

### 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 However, you cannot lodge your income tax form electronically if you do not quote your TFN.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	336 196 383	Year	2017
Name	Mr Rodney John 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	
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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:	RJ & HL Sheppard

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

Signature		Date	
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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:	

# Individual tax return

## 1 July 2016 to 30 June 2017

# 2017

**Your tax file number (TFN)**

336 196 383

See the Privacy note in the Taxpayer's declaration on page 15 of this return.

**Are you an Australian resident?**
Print **Y** for yes or **N** for no.
**Have you included any attachments?**
Print **Y** for yes or **N** for no.
**Your name**

Title - for example, Mr, Mrs, Ms, Miss

Mr

Surname or family name

Sheppard

Given names

Rodney

John

**Has any part of your name changed since completing your last tax return?**
Print **Y** for yes or **N** for no.
**If yes, print previous surname.**
**Your postal address**

C/- Home Tax Rowville

PO Box 328

**Has your postal address changed since completing your last tax return?**
Print **Y** for yes or **N** for no.

Endeavour Hills

VIC

3802

**Your home address**

If the same as your current postal address, print AS ABOVE.

9 Wendy Court

Hampton Park

VIC

3976

**Your mobile phone number**
**Your daytime phone number**  
 (if different from your mobile phone number above)

Area code

03

Phone number

97061121

**Your email address**

Your contact details may be used by the ATO:

- to advise you of tax return lodgment options
- to correspond with you with regards to your taxation and superannuation affairs
- to issue notices to you, or
- to conduct research and marketing.

**Your date of birth**

If you were under 18 years of age on 30 June 2017 you must complete item A1 on page 5 of this tax return.

06/05/1962

**Final tax return**


If you know this is your final tax return, print FINAL.

**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)

733374

Account number

522872

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

RJ &amp; HL Sheppard

Use Agent Trust Account?

**Income**

**1 Salary or wages**

Your main salary and wage occupation

Computer Programmer

Occupation code **X** 261312

Payer	Allowances	Lump A	Lump B	Tax Withheld	Gross
Trans-mit Pty Ltd				ABN: 12 100 711 957 17,864.00	74,846

**Total tax withheld** Add up the **boxes**. **\$** 17,864.00

**Supplementary section  
Income**

Refer to the supplement instructions before you complete item 13. If you are required to complete item 13 include deferred non-commercial business losses from a prior year at either X or Y as appropriate. Refer to the supplement instructions for the relevant code.

**13 Partnerships and trusts**

**Non-primary production**

Distribution from partnerships, less foreign income **O**

Share of net income from trusts less capital gains, foreign income and franked distributions **U** 797 /  L

Franked distributions from trusts **C** 3,868

Landcare operations expenses **J**

Other deductions relating to amounts shown at O, U and C **Y**  TYPE

Show amount of:  
Capital gains from trusts at item 18 on page 9 and Foreign income at item 19

Net non-primary production amount  3,071 /  LOSS

**Share of credits from income and tax offsets**

Share of credit for tax withheld where Australian business number not quoted **P**

Share of franking credit from franked dividends **Q** 1,160.00

Share of credit for tax file number amounts withheld from interest, dividends and unit trust distributions **R**

Credit for TFN amounts withheld from payments from closely held trusts **M**

Share of credit for tax paid by trustee **S**

Share of credit for foreign resident withholding amounts (excluding capital gains) **A**

Share of National rental affordability scheme tax offset **B**

Show amount of:  
Credit for foreign resident capital gains withholding from trusts at item 18.

802 005 696 Y T I R And H Sheppard Family Trust

NPP income	Investments		Credits:	ABN	0.00
	Net rental			Franking	1,160.00
	Other	797 L		TFN	0.00
	PP Income	0		Closely held trusts	0.00
Franked distributions	Investments			Tax paid by trustee	
	Other	3,868		Foreign Resident Withholding	0.00
Net small business inc	Partnership			Rental Affordability Scheme	0.00
	Trust				

**18 Capital gains**

Did you have a capital gains tax event during the year? **G**  N Print **Y** for yes or **N** for no.  
CODE

Have you applied an exemption or rollover? **M**  /

Total current year capital gains **H**

Net capital losses carried forward to later income years **V**

Credit for foreign resident capital gains withholding amounts **X**

You must print Y at G if you had an amount of a capital gain from a trust.

