Mr Rodney John Sheppard

PART A

Electronic Lodgment Declaration (Form I)

TFN: 336 196 383

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 However, you cannot lodge your income tax form electronically if you do not quote your TFN.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.

| and paymont or you | a. taxatı | | | | | | 1 | | | |
|--|-------------------|------------------------------|----------------|---------------------|------------|----------------|---------------------|-----------|--------------------------|--|
| Tax file no | umber | 336 196 383 | | | Year | 2016 | | | | |
| | Name | Mr Rodney John | Sheppar | rd | | | | | | |
| | | to my registered tax agent f | or the prepara | ition of this tax | return, ii | ncluding any a | applicable schedul | es is tru | e and correct, and | |
| · · | | imposes heavy penalt | ies for aivir | ng false or m | isleadi | ng informa | tion. | | | |
| • | | | | .9 | | • | | | | |
| Signature | | | | | | C | Date | | | |
| 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. | | | | | | | | | | |
| be completed. | st be sig | ned by the taxpayer prior to | THE EFT GELA | ilis bellig italisi | milled to | the rax Onic | e. II you elect for | all EF1 | , all details below must | |
| Important: Care sho | ould be | taken when completing EFT | details as the | payment of ar | ny refund | I will be made | e to the account sp | pecified. | | |
| Agent's re | ference number | | | | | | | | | |
| Account | Name: | RJ & HL Sheppa | rd | | | | | | | |
| I authorise the refur | nd to be | deposited directly to the sp | ecified accour | nt as above. | | | | | | |
| | | ,, | | | 1 | | 5. | | | |
| Signature | | | | | | | Date | | | |
| PART C 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: Year: | | | | | | | | | | |
| Spouse's | name: | | | | | | | | | |
| Spouse's | | | Q, | oouse's date of | hirth: | | | | Spouse's gender: | |
| | OINN. | | ٥١ | Jouse's date of | Dirui. | | | | Opouse's genuel. | |
| Signature: | | | | | | | Date: | | | |

Client Ref: SHEPPRJ Agent: 74277-005

Individual tax return 1 July 2015 to 30 June 2016

2016

| Your tax file number (TFN) 336 | | 196 383 | Are you an Austral | Y Print Y for yes or N for no. | | |
|---|---------------------------------|---------------------------------|--|--|-------------------|--------------------------------|
| | | | Privacy note in the Taxpayer's on on page 15 of this return. | Have you included any a | attachments? | N Print Y for yes or N for no. |
| Your name | Title - for e Mr, Mrs, N | | Mr | | | |
| Surna | ame or fami | ly name | Sheppard | | | |
| | Giver | names | Rodney | | John | |
| Has any part of your name changed since completing your last tax return? | N Print | Y for yes or no. | If yes, print previous surname. | | | |
| Your postal address | | | C/- Home Tax Row | ville | | |
| | | | PO Box 328 | V1110 | | |
| Has your postal address changed since completing | | Y for yes | Endeavour Hills | | VIC | 3802 |
| your last tax return? | OI 14 1 | 01 110. | | | | |
| Your home address If the same as your current postal address, print AS ABOVE. | | | 9 Wendy Court | | | |
| | | | Hampton Park | | VIC | 3976 |
| Your mobile phone nu | | | | | | |
| Your daytime phone no (if different from your mobinumber above) | | | Area code 03 | Phone number 97061121 | | |
| Your email address | | | | | | |
| Your contact details may b - to advise you of tax retur - to correspond with you v - to issue notices to you, o - to conduct research and | n lodgment vith regards r | options | taxation and superannuation | n affairs | | |
| Your date of birth If you were under 18 years 30 June 2016 you must cor item A1 on page 5 of this to | mplete | | 06/05/1962 | Final tax red If you know the tax return, prince | his is your final | |
| Electronic funds transfer (EFT) We need your financial institution details to pay any refund owing to you, even if | | BSB number (must be six digits) | 3/4 | Use Agent Tru sount mber 522872 | sst Account? N | |
| you have provided them to Write the BSB number, acc and account name below. | | er | Account name (for example such as cheque, savings, | e, JQ Citizen. Do not show the mortgage offset) | e account type, | |
| account name bolow. | | | R.I & HI. Shennard | | | |

