



Will you need to lodge an Australian tax return in the future?

Yes

Don't know

No

FINAL TAX RETURN

Your date of birth

If you were under 18 years old on 30 June 2016 you must complete item **A1** on page 7.

Day / Month / Year

Provide your date of birth to avoid delays in the processing of your tax return.

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) Account number

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

Income

1 Salary or wages

Your main salary and wage occupation

Payer's Australian business number

Tax withheld – do not show cents

\$,

Income – do not show cents

C \$,

D \$,

E \$,

F \$,

G \$,

2 Allowances, earnings, tips, director's fees etc

\$,

3 Employer lump sum payments

\$,

Amount A in lump sum payments box **TYPE**

R \$,

5% of amount B in lump sum payments box

H \$,

4 Employment termination payments (ETP)

Date of payment Day / Month / Year

Payer's ABN

\$,

Taxable component **CODE**

I \$,

5 Australian Government allowances and payments like Newstart, Youth Allowance and Austudy payment

\$,

A \$,

6 Australian Government pensions and allowances
You must complete item T1 in Tax offsets.

\$,

B \$,

7 Australian annuities and superannuation income streams

\$,

Taxable component Taxed element

J \$,

Untaxed element

N \$,

Lump sum in arrears – taxable component Taxed element

Y \$,

Untaxed element

Z \$,





Attach here all documents that the instructions tell you to attach.

Do not send in your tax return until you have attached all requested attachments.

Your tax file number (TFN)

TFN input boxes: [][][] [][][] [][][]

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Income – continued

8 Australian superannuation lump sum payments

Date of payment: Day [][] / Month [][] / Year [][][][]

Payer's ABN: [][][] [][][][] [][][][] [][][][]

Tax withheld – do not show cents

\$ [][][][] , [][][][] . [][][]

Income – do not show cents

Q \$ [][][][] , [][][][] . [][][] TYPE []

P \$ [][][][] , [][][][] . [][][]

O \$ [][][][] , [][][][] . [][][]

9 Attributed personal services income

\$ [][][][] , [][][][] . [][][]

O \$ [][][][] , [][][][] . [][][]

TOTAL TAX WITHHELD

Add up the \$ boxes. \$ [][][][] , [][][][] , [][][][] . [][][]

Do not include total income here

10 Gross interest

If you are a foreign-resident make sure you have printed your country of residence on page 1.

Gross interest

L \$ [][][] , [][][][] , [][][][] . [][][]

Tax file number amounts withheld from gross interest M \$ [][][][] , [][][][] . [][][]

11 Dividends

If you are a foreign-resident make sure you have printed your country of residence on page 1.

Unfranked amount

S \$ [][][] , [][][][] , [][][][] . [][][]

Franked amount

T \$ [][][] , [][][][] , [][][][] . [][][]

Tax file number amounts withheld from dividends V \$ [][][][] , [][][][] . [][][] Franking credit

U \$ [][][] , [][][][] , [][][][] . [][][]

12 Employee share schemes

Discount from taxed upfront schemes – eligible for reduction D \$ [][][] , [][][][] , [][][][] . [][][]

Discount from taxed upfront schemes – not eligible for reduction E \$ [][][] , [][][][] , [][][][] . [][][]

Discount from deferral schemes F \$ [][][] , [][][][] , [][][][] . [][][]

Discount on ESS Interests acquired pre 1 July 2009 and 'cessation time' occurred during financial year G \$ [][][] , [][][][] , [][][][] . [][][]

Total assessable discount amount

B \$ [][][] , [][][][] , [][][][] . [][][]

TFN amounts withheld from discounts C \$ [][][] , [][][][] , [][][][] . [][][]

Foreign source discounts A \$ [][][] , [][][][] , [][][][] . [][][]

I If you completed the **Tax return for individuals (supplementary section) 2016**, write here the amount from TOTAL SUPPLEMENT INCOME OR LOSS on page 15.

\$ [][][] , [][][][] , [][][][] . [][][] LOSS []

TOTAL INCOME OR LOSS

Add up the income amounts and deduct any loss amount in the \$ boxes on pages 2 and 3.

