	s h	ere	incl	ludi	ing	AE	BN.																					
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ABN		JI	JL			·		JL			JL))			Da	wti	me		nta	act	Ē	hon	ie n	um	bei	r (ind		de a	irea		de)) [] [
If the trust year for th If rev print com	Family trust election status If the trustee has made, or is making, a family trust election, write the four-digit income year specified of the election (for example, for the 2019–20 income year write 2020). If revoking or varying a family trust election, print R for revoke or print V for variation and complete and attach the Family trust election, revocation or variation 2020. If revoking or varying a family trust election, print R for revoke or print V for variation and complete and attach the Family trust election, revocation or variation 2020.																																					
Тур	Type of trust Print the code representing the type of trust. Print X if also a charity If code D, write the date of death. Day Month Year																																					
Mar	Managed investment trusts														_																							
	Is the trust a managed investment trust (MIT)? Yes No Must be completed if Type of trust is either F, M, U, P or Q																																					
																														et i		vithe		- 1	Л. Ц	J, P	or	Q
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-	7 Credit for interest on ear – amount of interest	rly payments W , , , , , , , , , , , , , , , , , ,
8	Partnerships and trusts Primary production	
	Distribution from partnerships	
	Share of net income from trusts	
	Deductions relating to amounts shown at A and Z	
		Net primary production amount
	Non-primary production	
	Distribution from partnerships, less foreign income	_,,,,,,.∞ /
	Share of net income from trusts, less capital gains, foreign income and franked distributions	_,,,∞/_
	Deductions relating to amounts shown at B and R	_,,,∞
	Franked distributions from trusts	_,,,∞
	Deductions relating to franked G	_,,,∞
		Net non-primary production amount
	Capital gains from another trust and Amounts of foreign income must be	d net foreign capital gains need to be included at item 21 .
	Share of credits from income	
	Share of credit for tax withheld where ABN not quoted	
	Share of franking credits from franked distributions	
	Share of credit for TFN amounts withheld from interest, dividends and unit trust distributions	
	dit for TFN amounts withheld from ogwents from closely held trusts	
	Share of credit for tax withheld – foreign resident withholding (excluding capital gains)	_,,,∞
9	Rent Gross rent	F
	Interest deductions	G
	Capital works deductions	X
	Other rental deductions	
10	Forestry managed investment	
11	Gross interest – including Austra	alian Government Ioan interest
	TFN amounts withheld	
	from gross interest	

	Ŭ		
12	Dividends	Unfranked amount	к,, ∞
		Franked amount	L , ,
		Franking credit	M,,
L	TFN amounts withheld from dividends	N, , ·	
	Page 4	Sensitive (when completed)	TRUST TAX RETURN 2020

13	Superannuation lump sums and employment termination payments Death benefit superannuation lump sum where the beneficiary is a non-dependant Death benefit employment termination payment where the beneficiary is a dependant Death benefit employment termination payment where the beneficiary is a non-dependant Death benefit employment termination payment where the beneficiary is a non-dependant
14	Other Australian income – give details Type of income Excepted net income Image: Strength of the strengt of the strength of the strength of the strength of the strength
15	Total of items 5 to 14 Add the boxes. , , , , , , , , , , , , , , , , , , ,
De	eductions
16	Deductions relating to: Australian investment income P , , , .
	Deductions relating to franked distributions should not include deductions included at G item 8 .
17	Forestry managed investment scheme deduction D
	Forestry managed investment scheme deduction Other deductions - show only deductions not claimable at any other item Name of each item of deduction Amount Image:
18	Other deductions – show only deductions not claimable at any other item Name of each item of deduction Amount
18	Other deductions - show only deductions not claimable at any other item Name of each item of deduction Amount Am
18	Other deductions - show only deductions not claimable at any other item Name of each item of deduction Amount Bo you need to complete a Capital gains tax (CGT) schedule 2020?
18 19 20	Other deductions - show only deductions not claimable at any other item Name of each item of deduction Amount Amount </th

