

Tax return for individuals

2016

1 July 2015 to 30 June 2016

Use Individual tax return instructions 2016	to fill in this tax return.	-					
■ Print clearly using a black pen only. ■ Print							
■ Use BLOCK LETTERS and print one character in each box. ■ Do not use correction fluid or tape.							
8 M / T H 8 T		 Complete your details careful in processing your tax returns 					
Individual information			110616				
Your tax file number (TFN) 1 1	1 2 2 2 3 3	See the Privacy note in declaration on page 10	the Taxpayer's				
Are you an Australian resident? Yes No							
Your name (Print your full name)							
Title: Mr Mrs Miss Ms (Surname or family name)	Other						
M O R G A N							
First given name	Other given I	names					
GARETH							
Has any part of your name changed since completing your last tax return?	No Read on.		individual information on your ge 8 of the instructions.				
Your postal address Print the address	where you want your mail	sent.					
1 1 N E W S T							
Suburb/town/locality S A N D Y B A Y			State/territory Postcode 7 0 0 6				
Country if not Australia		Has this address ch					
Is your home address different from your postal address? No No Read on. Yes Print your home address below.							
Suburb/town/locality			State/territory Postcode				
Country if not Australia							
Your contact details	Your daytime phone nu	mber					
Your mobile phone number	(if different from your mo						
0 3 5 5 2 2 8 8 7 7							
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.

Will you need to lodge an Australian tax return in the future?	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.	Month Year 1 9 6 7	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 owin Write the BSB number, account number and account name bel BSB number (must be six digits) Account name (for example, JQ Citizen. Do not show the account name)	ow.	
Income 1 Salary or wages Your main salary and wage occupation		
Payer's Australian business number Payer's Australian business number Allowances, earnings, tips, director's fees etc Employer lump sum payments 4 Employment termination payments (ETP) Date of payment Day Month Year Year Payment Paym	Tax withheld – do not show \$ 2 1 , 9 4 \$ \$	Income – do not show cents 8 · C S 8 8 8 6 1 0 · C • D S
Payer's Salar Sala	\$,	
6 Australian Government pensions and allowances You must complete item T1 in Tax offsets.	\$,	.× BS
7 Australian annuities and superannuation income streams Taxable Lump sum in arrears – taxable	Untaxed	element J S , , , , , , , , , , , , , , , , , ,
	Untaxed	element Z \$,

	Your tax file number (TFN)
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.	
Income — continued	25410716
Tax withheld – do not show cen	
Bate of payment Date of payment Australian superannuation lump sum payments Date of payment Taxable component Taxed elements Taxable component Taxed elements Taxable Component Taxed elements Taxable Component Compone	
Payer's Untaxed eleme	
9 Attributed personal services income \$ 15,860.	0 5 1 8 , 7 0 0 • ×
TOTAL TAX WITHHELD Add up the \$ boxes. \$ 1, 15, 860.	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. Tax file number amounts withheld from gross interest M \$, 2 1 1 0 0	Income – do not show cents
11 Dividends If you are a foreign-resident make sure you have printed your country of residence on page 1. Toy file number amounts. Toy file number amounts.	, , , , , , , , , , , , , , , , , , , ,
Tax file number amounts withheld from dividends V \$, Franking credit U \$	2,000 •
Discount from taxed upfront schemes – eligible for reduction Discount from taxed upfront schemes – not eligible for reduction Discount from deferral schemes Discount from deferral schemes Discount on ESS Interests acquired pre 1 July 2009 and 'cessation time' Discount from taxed upfront schemes E \$	
occurred during financial year Total assessable discount amount	
TFN amounts withheld from discounts C\$,	
I If you completed the <i>Tax return for individuals (supplementary section) 2016</i> , 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.	

Deductions	\$					
	D1	Work-related car expenses	A \$	B TYP		
You must read	D2	Work-related travel expenses	B \$, 1 9 8 - 💢		
the deductions section in the instructions if you are claiming	D3	Work-related uniform, occupation specific or protective clothing, laundry and dry cleaning expenses	c \$, 5 3 5 × S		
deductions for expenses that relate to your work as an	D4	Work-related self-education expenses	D \$, CLAI		
employee at items D1-D6.	D5	Other work-related expenses	E \$	5 6, 3 1 4 ×		
	D 6	Low value pool deduction	K \$,		
D7 Interest dec	ductio	ons	I \$, ₂ ₁ 9 • ×		
D8 Dividend de	duct	ions	H \$	2,000.		
D9 Gifts or don	ation	IS	J \$ 1	6,100-		
D10 Cost of managing tax affairs M\$,						
If you completed the <i>Tax return for individuals (supplementary section)</i> 2016, write here the amount from TOTAL SUPPLEMENT DEDUCTIONS on page 15.						
TOTAL DEDUC	TION	Add amounts at items D1 to D) \$, 7	5,834		
SUBTOTAL		TOTAL INCOME OR LOSS less TOTAL DEDUCTIONS \$, 1	2,776 × LOS		
Losses						
		rlier income years				
Primary production forward from earli	er inco	es carried me years Q \$,		<u> </u>		
Non-primary production forward from earli	n losse er inco	es carried me years R\$ \text{ Non-primary production losses claimed this income years}	z \$, □ □ ⋅∞		
TAXABLE INCO OR LOSS	ME	If you were not required to complete L1, write the amount from SUBTOTAL above here. If you completed L1, add up the amounts you wrote the amount you wrote at SUBTOTAL. Write the answ				
		Make sure that you complete item M2 on page 6		-12 JOINE OIL EOO		

