

**PART A Electronic lodgment declaration (Form P, T, F, SMSF or EX)**

This declaration is to be completed where the tax return is to be lodged via 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 the provision of tax file numbers (TFNs). The ATO will use the TFNs to identify each partner or beneficiary or entity in our records. It is not an offence not to provide the TFNs. However, you cannot lodge your tax return electronically if you do not quote your TFN.

Taxation law authorises the ATO to collect information and disclose it to other government agencies, including personal information about the person authorised to sign the declaration. For information about privacy go to ato.gov.au/privacy

*The Australian Business Register*

The Commissioner of Taxation, as Registrar of the Australian Business Register, may use the ABN and business details which you provide on this tax return to maintain the integrity of the register.

Please refer to the privacy statement on the Australian Business Register (ABR) website (www.abr.gov.au) for further information – it outlines our commitment to safeguarding your details.

*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

Year

Name of partnership, trust, fund or entity

I authorise my tax agent to electronically transmit this tax return via an approved ATO electronic channel.

**Important**

Before making this declaration please check to ensure that all income has been disclosed and the tax return 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 Tax Office. The tax law provides heavy penalties for false or misleading statements on tax returns.

**Declaration: I declare that:**

- the information provided to the 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.

Signature of partner, trustee or director

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.

This declaration must be signed by the partner, trustee, director or public officer 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

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

Signature

Date

**Trust tax return****2018**

Day Month Year to Day Month Year

			to			
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or specify period if part year or approved substitute period

Notes to help you prepare this tax return are provided in the Trust tax return instructions 2018 (the instructions), available from the website [www.ato.gov.au](http://www.ato.gov.au)

**Tax file number (TFN)**

802 005 696

Have you attached any 'other attachments'?

No

See the Privacy note in the Taxpayer's declaration.

**Name of trust**

R And H Sheppard Family Trust

**Australian business number (ABN)****Current postal address**

If the address has not changed, print it exactly as shown on the last notice of assessment or the last tax return lodged.

C/- Home Tax Rowville

PO Box 328

Endeavour Hills

VIC

3802

**Postal address on previous tax return**

If the address has changed, print your previous address exactly as shown on the last notice of assessment or the last tax return lodged.

**Full name of the trustee to whom notices should be sent**

• If the trustee is an individual, print details here.

Title—for example, Mr, Mrs, Ms, Miss

Surname or family name

Given names

• If the trustee is a company, print details here including ABN.

Name



ABN

**Daytime contact phone number**

Area code

Telephone number

**Family trust election status**

If the trustee has made, or is making, a family trust election, write the four-digit **income year specified** of the election (for example, for the 2017-18 income year write 2018).

If revoking or varying a family trust election, print **R** for revoke or print **V** for variation and complete and attach the Family trust election, revocation or variation 2018.

**Interposed entity election status**

If the trustee has an existing election, write the earliest income year specified. If the trustee is making one or more elections this year, write the earliest income year being specified and complete an Interposed entity election or revocation 2018 for each election.

If revoking an interposed entity election, print **R** and complete and attach the Interposed entity election or revocation 2018.

**Type of trust**

Print the code representing the type of trust.

Print X if also a charity

If code D, write the date of death.

Day Month Year

**Managed Investment trusts**

If the trust is a managed investment trust, has the trustee made an election into capital account treatment?

Print Y for yes or N for no.

**Is any tax payable by the trustee?**

Print Y for yes or N for no.

**Final tax return**

**Electronic funds transfer (EFT)**

Use Agent Trust Account?

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.

(See relevant instructions.)

BSB number must be six digits.

