

Full name of the trustee to whom notices should be sent

If the trustee is an individual, print details here.

Title: Mr Mrs Miss Ms Other

Surname or family name

First given name Other given names

If the trustee is a company, print details here including ABN.

Name

ABN Daytime contact phone number Phone number (include area code)

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 2012–13 income year write 2013).

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 2013*.

Interposed entity election status

If the trustee has an existing election, write the earliest income year specified. If the trustee is making one or more elections this year, write the earliest income year being specified and complete an *Interposed entity election or revocation 2013* for each election.

If revoking an interposed entity election, print **R** and complete and attach the *Interposed entity election or revocation 2013*.

Type of trust

Print the code representing the **type** of trust. Print **X** if also an item 1.5 charitable trust in section 50–5 of ITAA 1997. If code **D**, write the date of death. / /

Managed investment trusts

If the trust is a managed investment trust, has the trustee made an election into capital account treatment? Yes No

Is any tax payable by the trustee? Yes No

Final tax return Yes No

Electronic funds transfer (EFT)

Provide your financial institution details. Write the BSB number, account number and account name below. (See relevant instructions.)

BSB number (must be six digits) Account number

Account name

1 Description of main business activity

Industry code **A**

2 Status of business – print X at label B1, B2 or B3, whichever is the first applicable option, or leave blank.

Multiple business **B1** Ceased business **B2** Commenced business **B3**

Consolidation status – print X at label **Z2** if applicable Consolidated subsidiary member **Z2**

4 Did you sell any goods or services using the internet? **Q** Yes No



Income excluding foreign income

5 Business income and expenses

WHOLE DOLLARS ONLY

Income	Primary production	Non-primary production	Totals
Gross payments where ABN not quoted	C <input type="text"/>	D <input type="text"/>	<input type="text"/>
Gross payments subject to foreign resident withholding		B <input type="text"/>	<input type="text"/>
Assessable government industry payments	E <input type="text"/> / <input type="text"/> <small>CODE</small>	F <input type="text"/> / <input type="text"/> <small>CODE</small>	<input type="text"/>
Other business income	G <input type="text"/> / <input type="text"/>	H <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>
Total business income	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>

Expenses			
Foreign resident withholding expenses		<input type="text"/>	P <input type="text"/>
Contractor, sub-contractor and commission expenses	<input type="text"/>	<input type="text"/>	C <input type="text"/>
Superannuation expenses	<input type="text"/>	<input type="text"/>	D <input type="text"/>
Cost of sales	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>	E <input type="text"/> / <input type="text"/>
Bad debts	<input type="text"/>	<input type="text"/>	F <input type="text"/>
Lease expenses	<input type="text"/>	<input type="text"/>	G <input type="text"/>
Rent expenses	<input type="text"/>	<input type="text"/>	H <input type="text"/>
Total interest expenses	<input type="text"/>	<input type="text"/>	I <input type="text"/>
Total royalty expenses	<input type="text"/>	<input type="text"/>	J <input type="text"/>
Depreciation expenses	<input type="text"/>	<input type="text"/>	K <input type="text"/>
Motor vehicle expenses	<input type="text"/>	<input type="text"/>	L <input type="text"/>
Repairs and maintenance	<input type="text"/>	<input type="text"/>	M <input type="text"/>
All other expenses	<input type="text"/>	<input type="text"/>	N <input type="text"/>
Total expenses – labels P to N	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>	O <input type="text"/> / <input type="text"/>

Reconciliation items			
Add: Income reconciliation adjustments	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>	A <input type="text"/> / <input type="text"/>
Add: Expense reconciliation adjustments	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>	B <input type="text"/> / <input type="text"/>
Net income or loss from business	Q <input type="text"/> / <input type="text"/>	R <input type="text"/> / <input type="text"/>	S <input type="text"/> / <input type="text"/>