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Fc	preign income
22	Attributed foreign income Did you have overseas branch operations or a direct or indirect interest in a foreign trust, foreign company, controlled foreign entity or transferor trust? If you answered Yes at label S, complete and attach an International dealings schedule 2020.
	Do you need to complete a Losses schedule 2020?
23	Other assessable foreign source income - other than income shown at item 22 Gross B ,
	tax offset Image: Comparison of the sector of the sect
24	Total of items 20 to 23 Add the boxes
25	Tax losses deducted C
26	Total net income or loss Subtract item 25 from item 24.
27	Losses information
	A Losses schedule 2020 must also be completed and attached if the sum of labels U and V is greater than \$100,000 or if the trust is a listed widely held trust and failed the majority ownership test for a loss.
28	Landcare and water facility Landcare and water facility tax offset G , , . <

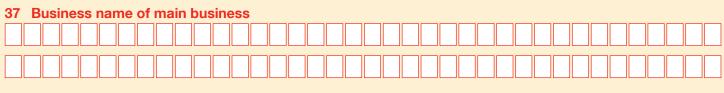
	Trust TFN
0	verseas transactions / thin capitalisation
	Overseas transactions Was the aggregate amount of your transactions or dealings with international related parties (including the value of any property/service transferred or the balance of any loans) greater than \$2 million? W Yes No
	Did the thin capitalisation provisions affect you? O Yes No
	Interest expenses overseas D
	Royalty expenses overseas E
	If you answered Yes at label W or O or completed D or E , complete and attach the <i>International dealings schedule 2020.</i>
	Was any beneficiary who was not a resident of Australia at any time during the income year, 'presently entitled' to a share of the income of the trust?
	If you answered Yes at label A , attach the information requested in the instructions.
	Transactions with specified countries Did you directly or indirectly send to, or receive from, one of the countries specified in the instructions, any funds or property or Do you have the ability or expectation to control, whether directly or indirectly, the disposition of any funds, property, assets or investments located in, or located elsewhere but controlled or managed from one of those countries?
30	Personal services income Does your income include an individual's personal services income (PSI)? N Yes No
	Total amount of PSI included A , , , , , , , , , , , , , , , , , ,
	Total amount of deductions against PSI included at item 5 expense labels B , D
	Did you satisfy the results test in respect of any individual? C Yes No
Do	you hold a personal services business (PSB) determination in respect of any individual? D Yes No
	For any individual for whom you did not satisfy the results test or hold a PSB determination, and each source of their PSI income yielded less than 80% of their total PSI, indicate if you satisfied any of the following personal services business tests – print X in the appropriate box(es).
	Unrelated clients test E1 Employment test E2 Business premises test E3
Ta	xation of financial arrangements
	Taxation of financial arrangements (TOFA)

32	Non-concessional MIT inc	ome (NCMI)
	Business income	
	Primary production	Non-concessional MIT income (NCMI)
		Amounts shown at A and B must also be included at 5G PP – Other business income .
	Non-primary production	
		Amounts shown at C and D must also be included at 5H Non-PP – Other business income .
	Partnerships and trusts	
	Primary production	Non-concessional MIT income (NCMI) E
		Amounts shown at E and F must also be included at 8A Distribution from partnerships .
		Amounts shown at G and H must also be included at 8Z Share of net income from trusts .
	Non-primary production	n
	Amounts shown	at I and J must also be included at 8B Distribution from partnerships, less foreign income .
		Non-concessional MIT income (NCMI) K
		Amounts shown at K and L must also be included at 8R Share of net income
		from trusts, less capital gains, foreign income and franked distributions.
	Capital gains	
		The amounts shown at labels X and Z must be included in
		the calculation of the amount at 21A Net capital gain .