Account number

Account name

**1 Description of main business activity**

Industry code **A**

**6 Tax withheld**

Tax withheld where ABN not quoted **T**

Credit for tax withheld - foreign resident withholding (excluding capital gains) **U**

**8 Partnerships and trusts**

**Primary production**

Distribution from partnerships **A**  /

Share of net income from trusts **Z**  /

Deductions relating to amounts shown **A** and **Z** **S**

Net primary production amount  /

**Non-primary production**

Distribution from partnerships, less foreign income **B**  /

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

Deductions relating to amounts shown at **B** and **R** **T**

Franked distributions from trusts **F**

Deductions relating to franked distributions from trusts in label **F** **G**

Net non-primary production amount  /

Capital gains from another trust and net foreign capital gains need to be included at item 21.  
Amounts of foreign income must be included at item 22 or 23.

**Share of credits from income**

Share of credit for tax withheld where ABN not quoted **C**

Share of franking credit from franked distributions **D**

Share of credit for TFN amounts withheld from interest, dividends and unit trust distributions **E**

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

Share of credit for tax withheld - foreign resident withholding (excluding capital gains) **U**

**12 Dividends**

Unfranked amount **K**  0

Franked amount **L**  14,621

Franking credit **M**  6,266

TFN amounts withheld from dividends **N**  0.00

Company	27.5%	Unfranked	Franked	Frank credit	TFN amount
Trans-mit Pty Ltd			14,621.20	6,266.22	

**15 Total of items 5 to 14**

Add the **boxes**  20,887 /

Deductions relating to franked distributions should not include deductions included at G item 8

Franked distributions **R**

**18 Other deductions - show only deductions not claimable at any other item**

**Q**  989

Name of each item of deduction	Amount
ASIC Fees	254
Interest	735

19 Total of items 16 to 18

20 Net Australian income or loss - other than capital gains Subtract item 19 from item 15 \$  /

21 Capital gains Do you need to complete a Capital gains tax (CGT) Schedule 2018?

Did you have a CGT event during the year?  G  N Answer yes at  G if the trust had an amount of capital gains from another trust.

Have you applied an exemption or rollover?  M  Code  Type Y for yes or N for no.

Net capital gain  A

Credit for foreign resident capital gains withholding amounts  B

Net capital losses brought forward from prior years

Net capital losses carried forward to later income years

Non-Collectables   
Collectables

24 Total of items 20 to 23 Add the  boxes  /

26 Total net income or loss Subtract item 25 from item 24.  /

Overseas transactions / thin capitalisation

29 Overseas transactions

Was the aggregate amount of your transactions or dealings with international related parties (including the value of any property/service transferred or the balance of any loans) greater than \$2 million?

W  N Print Y for yes or N for no.

Did the thin capitalisation provisions affect you?  O  N Print Y for yes or N for no.

Interest expenses overseas  D

Royalty expenses overseas  E

If you answered Yes at label W or O or completed D or E, complete and attach the International dealings schedule 2018

Was any beneficiary who was not a resident of Australia at any time during the income year 'presently entitled' to a share of the income of the trust?

A  N Print Y for yes or N for no.

If you answered Yes at label A, attach the information requested in the instructions.

Transactions with specified countries

Did you directly or indirectly send to, or receive from, one of the countries specified in the instructions, any funds or property or

Do you have the ability or expectation to control, whether directly or indirectly, the disposition of any funds, property, assets or investments located in, or located elsewhere but controlled or managed from one of those countries?

C  N Print Y for yes or N for no.

**30 Personal services income**

Does your income include an individual's personal services income? **N**  **N**  Print **Y** for yes or **N** for no.

Total amount of PSI included at item 5 income labels **A**

Total amount of deductions against PSI included at item 5 expense labels **B**

Did you satisfy the results test in respect of any individual? **C**  Print **Y** for yes or **N** for no.

Do you hold a personal services business (PSB) determination in respect of any individual? **D**  Print **Y** for yes or **N** for no.

For any individual for whom you did not satisfy the results test or hold a PSB determination, and each source of their PSI income yielded less than 80% of their total PSI, indicate if you satisfied any of the following personal services business tests - print **X** in the appropriate box(es).