\$ [][][] , [][][][] , [][][][] . [][][] LOSS []

Deductions

You must read the deductions section in the instructions if you are claiming deductions for expenses that relate to your work as an employee at items D1–D6.

| | | | | | | | |
|---|--|----------|----|------------------|--------------|--------------------------|------------|
| D1 | Work-related car expenses | A | \$ | □□□□, □□□□ | × | <input type="checkbox"/> | CLAIM TYPE |
| D2 | Work-related travel expenses | B | \$ | □□□□, □□□□ | × | | |
| D3 | Work-related uniform, occupation specific or protective clothing, laundry and dry cleaning expenses | C | \$ | □□□□, □□□□ | × | <input type="checkbox"/> | CLAIM TYPE |
| D4 | Work-related self-education expenses | D | \$ | □□□□, □□□□ | × | <input type="checkbox"/> | CLAIM TYPE |
| D5 | Other work-related expenses | E | \$ | □□□□, □□□□ | × | | |
| D6 | Low value pool deduction | K | \$ | □□□□, □□□□ | × | | |
| D7 | Interest deductions | I | \$ | □□□□, □□□□ | × | | |
| D8 | Dividend deductions | H | \$ | □□□□, □□□□ | × | | |
| D9 | Gifts or donations | J | \$ | □□□□, □□□□ | × | | |
| D10 | Cost of managing tax affairs | M | \$ | □□□□, □□□□ | × | | |
| D If you completed the <i>Tax return for individuals (supplementary section) 2016</i> , write here the amount from TOTAL SUPPLEMENT DEDUCTIONS on page 15. | | | \$ | □□□□, □□□□, □□□□ | × | | |
| TOTAL DEDUCTIONS Add amounts at items D1 to D | | | \$ | □□□□, □□□□, □□□□ | × | | |
| SUBTOTAL | TOTAL INCOME OR LOSS less TOTAL DEDUCTIONS | | \$ | □□□□, □□□□, □□□□ | × | <input type="checkbox"/> | LOSS |

Losses

L1 Tax losses of earlier income years

Primary production losses carried forward from earlier income years **Q** \$ □□□□, □□□□ ~~×~~ Primary production losses claimed this income year **F** \$ □□□□, □□□□ ~~×~~

Non-primary production losses carried forward from earlier income years **R** \$ □□□□, □□□□ ~~×~~ Non-primary production losses claimed this income year **Z** \$ □□□□, □□□□ ~~×~~

TAXABLE INCOME OR LOSS If you were not required to complete **L1**, write the amount from **SUBTOTAL** above here. **\$** □□□□, □□□□, □□□□ ~~×~~ **LOSS**

If you completed **L1**, add up the amounts you wrote at **F** and **Z** and take the total away from the amount you wrote at **SUBTOTAL**. Write the answer at **\$ TAXABLE INCOME OR LOSS**.

Make sure that you complete item M2 on page 6.



Your tax file number (TFN)

□□□ □□□ □□□

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Tax offsets

T1 Seniors and pensioners (includes self-funded retirees)

If you had a spouse during 2015–16 you must also complete **Spouse details – married or de facto** on pages 8–9.

The ATO will work out this tax offset amount. Print your code letter in the **TAX OFFSET CODE** box.

| | | |
|----------|------------|--|
| N | TAX OFFSET | |
| | CODE | |
| Y | VETERAN | |
| | CODE | |

T2 Australian superannuation income stream

S \$ □□, □□□. ~~XX~~

T If you completed the **Tax return for individuals (supplementary section) 2016**, write here the amount from TOTAL SUPPLEMENT TAX OFFSETS on page 16.

▶ \$ □□□, □□□. ~~XX~~

TOTAL TAX OFFSETS

Add up all the tax offset amounts at items T2 and **T**.

U \$ □□□, □□□. ~~XX~~





Medicare levy related items

M1 Medicare levy reduction or exemption

NOTE

Only certain taxpayers are entitled to a Medicare levy reduction or exemption. Read the **M1 Medicare levy reduction or exemption** in the instructions to work out if you are eligible to claim.

Reduction based on family income

Number of dependent children and students **Y**

Exemption categories

Full 2.0% levy exemption – number of days **V**

CLAIM
TYPE

Half 2.0% levy exemption – number of days **W**

If you have completed item **M1** and had a spouse during 2015–16 you must also complete **Spouse details – married or de facto** on pages 8–9.