| Inc | ome | | | | | | |
|-----|--|---|-------------|---|---|----------------------|----------------------|
| 1 | Salary or wages | | | | | | |
| | Your main salary and wage of | <u> </u> | | | | - | |
| | Computer Programme | er | | | | Occupation code | 261312 |
| | Payer Allowance | s Lump A | Lump B | | Tax Withhel | ld | Gross |
| | Trans-mit Pty Ltd | | | ABN: 12 100 | | | 75.665 |
| | | | | | 18,240.0 | | 75,665 |
| | Total tax withheld | Add up | the boxe | es. \$ | 18,240.0 | 00 | |
| 18 | | ou have a capital gains event during the year? | G N | Print Y for yes or N for no. | | | |
| | | Have you applied an exemption or rollover? | M / | CODE | | | |
| | | | | | Net capital g | ain A | |
| 19 | Foreign entities | | | | | | |
| | in a controlled | direct or indirect interest foreign company (CFC)? | O | rint Y for yes r N for no. | CFCinco | me K | |
| | Have you ever , either dire the transfer of pro services to a r | ectly or indirectly, caused perty-including money-or non-resident trust estate? | · W N 「 | rint Y for yes r N for no. | Transfe trust inco | | |
| 20 | | | P N F | rint Y for yes r N for no. | | | |
| 21 | Rent | Gross rent | Р | 9,000 | | | |
| | | Interest deductions | Q | 9,708 | | | |
| | | Capital works deductions | F | | | | LOSS |
| | | Other rental deductions | U | 524 | P less (Q | Net rent + F + U) | 1,232 /L |
| | TOTAL INCOME OR LOS | S Add up the income am | ounts and c | leduct any loss ar | mount in the | boxes. | 74,433 |
| De | ductions | | | | - | | |
| D5 | Other work related exper | ises | | | | Е | 453 |
| | TOTAL DEDUCTIONS | | | Items D1 to D | add up the | boxes | 453 |
| | SUBTOTAL | TOTAL INC | OME OR L | OSS less TOTAL | _ DEDUCTION | ıs | 73,980 / Loss |
| | TAXABLE INCOME OR L | oss | Sul | otract amounts at from amou | t F and Z item unt at SUBTOT | | 73,980 / |
| | TOTAL TAX OFFSETS | | Items 7 | 2 and T -add | up the bo | oxes U | 0 |
| | | (111 O) | | | | | |

M2 Medicare levy surcharge (MLS) THIS ITEM IS COMPULSORY

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

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

Print **Y** for yes or **N** for no.

Number of days NOT liable for surcharge

366

75,665

TFN: 336 196 383

Private health insurance policy details

Estimated eligible income

You must read Private health insurance policy details in the tax return instructions before completing this item. Fill all the labels below unless directed in the instructions.