Net capital gain **A**

19 Foreign entities

Did you have either a direct or indirect interest in a controlled foreign company (CFC)? **I**  **N**  Print **Y** for yes or **N** for no.

CFC income **K**

Have you ever, either directly or indirectly, caused the transfer of property—including money—or services to a non-resident trust estate? **W**  **N**  Print **Y** for yes or **N** for no.

Transferor trust income **B**

20 Foreign source income and foreign assets or property

During the year did you own, or have an interest in, assets located outside Australia which had a total value of AUD\$50,000 or more? **P**  **N**  Print **Y** for yes or **N** for no.

21 Rent

Gross rent **P**   
Interest deductions **Q**   
Capital works deductions **F**   
Other rental deductions **U**

Net rent  / **L**   
P less (Q + F + U)

**TOTAL INCOME OR LOSS** Add up the income amounts and deduct any loss amount in the  boxes.  / **L**

Deductions

D5 Other work related expenses

**E**

D10 Cost of managing tax affairs

**M**

Tax Agent Fees

**TOTAL DEDUCTIONS** Items D1 to **D** add up the  boxes

**SUBTOTAL** **TOTAL INCOME OR LOSS** less **TOTAL DEDUCTIONS**  / **L**

**TAXABLE INCOME OR LOSS** Subtract amounts at **F** and **Z** item L1 from amount at SUBTOTAL **\$**  / **L**

**TOTAL TAX OFFSETS** Items T2 and **T** —add up the  boxes **U**

T8 Early stage venture capital limited partnership

**K**

T9 Early stage investor

**L**

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 2016 to 30 June 2017, were you and all your dependants (including your spouse) - if you had any - covered by private patient HOSPITAL cover? **E**  **Y**  Print **Y** for yes or **N** for no.

Number of days NOT liable for surcharge **A**

Private health insurance policy details

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.

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 tax return instructions. **E**

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 tax return instructions. **E**

Spouse details—married or de facto

Use related ref details?

Y SHEPPHL

If you had a spouse during 2016-17, 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 8.

Your spouse's name

If you had more than one spouse during 2016-17 print the name of your spouse on 30 June 2017 or your last spouse.

Surname or family name Sheppard
First given name Heather
Other given names Lynette

Your spouse's date of birth K 11/05/1961

Your spouse's gender Male Indeterminate Female X

Period you had a spouse - married or de facto

Did you have a spouse for the full year - 1 July 2016 to 30 June 2017? L No Yes X

If you did not have a spouse for the full year, write the dates you had a spouse between 1 July 2016 and 30 June 2017. M to N

Did your spouse die during the year? No Yes

This information relates to your spouse's income

You must complete all labels

Pre-fill using related ref return details? (Related ref for spouse details above must be answered Y) Y Your spouse's 2016-17 taxable income O 61,622

Your spouse's share of trust income on which the trustee is assessed under section 98 and which has not been included in 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

Employers exempt from FBT under section 57A of the FBTA 1986 R

Employers not exempt from FBT under section 57A of the FBTA 1986 S

Amount of Australian Government pensions and allowances (see Q6 Australian Government pensions and allowances in the tax return instructions) that your spouse received in 2016-17 (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 2016-17. Do not include any amount paid under the Military Rehabilitation and Compensation Act 2004 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 that your spouse received (see Spouse details - married or de facto in the instructions) 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 1,084

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 tax return instructions) F

Spouse's total ATI (ATO validation purpose only) 62,706 /

**Income tests**

You must complete this section.

If you had a spouse during 2016-17 you must also complete Spouse details – married or de facto on page 7.

**IT1 Total reportable fringe benefits amounts**

If the amount is zero, write 0.