Trust TFN

Ke	Key financial information									
33	All current assets	F,,,, ∞								
34	Total assets	G,,,∞								
35	All current liabilities	।,,,∞								
36	Total liabilities	J,,,, ∞								

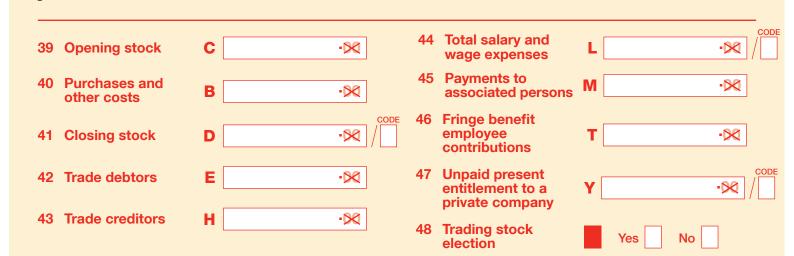
Business and professional items



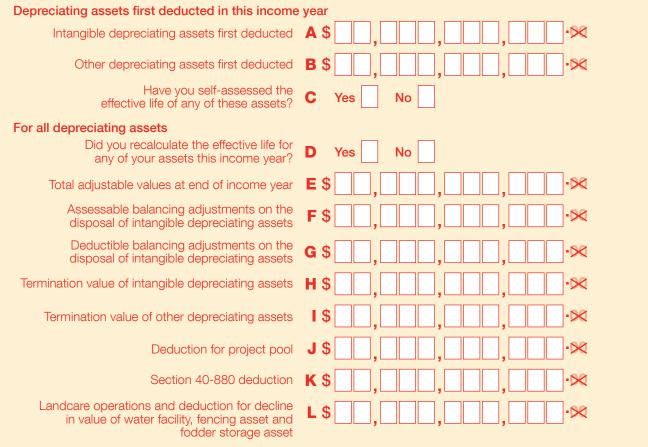
38 Business address of main business

Sub	urb/to	own													Sta	te/te	rrito	ry		Post	code	
																			A			





49 Capital allowances



50	Small business entity simplified depreciation	
	Deduction for certain	
	Deduction for g small busines	
51	National rental affordability schemeNational rental afford scheme tax offset entitle	
52	Other refundable tax offsets	G,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
53	Non-refundable carry forward tax offsets	
	Early stage venture capital limited partnership tax	offset H
	Early stage investor tax	offset
54	Medicare levy reduction or exemption	
	Spouse's 2019–20 taxable income – if nil write '0'	Full Medicare levy exemption
	Number of dependent children and students	 – number of days Half Medicare levy exemption – number of days
	Medicare levy surcharge and private health insurance If the trust is liable for the Medicare levy surcharge or entitle	tax offset d to the private health insurance tax offset, refer to the instructions.
55	Income of the trust estate A	, , ∞

Statement of distribution

56 Statement of distribution

Distribution details

Complete the distribution details on the following pages for **BENEFICIARY 1** to **3** if required, and for **Income to which no beneficiary is presently entitled and in which no beneficiary has an indefeasible vested interest, and the trustee's share of credit for tax deducted**, if it applies.

If there are more than three beneficiaries see the instructions for more information.

Note: It is not an offence not to quote a TFN for a beneficiary. However, TFNs help the ATO to correctly identify each beneficiary'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. To make a correct Trustee Beneficiary (TB) statement you must quote the TFN of a resident trustee beneficiary of a closely held trust.

Note: If the trust needs to provide annual reports under the Trustee Beneficiary Rules or the TFN withholding rules you will be able to do so by completing the information in the statement of distribution.

56	Statement of	distribution	– continued
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Small business income tax offset information	
Share of net small business income Y	
Non-resident beneficiary additional information	
s98(3) assessable amount J	× s98(4) K · ∞
TB statement information	
For each trustee beneficiary, indicate whether you will be makir	ng a TB statement: TB statement? Yes No
Tax preferred amounts P	M Untaxed part of share of net income Q •M
Tax preferred amounts P	M Untaxed part of share of net income Q •M

56 Statement of distribution – continued

BENEF	ICIARY 2	Tax f	ile nu	uml	ber (TFN)]]			ity co	ode	U								
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Surname	or family name																													
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OR				1[_														1][][_		1[_][[1[
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Small business income tax offset information		
Share of net small business income	<u>₩</u>	
Non-resident beneficiary additional information		
s98(3) assessable amount	·∞ assessable amount K ·∞	1
B statement information		
or each trustee beneficiary, indicate whether you will be makin	ing a TB statement: TB statement? Yes No	
Tax preferred amounts	• M Untaxed part of share of net income Q	1
Tax preferred amounts P	• M Untaxed part of share of net income Q • M	2