| lealth B AUF | Membership c 1 | .71210131 | | |
|--|---------------------------------------|---|--------------------------|-----------------|
| our premiums eligible for ustralian Government rebate | 2.432 | Your Australian Government rebate received | K | 677 |
| enefit code | 30 | Tax claim code. Read the tax return instructions. | E | |
| lealth surrer ID B AUF | Membership number C 1 | 71210131 | | |
| our premiums eligible for ustralian Government rebate | J 870 | Your Australian Government rebate received | K | 233 |
| enefit code | L 31 | Tax claim code. Read the tax return instructions. | E | |
| ou must complete this sectio you had a spouse during 20 | | oouse details – married or de facto on pa | age 7. If the amount is | zero write 0 |
| 1 Total reportable frin | ao honofito amount | L | W | 0 |
| • | _ | one | | 0 |
| | er superannuation contribution. | Olis | | 0 |
| 3 Tax-free governmen | t pensions | | U | |
| 4 Target foreign incon | ne | | V | 0 |
| 5 Net financial investr | nent loss | | X | 0 |
| 6 Net rental property I | oss | | Υ | 1,232 |
| Net rent from partners | hips - Item 13 | | 0 | |
| Net rent - Item 15 | | | 0 | |
| Net rent from partners | hips/sole trader activities - Item 16 | 6 | 0 | |
| Total foreign rental inc | ome or loss - Items 20R, 24Y less | s D15J | 0 | |
| Net rent - Item 21 | | | 1,232 L | |
| Less: Deduction - Item | D6 | | 0 | |
| TOTAL (transfers to I | Label Y - LOSS amounts only) | | 1,232 L | |
| 7 Child support you p | aid | | Z | 0 |
| For ATO validation o | only) | | | |
| Adjusted taxable inc | • • | | | 75,212 / |
| Estimated total inco | | | | 84,665 |

Spouse details-married or de facto

Use related ref details?

| 7 | נחמטמחס |
|---|---------|
| | |

TFN: 336 196 383

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 spo | use, go to page 8. | | | | |
|--|--|---|---------------------------------------|-------------|-----------------|
| Your spouse's name If you had more than one s | spouse during 2015-16 print the name | of your spouse on 30 Ju | ne 2016 or your la | ast spouse. | |
| Surname or family name | Sheppard | | | | |
| First given name | Heather | Other given names | Lynette | | |
| Your spouse's date of birth | Day Month Year 11/05/1961 | _ | | | |
| Your spouse's gender | Male Female X | Indeterminate | | | |
| Period you had a spouse Did you have a spouse for - 1 July 2015 to 30 June 20 | the full year | Yes X | | | |
| If you did not have a spour full year, write the dates you spouse between 1 July 20 30 June 2016. | ou had a | | | | |
| Did your spouse die during | g the year? No | Yes | | | |
| You must complete all la | | | | | |
| Pre-fill using related ref ret (Related ref for spouse de must be answered Y) | | Your spouse's 2015-16 on which the trustee is | | О Т | 58,145 |
| Dietributions | section 98 and which has not be to your spouse on which family trust of | · | | | |
| | se would have had to show as assessa | | | U | |
| | • | total reportable fringe b | | S | |
| | lian Government eived in 2015-16 pension income) | Р | | | |
| Amount of exem | the instructions) nt paid under the nsation Act 2004 | Q | | | |
| Amount of your spo employer super | otal of reportable on contributions) | Α | | | |
| | | npt payments that your — married or de facto in | | В | |
| | | Your spouse's targe | t foreign income | С | |
| | • | net investment loss (tota stment loss and net rent | | D | 1,232 |
| | | Child support y | our spouse paid | Е | |
| Υοι | ur spouse's taxed element of a superar is zero (see M2 Medicare levy | | | F | |
| | | | pouse's total ATI on purpose only) | | 59,377 / |

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 | Day | Month | Year |
|-------------------------|------|-----|-------|------|
| | | | | |

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.

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

| Tax agent's declaration | | | | | | | | |
|---|---|--------------------|--------------------------|--|--|--|--|--|
| , 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 | Client's reference | | | | | | |
| | Day Month Year | SHEPPRJ | | | | | | |
| Contact name | Agent's telephone number Areacode Telephone number | | Agent's reference number | | | | | |
| Bee Toh | 03 97061121 | | 74277005 | | | | | |