M2 Medicare levy surcharge (MLS)

THIS ITEM IS COMPULSORY FOR ALL TAXPAYERS.

If you do not complete this item you may be charged the full Medicare levy surcharge.

To help you determine if you have to pay the surcharge read **M2 Medicare levy surcharge** in the instructions.

For the **whole** period 1 July 2015 to 30 June 2016 were **you** and **all** of your dependants (including your spouse) – if you had any – covered by private patient **hospital** cover?

E Yes You **must** complete **Private health insurance policy details** on the next page. You have now finished this item. No Read on.

For the whole of 2015–16 were you:

- **a single person** – without a dependent child or children – and your income for surcharge purposes (including your total reportable fringe benefits amounts) was \$90,000 or less or
- **a member of a family** – which may consist of you and your spouse (married or de facto) with or without a dependent child or children; or a sole parent with a dependent child or children – and the combined income for surcharge purposes (including the total reportable fringe benefits amounts) of you and your spouse (if you had one) was \$180,000 or less (plus \$1,500 for each dependent child after the first)?

No You may have to pay the surcharge. Read **M2 Medicare levy surcharge** in the instructions. Yes You do not have to pay the surcharge. You must write **366** at **A**.

You must write the following at **A**:

- **0** when you have to pay the surcharge for the whole period 1 July 2015 to 30 June 2016
- **366** when you do **not** have to pay the surcharge for the whole period 1 July 2015 to 30 June 2016
- **the number of days** you do **not** have to pay the surcharge for part of the period 1 July 2015 to 30 June 2016.

Number of days you do **not** have to pay the surcharge **A**

If you had a spouse during 2015–16 complete **Spouse details – married or de facto** on pages 8–9.

If you were covered by private patient hospital cover at any time during 2015–16 you **must** complete **Private health insurance policy details** on the next page. Read the Private health insurance policy details section in the instructions.



Private health insurance policy details

You must read **Private health insurance policy details** in the instructions before completing this item.

Fill all the labels below unless directed in the instructions.

Health insurer ID **B** Membership number **C**

Your premiums eligible for Australian Government rebate **J** \$,- Your Australian Government rebate received **K** \$,-

Benefit code **L** Tax claim code. Read the instructions. **CODE**

Health insurer ID **B** Membership number **C**

Your premiums eligible for Australian Government rebate **J** \$,- Your Australian Government rebate received **K** \$,-

Benefit code **L** Tax claim code. Read the instructions. **CODE**

Health insurer ID **B** Membership number **C**

Your premiums eligible for Australian Government rebate **J** \$,- Your Australian Government rebate received **K** \$,-

Benefit code **L** Tax claim code. Read the instructions. **CODE**

Health insurer ID **B** Membership number **C**

Your premiums eligible for Australian Government rebate **J** \$,- Your Australian Government rebate received **K** \$,-

Benefit code **L** Tax claim code. Read the instructions. **CODE**

Adjustments

A1 Under 18

If you were under 18 years old on 30 June 2016 you must complete this item or you may be taxed at a higher rate. Read **A1 Under 18** in the instructions for more information.

J \$,- **TYPE**

A2 Part-year tax-free threshold

Date / / Months eligible for threshold **N**

A3 Government super contributions

Read **A3 Government super contributions** in the instructions before completing this item.

Income from investment, partnership and other sources **F** \$,,- **CODE**

Other income from employment and business **G** \$,,- **LOSS**

Other deductions from business income **H** \$,,-



Income tests

You must complete this section. If you had a spouse during 2015–16 you must also complete **Spouse details – married or de facto** on pages 8–9.

If the amount is zero write 0.

IT1 Total reportable fringe benefits amounts

W \$, .~~∞~~

IT2 Reportable employer superannuation contributions

T \$, .~~∞~~

IT3 Tax-free government pensions

U \$, .~~∞~~

IT4 Target foreign income

V \$, .~~∞~~

IT5 Net financial investment loss

X \$, .~~∞~~

IT6 Net rental property loss

Y \$, .~~∞~~

IT7 Child support you paid

Z \$, .~~∞~~

IT8 Number of dependent children

D

Spouse details – married or de facto

If you had a spouse during 2015–16 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 10.