6 Tax withheld Tax withheld where ABN not quoted **T** , , ~~·~~

Credit for tax withheld – foreign resident withholding **U** , , ~~·~~

7 Credit for interest on early payments – amount of interest **W** , , ·



8 Partnerships and trusts

Primary production

Distribution from partnerships **A** , , , .∞ /

Share of net income from trusts **Z** , , , .∞ /

Deductions relating to amounts shown at **A** and **Z** **S** , , .∞

Net primary production amount **▲** , , .∞ /

Non-primary production

Distribution from partnerships, less foreign income **B** , , .∞ /

Share of net income from trusts, less capital gains, foreign income and franked distributions **R** , , .∞ /

Deductions relating to amounts shown at **B** and **R** **T** , , .∞

Franked distributions from trusts **F** , , .∞

Deductions relating to franked distributions from trusts in label **F** **G** , , .∞

Net non-primary production amount **▲** , , .∞ /

Capital gains from another trust and net foreign capital gains need to be included at item 21.
Amounts of foreign income must be included at item 22 or 23.

Share of credits from income

Share of credit for tax withheld where ABN not quoted **C** , , .∞

Share of franking credits from franked distributions **D** , , .∞

Share of credit for TFN amounts withheld from interest, dividends and unit trust distributions **E** , , .∞

Credit for TFN amounts withheld from payments from closely held trusts **O** , , .∞

Share of credit for tax withheld from foreign resident withholding **U** , , .∞

9 Rent

Gross rent **F** , , .∞

Interest deductions **G** , , .∞

Capital works deductions **X** , , .∞

Other rental deductions **H** , , .∞

Net rent **▲** , , .∞ /

10 Forestry managed investment scheme income

Q , , .∞

11 Gross interest – including Australian Government loan interest

J , , .∞

TFN amounts withheld from gross interest **I** , , .∞

12 Dividends

Unfranked amount **K** , , .∞

Franked amount **L** , , .∞

Franking credit **M** , , .∞

TFN amounts withheld from dividends **N** , , .∞



Foreign 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?

S Yes No

Listed country **M** , , .~~✗~~

Section 404 country **U** , , .~~✗~~

Unlisted country **X** , , .~~✗~~

If you answered **Yes** at label **S**, complete and attach an *International dealings schedule 2013*.
Do you need to complete a *Losses schedule 2013*?

23 Other assessable foreign source income – other than income shown at item 22

Do you need to complete a *Losses schedule 2013*?

Gross **B** , , , .~~✗~~ Net **V** , , .~~✗~~ /

Foreign income tax offset **Z** , , .

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

Australian franking credits from a New Zealand franking company **D** , , .~~✗~~

24 Total of items 20 to 23

Add the **I** boxes , , , .~~✗~~ /

25 Tax losses deducted

C , , .~~✗~~

26 Total net income or loss

Subtract item 25 from item 24. , , , .~~✗~~ /

27 Losses information

A *Losses schedule 2013* must also be completed and attached if the sum of labels **U** and **V** is greater than \$100,000 or if the trust has a foreign loss or if the trust is a listed widely held trust and failed the majority ownership test for a loss.

Tax losses carried forward to later income years **U** , , , .~~✗~~

Net capital losses carried forward to later income years **V** , , , .~~✗~~

28 Landcare and water facility tax offset

Landcare and water facility tax offset brought forward from prior years **G** , , .~~✗~~

Overseas transactions / thin capitalisation

29 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 apply? **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 *International dealings schedule 2013*.

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? **A** Yes No

If you answered **Yes** at label **A**, attach the information requested in the instructions.

Trust TFN

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?

