

Fill in (a), (c) and (d) only when Tax Pack asks you to

- (a) Is a **refund** due to you?
- (b) Are you a resident of Australia?
- (c) Do you need a section 169A ruling?
- (d) Has a Tax Pack question asked you to fill in this 'Other attachments' box?

Your Tax File Number

This is on the right hand side of your last assessment notice

: : : : : : : :

Your Tax File Number is needed to make sure we correctly identify your tax records

Your full name

Tick one box

Mr Mrs Miss Ms

Surname or family name
Christian or given names

Your current postal address

If unchanged, print it exactly as on your last notice from the Tax Office

Postcode

Have you changed your postal address from the address you last told us about?

If yes, print the old address exactly as on your last notice from the Tax Office

Postcode

Your home address

If the same as your current postal address, print 'AS ABOVE'. Do not show a Post Office box

Postcode

Full name of your spouse or de facto spouse

Surname or family name
Christian or given names

Your date of birth

Day : Month : Year : : :

Have you changed any part of your name since your last tax return?

If yes, print the full name you used before

Your daytime phone number

(STD)

Only if convenient. If we need to ask you about your tax return it's quicker by phone

At which Tax Office Branch did you lodge your last return?

_____ What year? 19

Do you think this will be your last tax return in Australia?

For example, moving overseas to live If yes, print FINAL and

give details of type, source and expected amount of future income



Income Tax Return Form for Individuals

1 July 1991 to 30 June 1992

Lodge your return by 31 October 1992

Please print neatly in ink and use BLOCK LETTERS

Tax Office use only

ETP 5%	B
ETP1-Code	C
ETP1-Lrt	D
ETP1-Bal	E
ETP2-Code	J
ETP2-Lrt	Q
ETP2-Bal	R
Average code	H
INDICS	X
P/T Indics	Y
LLP	S
Eligible income	T /
Sec. 100(2) Credit	U
Provisional Tax (Trust)	V
Checksum (S to V)	W
M/I INDIC	P

Income

\$ c

Income whole dollars

1			USB	A	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2			PEN	B	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3			SAL	C	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			SAL	D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			SAL	E	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			SAL	F	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4A		LSA	G	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4B		LSB	H	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5		ETP	I	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6		ANN	J	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7		ALO	K	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8	<i>TAX INSTALMENTS DEDUCTED (add 1 to 7 above)</i>		TID	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9		GGG	L	<input type="checkbox"/>	<input type="checkbox"/>	Office use only
10		TW	M	<input type="checkbox"/>	<input type="checkbox"/>	INT
11					<input checked="" type="checkbox"/>	PPD
					<input checked="" type="checkbox"/>	NPPD
					<input type="checkbox"/>	
				<input type="checkbox"/>		PPS
				<input type="checkbox"/>		IMP
				<input type="checkbox"/>		TWI
12			PPS	A	<input type="checkbox"/>	PPN
13			PPS	C	<input type="checkbox"/>	NPP
14		IEW			<input checked="" type="checkbox"/>	NET
		IED			<input type="checkbox"/>	
15			PCL	G	<input checked="" type="checkbox"/>	
		ECG			<input checked="" type="checkbox"/>	NCG
16			IFC	J	<input type="checkbox"/>	
			NRT	K	<input type="checkbox"/>	
17					<input checked="" type="checkbox"/>	AFI
					<input checked="" type="checkbox"/>	FEI
					<input checked="" type="checkbox"/>	FSI
18		EFI			<input type="checkbox"/>	
		GROS			<input checked="" type="checkbox"/>	REN
19			DED	P	<input checked="" type="checkbox"/>	
					<input checked="" type="checkbox"/>	UNF
					<input checked="" type="checkbox"/>	FRA
					<input checked="" type="checkbox"/>	IMP
				<input type="checkbox"/>		TWI
20					<input checked="" type="checkbox"/>	ASS
21			ENI	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	OTH
					<input checked="" type="checkbox"/>	
22	<i>TOTAL INCOME OR LOSS (add the ▼ boxes at 1 to 21 above)</i>		INC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

f

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Staple the originals of your group certificates and other attachments here. Group certificates must be placed on top.

Do not send your Tax Pack to the Tax Office. You should keep it and a copy of your tax return as your personal record.

Use the **checklist** on page 82 of Tax Pack before lodging your tax return.

Page 84 of Tax Pack tells you **where to lodge** your tax return.

Deductions	23	<input type="text"/>	MVE	A	<input type="text"/>	<input checked="" type="checkbox"/>
		<input type="text"/>	OTE	B	<input type="text"/>	<input checked="" type="checkbox"/>
		<input type="text"/>	ULE	C	<input type="text"/>	<input checked="" type="checkbox"/>
		<input type="text"/>	SEE	D	<input type="text"/>	<input checked="" type="checkbox"/>
		<input type="text"/>	OWE	E	<input type="text"/>	<input checked="" type="checkbox"/>
	24	<input type="text"/>	PYL	F	<input type="text"/>	<input checked="" type="checkbox"/>
	25	<input type="text"/>	FLM	G	<input type="text"/>	<input checked="" type="checkbox"/>
	26	<input type="text"/>				
		<input type="text"/>	SUP	H	<input type="text"/>	<input checked="" type="checkbox"/>
	27	<input type="text"/>	I&D	I	<input type="text"/>	<input checked="" type="checkbox"/>
	28	<input type="text"/>	OTH	J	<input type="text"/>	<input checked="" type="checkbox"/>

