

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 However, you cannot lodge your income tax form electronically if you do not quote your TFN.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	820 649 650	Year	2018
Name	Mr Nathan J Sheppard		

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	29-11-18
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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	
Account Name:	Nathan John Sheppard

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

Signature		Date	29-11-18
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PART C Family Assistance Office consent

This declaration is to be completed where:

- you were the spouse of an Family Tax Benefit (FTB) claimant, or the spouse of a child care benefit claimant on 30 June of the year of this return - 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 Family Assistance Office (FAO) - AND
- your spouse has a debt due to the FAO or expects to have a FAO debt for the year of this return - AND
- you expect to receive a tax refund for the year of this return - AND
- you consent to use part or all of your tax refund to repay your spouse's FAO debt.

Declaration of consent:

I consent to the Tax Office using part or all of my tax refund to repay any FAO debt of my spouse, whose details I have provided. I have obtained my spouse's permission to quote their CRN.

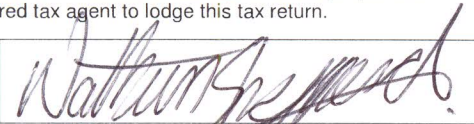
Tax file number:		Year:	
Name:			
Spouse's name:			
Spouse's CRN:		Spouse's date of birth:	
		Spouse's gender:	
Signature:		Date:	

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	<table border="0" style="width: 100%;"> <tr> <td style="text-align: center; font-size: small;">Day</td> <td style="text-align: center; font-size: small;">Month</td> <td style="text-align: center; font-size: small;">Year</td> </tr> <tr> <td style="text-align: center; font-size: large;">29</td> <td style="text-align: center; font-size: large;">11</td> <td style="text-align: center; font-size: large;">18</td> </tr> </table>	Day	Month	Year	29	11	18
Day	Month	Year							
29	11	18							

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.

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Tax agent's declaration

I, KHIAM BEE TOH

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	<table border="0" style="width: 100%;"> <tr> <td style="text-align: center; font-size: small;">Day</td> <td style="text-align: center; font-size: small;">Month</td> <td style="text-align: center; font-size: small;">Year</td> </tr> <tr> <td style="text-align: center;">28</td> <td style="text-align: center;">11</td> <td style="text-align: center;">2018</td> </tr> </table>	Day	Month	Year	28	11	2018	Client's reference	SHEPPNJ
Day	Month	Year									
28	11	2018									
Contact name	Bee Toh	Agent's telephone number	<table border="0" style="width: 100%;"> <tr> <td style="text-align: center; font-size: small;">Area code</td> <td style="text-align: center; font-size: small;">Telephone number</td> </tr> <tr> <td style="text-align: center;">03</td> <td style="text-align: center;">97061121</td> </tr> </table>	Area code	Telephone number	03	97061121	Agent's reference number	74277005		
Area code	Telephone number										
03	97061121										
Position held											

Superannuation lump sum schedule

Year 2018

Payee's details

Full name

Mr Nathan J Sheppard (DOB: 24/12/1992)

Tax file number (TFN)

820 649 650

Payment details

Superannuation low rate cap details - for taxed elements

Low rate amounts received in prior years	162
Cap amount remaining at year start	199,838

Prior Year Payment details - for untaxed elements

Name	ABN	Amounts received within Untaxed Plan Cap	Untaxed Plan Cap remaining for this ABN
Ausfund Australia's Unclaimed Super Fu	85 945 681 973	0	1,445,000

Taxpayer's declaration

If the schedule is not lodged with the income tax return you are required to sign and date the schedule.

Important

Before making this declaration check to ensure that all the information required has been provided on this form and any attachments to this form, and that the information provided is 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.

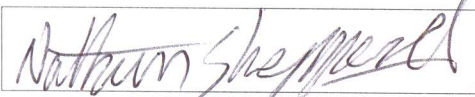
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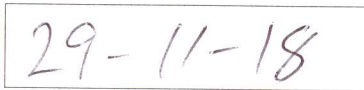
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I declare that the information on this form is true and correct.

Signature



Date



Contact person

Daytime contact number (include area code)

Work Related Expenses Schedule 2018

D1 Work related car expenses

Please explain why the car was used for work purposes.

I use my own vehicle for work related.

Car Expenses - Set Rate Per Kilometre

Registration	SDC153	Vehicle	Holden Statesman
Kilometres	1,684	Rate	66.00
		Claimed \$	1,111
Evidence / calculation code	D	Diary evidence	

D3 Work related uniforms

Claim type code for main form | P

Provide a description of the items and explain why you need to use these for work purposes.

I wear protective clothing in my job

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

Expense type	L	Details of "O" code		96
			Claimed \$	96
Evidence / calculation code	R	ATO ruling/guidelines		
Expense type	P	Details of "O" code		169
			Claimed \$	169
Evidence / calculation code				

D5 Other work related expenses

Please explain how each expense claimed (except FID, union, or overtime meal allowance) related to your work.

Work related tool kit & mobile phone

Other work related expenses

Expense type	I	Details of "O" code		
Business		%	Amount	973
			Claimed \$	973
Evidence / calculation code	I	Inv/Rept		

Expense type	A	Details of "O" code		
Business	45	%	Amount	551
			Claimed \$	248
Evidence / calculation code	I	Inv/Rept		

Dep'n: Tools	135	
Total claimed \$		1,356

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 *Nathan Sheppard*

Date 29-11-18

Tax agent declaration:

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

Signature

Date