C Yes No

30 Personal services income

Does your income include an individual's personal services income (PSI)? **N** Yes No Total amount of PSI included at item 5 income labels **A** ,,,.XTotal amount of deductions against PSI included at item 5 expense labels **B** ,,,.XDid 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** 

Taxation of financial arrangements

31 Taxation of financial arrangements (TOFA)

Did you make a gain, loss or transitional balancing adjustment from a financial arrangement subject to the TOFA rules? **L** Yes No Total TOFA gains **M** ,,,.XTotal TOFA losses **N** ,,,.XTOFA transitional balancing adjustment **O** ,,.X / TOFA gains from unrealised movements in the value of financial arrangements **P** ,,.X

Key financial information

32 All current assets **F** ,,.X33 Total assets **G** ,,.X34 All current liabilities **I** ,,.X35 Total liabilities **J** ,,.X

49 Small business entity simplified depreciation

Deduction for certain assets (costing less than \$6,500) **A** ,,.~~00~~
Deduction for general small business pool **B** ,,.~~00~~

50 National rental affordability scheme

National rental affordability scheme tax offset entitlement **F** ,,.

51 Other refundable tax offsets

G ,,./^{CODE}

52 Medicare levy reduction or exemption

Spouse's 2012-13 taxable income - if nil write '0' **A** ,.~~00~~

Number of dependent children and students **B**

Full 1.5% levy exemption - number of days **C** /^{CODE}

Half 1.5% levy exemption - number of days **D**

Medicare levy surcharge and private health insurance tax offset

If the trust is liable for the Medicare levy surcharge or entitled to the private health insurance tax offset, refer to the instructions.

53 Income of the trust estate **A** ,,,.~~00~~

Statement of distribution

54 Statement of distribution

Distribution details

Complete the distribution details on the following pages for **BENEFICIARY 1 to 5** 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 five 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 Tax Office to correctly identify each beneficiary's tax records. The Tax Office 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.

54 Statement of distribution – continued

BENEFICIARY 1 Tax file number (TFN) Entity code **U**

INDIVIDUAL NAME

Title: Mr Mrs Miss Ms Other

Surname or family name

First given name Other given names

OR

NON-INDIVIDUAL NAME (company, partnership, trust etc.)

Residential address for individuals or business address for non individuals

Suburb/town State/territory Postcode
(Australia only) (Australia only)

Country if outside Australia

Date of birth / /

Assessment calculation code	V <input type="text"/>	Franking credit	D <input type="text"/>
Share of income of the trust estate	W <input type="text"/>	TFN amounts withheld	E <input type="text"/>
Credit for tax withheld – foreign resident withholding	L <input type="text"/>	Share of credit for TFN amounts withheld from payments from closely held trusts	O <input type="text"/>
Australian franking credits from a New Zealand franking company	N <input type="text"/>	Capital gains	F <input type="text"/>
Share of income	Primary production A <input type="text"/>	Attributed foreign income	G <input type="text"/>
	Non-primary production B <input type="text"/>	Other assessable foreign source income	H <input type="text"/>
Credit for tax withheld where ABN not quoted	C <input type="text"/>	Foreign income tax offset	I <input type="text"/>
Franked distributions	U <input type="text"/>	Share of National rental affordability scheme tax offset	R <input type="text"/>

Non-resident beneficiary additional information

s98(3) assessable amount **J**

s98(4) assessable amount **K**

TB statement information

For each trustee beneficiary, indicate whether you will be making a TB statement:

TB statement? Yes No

Tax preferred amounts **P**

Untaxed part of share of net income **Q**

Annual Trustee Payment report information

Distribution from ordinary or statutory income during income year **S**

Total TFN amounts withheld from payments **T**

54 Statement of distribution – continued

BENEFICIARY 2 Tax file number (TFN) Entity code **U**

INDIVIDUAL NAME

Title: Mr Mrs Miss Ms Other

Surname or family name

First given name Other given names

OR

NON-INDIVIDUAL NAME (company, partnership, trust etc.)