Work Related Expenses Schedule 2016

D5 Other work related expenses

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

| | elated function. | | | | |
|--|--------------------------------|------------------------|-----------------------|--------------------|-----|
| er work related expenses | | | | | |
| Expense type H | Details of "O" code | | | | |
| Business % | Amount | 263 | | | |
| | Point and Claim Receipts | | Claimed | \$ | 263 |
| Evidence / calculation code D | Diary evidence | | | | |
| | | | | | |
| Expense type B | Details of "O" code | | | \neg | |
| Business 100 % | Amount | 190 | | | |
| Dusiness 200 //0 | Point and Claim Receipts | | Claimed | ¢ | 190 |
| Evidence / calculation code I | Inv/Rcpt | | Claimed | a | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | Total claimed \$ | | 453 |
| Tourses declaration. | | | Total claimed \$ | | 45 |
| Taxpayer declaration: | I have given is true and corre | ct and that I hold the | , | support my claims | |
| • • | I have given is true and corre | ct and that I hold the | , | support my claims. | |
| • • | | | , | | |
| I declare that the information Signature Tax agent declaration: | | | necessary evidence to | | |
| I declare that the information Signature Tax agent declaration: | | | necessary evidence to | | |

2016 Rental Property Schedule

| Address of Rental Property | 7 Wendy | Court | | | | |
|--|---------|-----------------|-------|----------------|-----|-----------|
| | | | | П | | 10076 |
| | Hampton | Park | | | VIC | 3976 |
| Date property first earned rental income | | | | | 0 | 5/07/2011 |
| Number of weeks property was rented this | s year | | | | | 52 |
| Private Use % | | | | | | |
| Ownership | | | | | | % owned |
| Sheppard | Rodney | Y | | SHEPPRJ | | 50.00 |
| Sheppard | Heath | Heather SHEPPHL | | | | 50.00 |
| Income | | | | | | Return |
| Gross rental income | | | 18, | 000 | | 9,000 |
| Other rental related income | | | | | | |
| Gross Rent | | | 18, | 000 | | 9,000 |
| Expenses | | | Total | Prv % | ı | Return |
| F Borrowing Expenses | | | | 112 | | 56 |
| K Insurance | | | | 936 | | 468 |
| L Interest On Loans | | | 19, | 416 | | 9,708 |
| Total expenses | | • | 20, | 464 | | 10,232 |
| Net Rent | | • | 2, | 464 / L | | 1,232 |

Income Tax Return Tax Estimate

2016

TFN: 336 196 383

Mr Rodney John Sheppard

Tax Payable for Individual

Taxable Income 73,980
Tax Free Part 18,200

Tax Payable on Taxable Income 15,590.50

| | | Sub-Total | \$ | 15,590.50 |
|---------------|---|-----------|----|-----------|
| Less Offsets: | Offsets (T2 to T9) | 0.00 | | |
| Ecoo Onocio. | Private Health Insurance Offset | 0.00 | | |
| | Seniors / Pension / Beneficiary Offset | 0.00 | | |
| | Small business income offset | 0.00 | | |
| | Low Income Offset | 0.00 | | |
| | LumpSum | 0.00 | | |
| | Other Offsets | 0.00 | | |
| | | Sub-Total | \$ | 0.00 |
| | | | _ | 15,590.50 |
| Plus: | Medicare Levy | 1,479.60 | | |
| | | Sub-Total | \$ | 1,479.60 |
| | | | | 17,070.10 |
| Less Credits: | Tax withheld - salary & wage type income | 18,240.00 | | |
| | Arrears tax withheld | 0.00 | | |
| | Foreign Tax Credits | 0.00 | | |
| | TFN Amounts (credits) | 0.00 | | |
| | Franking Tax Offset (refundable) | 0.00 | | |
| | Other Refundable Credits | 0.00 | | |
| | Other Amounts withheld - ABN,Vol,Labour,Foreign | 0.00 | | |
| | PAYG Income Tax Instalments | 0.00 | | |
| | | Sub-Total | \$ | 18,240.00 |
| | Estimated Tax Refund | | _ | 1,169.90 |

DISCLAIMER

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This estimate is provided without warranty of any kind.

It is subject to legislative changes and includes estimates of currently unknown rates.

WARNING: Amounts shown may be adjusted by amounts not included in this return.