Unrelated clients test **E1**  Employment test **E2**  Business premises test **E3**

**54 Income of the trust estate** **A**

**55 Statement of distribution****Distribution details**

Complete the distribution details on the following pages for BENEFICIARY 1 to 5 if required, and for Income to which no beneficiary is presently entitled and in which no beneficiary has an indefeasible vested interest, and the trustee's share of credit for tax deducted, if it applies.

If there are more than five beneficiaries see the instructions for more information.

**Note:** It is not an offence not to quote a TFN for a beneficiary. However, TFNs help the Tax ATO to correctly identify each beneficiary's tax records. The ATO is authorised by the Income Tax Assessment Act 1936 and the Income Tax Assessment Act 1997 to ask for information in this tax return. We need this information to help administer the tax laws. To make a correct Trustee Beneficiary (TB) statement you must quote the TFN of a resident trustee beneficiary of a closely held trust.

**Note:** If the trust needs to provide annual reports under the Trustee Beneficiary Rules or the TFN withholding rules you will be able to do so by completing the information in the statement of distribution

55 Statement of distribution (continued)

Beneficiary's name and tax file number or postal address

Distribution Fraction 2 %

Tax file number 333 766 162 Entity code U I Date of birth 31/10/1991

See the Privacy note in the Taxpayer's declaration.

Name Sheppard Mathew B

Address 9 Wendy Court Hampton Park VIC 3976

Assessment calculation code V 30 Entity code U I Share of credit for TFN amounts withheld from payments from closely held trusts O

Share of income of the trust estate W 9,949 Capital gains F

Share of credit for tax withheld - foreign resident withholding (excluding capital gains) L Share of credit for foreign resident capital gains withholding amounts Z

Australian franking credits from a New Zealand franking company N Attributed foreign income G

Primary production A Non-primary production B 495 L Other assessable foreign source income H

Share of income

Invest Other 495 L Foreign income tax offsets I

Credit for tax withheld where ABN not quoted C Share of National rental affordability scheme tax offset R

Franked distributions U 10,443 L Exploration credits distributed M

Invest Other 10,443 L Early stage venture capital limited partnership tax offset T

Franking credit D 3,133.00 Early stage investor tax offset J

TFN amounts withheld E

Small business income tax offset information

Share of net small business income Y

Non-resident beneficiary additional information

s98(3) assessable amount J

s98(4) assessable amount K

TB statement information

For each trustee beneficiary, indicate whether you will be making a TB statement:

TB statement? Print Y for yes or N for no.

Tax preferred amounts P

Untaxed part of share of net income Q

Annual Trustee Payment report information

Distribution from ordinary or statutory income during income year S

Total TFN amounts withheld from payments T

55 Statement of distribution (continued)

Beneficiary's name and tax file number or postal address

Distribution Fraction 1 %

Tax file number 336 196 383 Entity code U I Date of birth 06/05/1962

See the Privacy note in the Taxpayer's declaration.

Name Sheppard Rodney John

Address 9 Wendy Court Hampton Park VIC 3976

Assessment calculation code V 30 Entity code U I Share of credit for TFN amounts withheld from payments from closely held trusts O

Share of income of the trust estate W 9,949 Capital gains F

Share of credit for tax withheld - foreign resident withholding (excluding capital gains) L Share of credit for foreign resident capital gains withholding amounts Z

Australian franking credits from a New Zealand franking company N Attributed foreign income G

Primary production A Non-primary production B 494 L Other assessable foreign source income H

Share of income

Invest I Other 494 L Foreign income tax offsets I

Credit for tax withheld where ABN not quoted C Share of National rental affordability scheme tax offset R

Franked distributions U 10,444 L Exploration credits distributed M

Invest Other 10,444 L Early stage venture capital limited partnership tax offset T

Early stage investor tax offset J

Franking credit D 3,133.00

TFN amounts withheld E

Small business income tax offset information

Share of net small business income Y

Non-resident beneficiary additional information

s98(3) assessable amount J

s98(4) assessable amount K

TB statement information

For each trustee beneficiary, indicate whether you will be making a TB statement:

TB statement? Print Y for yes or N for no.