Residential address for individuals or business address for non individuals

Suburb/town State/territory Postcode
(Australia only) (Australia only)

Country if outside Australia

Date of birth / /

Assessment calculation code	V <input type="text"/>	Franking credit	D <input type="text"/>
Share of income of the trust estate	W <input type="text"/>	TFN amounts withheld	E <input type="text"/>
Credit for tax withheld – foreign resident withholding	L <input type="text"/>	Share of credit for TFN amounts withheld from payments from closely held trusts	O <input type="text"/>
Australian franking credits from a New Zealand franking company	N <input type="text"/>	Capital gains	F <input type="text"/>
Share of income	Primary production A <input type="text"/>	Attributed foreign income	G <input type="text"/>
	Non-primary production B <input type="text"/>	Other assessable foreign source income	H <input type="text"/>
Credit for tax withheld where ABN not quoted	C <input type="text"/>	Foreign income tax offset	I <input type="text"/>
Franked distributions	U <input type="text"/>	Share of National rental affordability scheme tax offset	R <input type="text"/>

Non-resident beneficiary additional information

s98(3) assessable amount **J**

s98(4) assessable amount **K**

TB statement information

For each trustee beneficiary, indicate whether you will be making a TB statement:

TB statement? Yes No

Tax preferred amounts **P**

Untaxed part of share of net income **Q**

Annual Trustee Payment report information

Distribution from ordinary or statutory income during income year **S**

Total TFN amounts withheld from payments **T**

54 Statement of distribution – continued

BENEFICIARY 3 Tax file number (TFN) Entity code **U**

INDIVIDUAL NAME

Title: Mr Mrs Miss Ms Other

Surname or family name

First given name Other given names

OR

NON-INDIVIDUAL NAME (company, partnership, trust etc.)

Residential address for individuals or business address for non individuals

Suburb/town State/territory Postcode
(Australia only) (Australia only)

Country if outside Australia

Date of birth / /

Assessment calculation code	V <input type="text"/>	Franking credit	D <input type="text"/>
Share of income of the trust estate	W <input type="text"/>	TFN amounts withheld	E <input type="text"/>
Credit for tax withheld – foreign resident withholding	L <input type="text"/>	Share of credit for TFN amounts withheld from payments from closely held trusts	O <input type="text"/>
Australian franking credits from a New Zealand franking company	N <input type="text"/>	Capital gains	F <input type="text"/>
Share of income	Primary production A <input type="text"/>	Attributed foreign income	G <input type="text"/>
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Non-resident beneficiary additional information

s98(3) assessable amount **J**

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TB statement information

For each trustee beneficiary, indicate whether you will be making a TB statement:

TB statement? Yes No

Tax preferred amounts **P**

Untaxed part of share of net income **Q**

Annual Trustee Payment report information

Distribution from ordinary or statutory income during income year **S**

Total TFN amounts withheld from payments **T**

54 Statement of distribution – continued

BENEFICIARY 4 Tax file number (TFN) Entity code **U**

INDIVIDUAL NAME

Title: Mr Mrs Miss Ms Other

Surname or family name

First given name Other given names

OR

NON-INDIVIDUAL NAME (company, partnership, trust etc.)

Residential address for individuals or business address for non individuals

Suburb/town State/territory Postcode
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Country if outside Australia

Date of birth / /

Assessment calculation code	V <input type="text"/>	Franking credit	D <input type="text"/>
Share of income of the trust estate	W <input type="text"/>	TFN amounts withheld	E <input type="text"/>
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Non-resident beneficiary additional information

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TB statement information

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TB statement? Yes No

Tax preferred amounts **P**

Untaxed part of share of net income **Q**

Annual Trustee Payment report information

Distribution from ordinary or statutory income during income year **S**

Total TFN amounts withheld from payments **T**

54 Statement of distribution – continued

BENEFICIARY 5 Tax file number (TFN) Entity code **U**

INDIVIDUAL NAME

Title: Mr Mrs Miss Ms Other

Surname or family name

First given name Other given names

OR

NON-INDIVIDUAL NAME (company, partnership, trust etc.)

Residential address for individuals or business address for non individuals

Suburb/town State/territory Postcode
(Australia only) (Australia only)

Country if outside Australia

Date of birth / /

Assessment calculation code	V <input type="text"/>	Franking credit	D <input type="text"/>
Share of income of the trust estate	W <input type="text"/>	TFN amounts withheld	E <input type="text"/>
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