29	<i>TOTAL DEDUCTIONS (add 23 to 28 above)</i>	TOT	<input type="text"/>	<input checked="" type="checkbox"/>
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30	<i>TAXABLE INCOME/LOSS (take 29 from 22)</i>	TI	<input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Other questions	31	<input type="text"/>	HEC	L	<input type="text"/>	<input checked="" type="checkbox"/>
	32	<input type="text"/> / <input type="text"/> / <input type="text"/>	MON	M	<input type="text"/>	<input type="checkbox"/>
			AMT	N	<input type="text"/>	<input checked="" type="checkbox"/>

Rebates	33	<input type="text"/>	SPO	O	<input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	34	<input type="text"/>	SOL	P	<input type="text"/>	<input checked="" type="checkbox"/>	
	35	<input type="text"/>	ZON	Q	<input type="text"/>	<input checked="" type="checkbox"/>	
	36	<input type="text"/>	SUP	R	<input type="text"/>	<input checked="" type="checkbox"/>	
	37	<input type="text"/>	OTH	S	<input type="text"/>	<input checked="" type="checkbox"/>	

38	<i>TOTAL REBATES (add 33 to 37 above)</i>	TOT	<input type="text"/>	<input checked="" type="checkbox"/>
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Medicare levy reduction or exemption	39	<input type="text"/>	FUL	U	<input type="text"/>	days
			HAL	V	<input type="text"/>	days
			RED	W	<input type="text"/>	<input checked="" type="checkbox"/>
			NUM	X	<input type="text"/>	

Be sure there is an answer at Question 30 before you turn to page 4 of your tax return.



Business/professional declaration items

40 Description of main business activity

Estimated gross business income from this activity

Industry code **A** Office use only

41 Status of your business Place X in the applicable box
Multiple business **B1**

Ceased business **B2**

Commenced business **B3**

42 Business name of main business

43 Business address of main business

Postcode

44 Business income and deductions

	Primary production	Non-primary production	Total
Total business income	C <input type="text"/> <input checked="" type="checkbox"/>	D <input type="text"/> <input checked="" type="checkbox"/>	<input type="text"/> <input checked="" type="checkbox"/>

Expenses

External labour costs	<input type="text"/> <input checked="" type="checkbox"/>	<input type="text"/> <input checked="" type="checkbox"/>	E <input type="text"/> <input checked="" type="checkbox"/>
Costs of sales	<input type="text"/> <input checked="" type="checkbox"/>	<input type="text"/> <input checked="" type="checkbox"/>	F <input type="text"/> <input checked="" type="checkbox"/>
Total interest expenses	<input type="text"/> <input checked="" type="checkbox"/>	<input type="text"/> <input checked="" type="checkbox"/>	G <input type="text"/> <input checked="" type="checkbox"/>
Depreciation expenses	<input type="text"/> <input checked="" type="checkbox"/>	<input type="text"/> <input checked="" type="checkbox"/>	H <input type="text"/> <input checked="" type="checkbox"/>
Motor vehicle expenses	<input type="text"/> <input checked="" type="checkbox"/>	<input type="text"/> <input checked="" type="checkbox"/>	I <input type="text"/> <input checked="" type="checkbox"/>
Repairs and maintenance	<input type="text"/> <input checked="" type="checkbox"/>	<input type="text"/> <input checked="" type="checkbox"/>	J <input type="text"/> <input checked="" type="checkbox"/>
Land degradation expenses	<input type="text"/> <input checked="" type="checkbox"/>	<input type="text"/> <input checked="" type="checkbox"/>	K <input type="text"/> <input checked="" type="checkbox"/>
All other expenses	<input type="text"/> <input checked="" type="checkbox"/>	<input type="text"/> <input checked="" type="checkbox"/>	L <input type="text"/> <input checked="" type="checkbox"/>
Total expenses (Labels E to L)	<input type="text"/> <input checked="" type="checkbox"/>	<input type="text"/> <input checked="" type="checkbox"/>	M <input type="text"/> <input checked="" type="checkbox"/>
Reconciliation adjustment	<input type="text"/> <input checked="" type="checkbox"/>	<input type="text"/> <input checked="" type="checkbox"/>	N <input type="text"/> <input checked="" type="checkbox"/>
Net income/loss from business	<input type="text"/> <input checked="" type="checkbox"/>	<input type="text"/> <input checked="" type="checkbox"/>	<input type="text"/> <input checked="" type="checkbox"/>

(As shown at Ques. 12 on page 2)

(As shown at Ques. 13 on page 2)

45 Sales **O**

46 Opening stock **P**

47 Closing stock **Q**

48 Total salary and wage expenses **R**

49 Payments to associated persons **S**

50 Depreciable assets purchased **T**

51 Depreciable assets sold **U**

52 Gross PPS income **V**

53 Overseas interest expenses **W**



Declaration for every taxpayer

I declare that

- all the information I have given is true and correct; and
- I have shown all my income from sources in **and out of** Australia for the year of income; and
- I have the necessary receipts and other records to substantiate any claims made for car and travel expenses incurred in earning income other than as an employee; and
- I have the necessary receipts and other records to substantiate my claim of \$ made at Question 23 for motor vehicle, other travel, clothing, self-education and other work expenses (where the total of these expenses is more than \$300).

Signature	Date / /
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• Answer the questions at the top of page 1.

Important

The tax law imposes heavy penalties for giving false or misleading information. If you are not a resident of Australia the words 'and out of' may be deleted from the declaration.

About your Tax File Number

The information requested is needed for taxation purposes and is required by the Income Tax Assessment Act. It is not an offence not to quote your tax file number. Some information may be given to certain government bodies as described in tax law. For more details on Privacy see page 64 of Tax Pack or the free brochure *Safeguarding Your Privacy* obtainable from any Tax Office.