Tax preferred amounts P

Untaxed part of share of net income Q

Annual Trustee Payment report information

Distribution from ordinary or statutory income during income year S

Total TFN amounts withheld from payments T



**55 Statement of distribution (continued)**

**Income to which no beneficiary is presently entitled and in which no beneficiary has an indefeasible vested interest, and the trustee's share of credit for tax deducted.**

Assessment calculation code	<b>V</b> <input type="text"/>	Capital gains	<b>F</b> <input type="text"/>
Share of income of the trust estate	<b>W</b> <input type="text"/>	Share of credit for foreign resident capital gains withholding amounts	<b>Z</b> <input type="text"/>
Share of credit for tax withheld – foreign resident withholding (excluding capital gains)	<b>L</b> <input type="text"/>	Attributed foreign income	<b>G</b> <input type="text"/>
Australian franking credits from a New Zealand franking company	<b>N</b> <input type="text"/>	Other assessable foreign source income	<b>H</b> <input type="text"/>
Share of income	Primary production	<b>A</b> <input type="text"/>	Foreign income tax offset
	Non-primary production	<b>B</b> <input type="text"/>	Share of National rental affordability scheme tax offset
Credit for tax withheld where ABN not quoted	<b>C</b> <input type="text"/>	Share of other refundable tax offsets	<b>X</b> <input type="text"/>
Franked distributions	<b>U</b> <input type="text"/>	Early stage venture capital limited partnership tax offset	<b>T</b> <input type="text"/>
Franking credit	<b>D</b> <input type="text"/>	Early stage venture capital limited partnership tax offset carried forward from previous year	<b>K</b> <input type="text"/>
TFN amounts withheld	<b>E</b> <input type="text"/>	Early stage investor tax offset	<b>J</b> <input type="text"/>
Share of credit for TFN amounts withheld from payments from closely held trusts	<b>O</b> <input type="text"/>	Early stage investor tax offset carried forward from previous year	<b>M</b> <input type="text"/>

If you completed labels T, K, J or M, attach the information requested in the instructions.

**56 Choice for resident trustee to be assessed to capital gains on behalf of beneficiaries**

Assessment calculation code **X**

Amount of capital gains on which the trustee has chosen to be assessed on behalf of beneficiaries **Y**

**Items 57 and 58 must be answered for all trusts** - if you answer yes to any of these questions, answer Yes to the 'other attachments' question on page 1 of this tax return.

**57 Beneficiary under legal disability who is presently entitled to income from another trust**

Was any beneficiary in this trust, who was under a legal disability on 30 June 2018, also presently entitled to a share of the income of another trust?

N Print Y for yes or N for no.

If yes, or the answer is not known, furnish the information requested in the instructions.

**58 Non-resident trust**

Is the trust a non-resident trust?  N Print Y for yes or N for no.

If yes, state the amount of income derived outside Australia to which no beneficiary is presently entitled. Print NIL if applicable.

**DECLARATIONS**

**TAXPAYER'S DECLARATION**

**Important**

Before making this declaration check to ensure that all income has been disclosed and the tax return, all attached schedules and any additional documents are 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 in tax returns. **This declaration must be signed by a trustee or public officer.**

**Privacy**

The ATO is authorised by the Taxation Administration Act 1953 to request the provision of tax file numbers (TFNs). The ATO will use the TFNs to identify each beneficiary in our records. It is not an offence not to provide the TFNs. However, if the TFNs are not provided, it could increase the chance of delay or error in each beneficiary's assessment.

Taxation law authorises the ATO to collect information including personal information about the person authorised to sign the declaration. For information about your privacy go to [ato.gov.au/privacy](http://ato.gov.au/privacy)

**DECLARATION:**

I declare that the information on this tax return, including any attached schedules and additional documentation is true and correct.

Signature

Date

Hours taken to prepare and complete this tax return

**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

Client's reference

Contact name

Date Day Month Year

Agent's phone number (include area code)

Area code

Telephone number

Agent's reference number

Office use only