56 Statement of distribution – continued

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Small business income tax offset information	
Share of net small business income	₽ \$•
Non-resident beneficiary additional information	
s98(3) assessable amount J	·∞ s98(4) K ·∞
TB statement information	
For each trustee beneficiary, indicate whether you will be ma	naking a TB statement: TB statement? Yes NO
or each trustee beneficiary, indicate whether you will be ma	No No • M Untaxed part of share of net income

interes	, and the trustee	5 51	are of orealt for tax a	cuuci	icu.			
	Assessment calculation code Share of income	V		· %	Share of credit for TFN amounts withheld from payments from closely held trusts	0	· .	
- foreign	of the trust estate credit for tax withheld resident withholding	L]• %	Capital gains	F	·%	
Austr	cluding capital gains) alian franking credits			J 7	NCMI capital gains		·%	
	from a New Zealand franking company	N	•%	LOSS	Excluded from NCMI capital gains	F2	·%	
	– Primary production		·%		Share of credit for foreign resident capital gains withholding amounts	z	·	
	PP – NCMI	A1	·%]	Attributed foreign income	G	<u>کم</u> .	
Share of	PP – Excluded from NCMI		·%		Other assessable foreign source income	н	· M	
income	Non-primary production	В	·%]/ 🗌	Foreign income tax offset	1	•	
	Non – PP NCMI	B1	·%] ,	Share of National rental affordability scheme tax offset	R		
	Non – PP Excluded – from NCMI	B2	·><]	Share of other refundable tax offsets	X	·	
	redit for tax withheld here ABN not quoted	С	·%]	Early stage venture capital limited partnership tax offset	т	•	
F	Franked distributions	U	·%]	Early stage venture capital limited partnership tax offset carried forward	K	· ·	
	Franking credit	D	· ·		from previous year Early stage investor	J		
TF	N amounts withheld	Е	•		Early stage investor tax	J		
					offset carried forward from previous year	Μ	•	
lfy	ou completed labels	а т, к	K, J or M, attach the inform	nation r	requested in the instructions.			

Income to which no beneficiary is presently entitled and in which no beneficiary has an indefeasible vested interest, and the trustee's share of credit for tax deducted.

57 Choice for resident trustee to be assessed to capital gains on behalf of beneficiaries

Assessment calculation code	X
Amount of capital gains on which the trustee has chosen to be assessed on behalf of beneficiaries	Y,,,∞

Items 58 and 59 must be answered for all trusts – if you answer yes to any of these questions, answer Yes to the 'other attachments' question on page 1 of this tax return.

58 Beneficiary under legal disability who is presently entitled to income from another trust

Was any beneficiary in this trust, who was under a legal disability on 30 June 2020, also presently entitled to a share of the income of another trust? If yes, or the answer is not known, furnish the information requested in the instructions.

No

Yes

Yes		No		
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59 Non-resident trust

Is the trust a non-resident trust?

If yes, state the amount of income derived outside Australia to which no beneficiary is presently entitled. **\$** Print **NIL** if applicable.

;___,___,___,___,___,∞

Declarations

TAXPAYER'S DECLARATION

Important

Before making this declaration check to ensure that all income has been disclosed and the tax return, all attached schedules and any additional documents are 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 in tax returns. **This declaration must be signed by a trustee or public officer**.

Privacy

The ATO is authorised by the *Taxation Administration Act 1953* to request the provision of tax file numbers (TFNs). The ATO will use the TFNs to identify each beneficiary in our records. It is not an offence not to provide the TFNs. However, if the TFNs are not provided, it could increase the chance of delay or error in each beneficiary's assessment.

Taxation law authorises the ATO to collect information including personal information about the person authorised to sign the declaration. For information about your privacy go to **ato.gov.au/privacy**

DECLARATION:

I declare that the information on this tax return, including any attached schedules and additional documentation is true and correct.

Signature	
Day Month Year Date	
Hours taken to prepare and complete this tax return	
TAX AGENT'S DECLARATION	
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)0
Date / / / / /	
Contact name	
]
Agent's phone number (include area code) Agent's reference number Office use only	
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