Total reportable fringe benefits amounts  
(for ATO validation only)

Employers exempt from FBT under section 57A of the FBTA 1986 **N**

Employers not exempt from FBT under section 57A of the FBTA 1986 **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**

Net rent from partnerships - Item 13	<input type="text" value="0"/>	
Net rent - Item 15	<input type="text" value="0"/>	
Net rent from partnerships/sole trader activities - Item 16	<input type="text" value="0"/>	
Total foreign rental income or loss - Items 20R, 24Y less D15J	<input type="text" value="0"/>	
Net rent - Item 21	<input type="text" value="1,084"/>	L
Less: Deduction - Item D6	<input type="text" value="0"/>	
<b>TOTAL (transfers to Label Y - LOSS amounts only)</b>	<input type="text" value="1,084"/>	L

**IT7 Child support you paid**

**Z**

**(For ATO validation only)**

<b>Adjusted taxable income</b>	<input type="text" value="77,064"/>	/	<input type="text"/>
<b>Estimated total income</b>	<input type="text" value="86,917"/>	/	<input type="text"/>
<b>Estimated eligible income</b>	<input type="text" value="74,846"/>		
<b>Non-resident foreign income</b>	<input type="text"/>		

**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
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**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](http://ato.gov.au/privacy)

**Tax agent's declaration**

I,

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

Day	Month	Year
26	04	2018

Client's reference

Contact name

Agent's telephone number

Area code	Telephone number
03	97061121

Agent's reference number

# Work Related Expenses Schedule 2017

## D5 Other work related expenses

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

Home office for work related function.

### Other work related expenses

Expense type	H		Details of "O" code			
Business		%	Amount	163	Claimed \$	163
Evidence / calculation code	D			Diary evidence		

Expense type	B		Details of "O" code			
Business		100 %	Amount	190	Claimed \$	190
Evidence / calculation code	I			Inv/Rcpt		

					<b>Total claimed \$</b>	353
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### 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 .....

Date .....

### Tax agent declaration:

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

Signature .....

Date .....



**2017 Rental Property Schedule**

Address of Rental Property

7 Wendy Court

Hampton Park

VIC

3976

Date property first earned rental income

05/07/2011

Number of weeks property was rented this year

52

Private Use %

**Ownership****% owned**

Sheppard	Rodney	SHEPPRJ	50.00
Sheppard	Heather	SHEPPHL	50.00

**Income****Return**

<b>Gross rental income</b>	18,000	9,000
<b>Other rental related income</b>		
<b>Gross Rent</b>	18,000	9,000

**Expenses****Total****Prv %****Return**

K Insurance	936	468
L Interest On Loans	19,232	9,616
<b>Total expenses</b>	20,168	10,084

**Net Rent**

2,168

/ L

1,084

/ L

# Income Tax Return Tax Estimate

2017

Mr Rodney John Sheppard

TFN: 336 196 383

## Tax Payable for Individual

Taxable Income	75,980
Tax Free Part	18,200
<b>Tax Payable on Taxable Income</b>	16,240.50

**Sub-Total \$** 16,240.50

### Less Offsets:

Offsets (T2 to T11)	0.00
Private Health Insurance Offset	0.00
Seniors / Pension / Beneficiary Offset	0.00
Small business income offset	0.00
Low Income Offset	0.00
Lump Sum	0.00
Other Offsets	0.00

**Sub-Total \$** 0.00

16,240.50

### Plus:

Medicare Levy	1,519.60
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**Sub-Total \$** 1,519.60

17,760.10

### Less Credits:

Tax withheld - salary & wage type income	17,864.00
Arrears tax withheld	0.00
Foreign Tax Credits	0.00
TFN Amounts (credits)	0.00
Franking Tax Offset (refundable)	1,160.00
Other Refundable Credits	0.00
Other Amounts withheld - ABN, Vol, Labour, Foreign	0.00
PAYG Income Tax Instalments	0.00

**Sub-Total \$** 19,024.00

### Estimated Tax Refund

1,263.90

#### 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.