Your spouse's name

If you had more than one spouse during 2015–16 print the name of your spouse on **30 June 2016** or your last spouse.

Surname or family name

First given name

Other given names

Your spouse's date of birth

K / /

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 2015 to 30 June 2016? **L** Yes No

If you did not have a spouse for the full year, write the dates you had a spouse between 1 July 2015 and 30 June 2016.

M **From**
Day Month Year
 / /

N **To**
Day Month Year
 / /

Did your spouse die during the year? Yes No





Spouse details – married or de facto – continued

The information on this page relates to your spouse's income.
You must complete all labels.

If the amount is zero write 0.

| | | | |
|---|----------|----|--------------------|
| Your spouse's 2015–16 taxable income | O | \$ | □□□, □□□□, □□□□. ☒ |
| Your spouse's share of trust income on which the trustee is assessed under section 98, and which has not been included in your 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 | S | \$ | □□□□, □□□□. ☒ |
| Amount of Australian Government pensions and allowances (see Q6 Australian Government pensions and allowances in the instructions) that your spouse received in 2015–16 (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 2015–16. Do not include any amount paid under the <i>Military Rehabilitation and Compensation Act 2004</i> | 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 (see Spouse details – married or de facto in the instructions) that your spouse received | 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 instructions) | F | \$ | □□□□, □□□□. ☒ |

Family Assistance consent – Complete this section only if you consent to use part or all of your 2016 tax refund to repay your spouse's Family Assistance debt.

Complete the details below only if:

- you were the spouse of a family tax benefit (FTB) claimant, or the spouse of a child care benefit claimant on 30 June 2016 **and**
- your spouse has given you authority to quote their customer reference number (CRN) on your tax return – if your spouse does not know their CRN, they can contact the Department of Human Services **and**
- your spouse has a Family Assistance debt or expects to have a Family Assistance debt for 2016 **and**
- you expect to receive a refund for 2016 **and**
- you consent to use part or all of your refund to repay your spouse's Family Assistance debt.

Do you consent to use part or all of your 2016 tax refund to repay your spouse's Family Assistance debt?

No You do not need to complete this section. Go to page 10.

Yes Your spouse's CRN **Z**

I consent to the ATO using part or all of my 2016 tax refund to repay any Family Assistance debt of my spouse, whose details I have provided above. I have obtained my spouse's permission to quote their CRN.

Your signature for Department of Human Services consent purposes only

Date
Day Month Year
□□ / □□ / □□□□



If you are completing the supplementary section (pages 13–16) of your tax return, attach it here.

Taxpayer's declaration

All taxpayers must sign and date the declaration below.

Read and answer the questions below before you sign the **Taxpayer's declaration**.

1 Are you required to complete any of the items on the *Tax return for individuals (supplementary section) 2016?*

To find out, read **Will you need *Individual tax return instructions supplement 2016?*** in the instructions.

No

Read on.

Yes

Attach pages 13–16 to this page and read on.

2 Have the instructions asked you to attach further information relating to specific questions?

No

Read on.

Yes

Attach the information to page 3 of your tax return and read on.

Make sure you have also attached all other documents that the instructions tell you to.

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

I declare that:

- all the information I have given on this tax return, including any attachments, is true and correct
- I have shown all my income – including net capital gains – for tax purposes for 2015–16
- I have completed and attached the supplementary section, schedules and other attachments – as appropriate – that the instructions told me to provide
- I have completed item **M2 – Medicare levy surcharge**
- I have the necessary receipts and/or other records – or expect to obtain the necessary written evidence within a reasonable time of lodging this tax return – to support my claims for deductions and tax offsets.

IMPORTANT

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

FOR YOUR TAX RETURN TO BE VALID YOU MUST SIGN BELOW.

Date

Day

Month

Year

 /

 /

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. For more information go to ato.gov.au/notices

WHERE TO SEND YOUR TAX RETURN

Send your completed tax return to:

Australian Taxation Office

GPO Box 9845

IN YOUR CAPITAL CITY

Do not replace the words IN YOUR CAPITAL CITY with the name of your capital city and its postcode.

For more information, read the Important information section in the instructions.