Г			Y	our ta	x file n	umber (T	FN)	
•								
							22	
							254108	
							816	
Tax offsets								
T1 Seniors and pensioners (inclu	des self-funde	ed retirees)		N	TAX OFFSET	г		
If you had a spouse during 2015–16	Svou muet aleo	The ATO will work out the	hie tav offeet		CODE			
complete Spouse details - married		amount. Print your code	e letter in the		VETERAN			
on pages 8-9.		TAX OFFSET CODE bo	OX.	•	CODE			
T2 Australian superannuation inc	come stream			S \$			- ₁ %	
						,		
T If you completed the Tax return fo	or individuals (supplementary section	20)					0
2016 , write here the amount from TC				\$		□, □∟		Q
TOTAL TAX OFFSETS	Add up all the ta	x offset amounts at items 1	To and T	U\$			- N	A
TOTAL TAX OF TOLIS	Add up all the ta	x onset amounts at items i	1 2 and 1.	υφ		□, □∟		Z.

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Medicare levy related items

M1 Medicare levy reduction or exemption

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•	INOIL

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



Half 2.0% levy exemption – number of days

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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

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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.

r	ivate health insurance policy details You must read Private health insurance policy details in the instr	ruptions before completing this item
	Fill all the labels below unless directed in the instructions.	ructions before completing this item.
	Health insurer ID B Membership number C	
	Your premiums eligible for Australian Government rebate J \$,	Your Australian Government K \$, ,
	Benefit code L	Tax claim code. Read the instructions.
	Health insurer ID B Membership C number	
	Your premiums eligible for Australian Government rebate J \$	Your Australian Government K \$
	Benefit code L	Tax claim code. Read the instructions.
	Health insurer ID B Membership c number	
	Your premiums eligible for	Your Australian Government K \$ 1
	Australian Government rebate	rebate received CODE Tax claim code. Read the instructions.
	Benefit code L	Tax claim code. Read the instructions.
	Health insurer ID B Membership c number	
	Your premiums eligible for Australian Government rebate J \$,	Your Australian Government rebate received
	Benefit code L	Tax claim code. Read the instructions.
\C	ljustments	
	Under 18	TYPE
	If you were under 18 years old on 30 June 2016 you must complet this item or you may be taxed at a higher rate. Read A1 Under 18 in the instructions for more information.	J \$,
2	Part-year tax-free threshold Months eligible	for threshold N
	Date/	
3	Government super contributions Read A3 Government super contributions in the instructions bef	ore completing this item
	Income from investment, partnership and other sou	CODE
	Other income from employment and business	iness G \$ \tag{\tag{\tag{\tag{\tag{\tag{\tag{
	Other deductions from business inc	
	Other deductions from business inc	

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Income tests		
You must complete this section. If you had a spouse details – married or de facto on pa	spouse during 2015–16 you must also comple ges 8–9.	te
		If the amount is zero write 0.
IT1 Total reportable fringe benefits a	mounts	w \$,∞
IT2 Reportable employer superannua	ation contributions	т \$□□□,□□□⋅∞
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 If you had a spouse during 2015–16 you mus We need the information included in this section If you did not have a spouse, go to page 10.	st complete Spouse details – married or de fa	acto.
Your spouse's name		
If you had more than one spouse during 2015 Surname or family name	5–16 print the name of your spouse on 30 June	e 2016 or your last spouse.
First given name	Other given names	
	Day Marth Year	
Your spouse's date of birth K	Day Month Year / Company /	
Your spouse's gender Male	Female Indeterminate	
Period you had a spouse – married or	r 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.	From Day Month Year To Day Month Year N Year	
Did your spouse die during the year?	Yes No	
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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	ı 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 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 5 , , , , , , , , , , , , , , , , , ,
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	
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)	
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)	
Family Assistance consent – Complete this section only if you consent to use par ax refund to repay your spouse's Family Assistance debt.	t or all of your 2016
Complete the details below only if: you were the spouse of a family tax benefit (FTB) claimant, or the spouse of a child care your spouse has given you authority to quote their customer reference number (CRN) or 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 you expect to receive a refund for 2016 and your consent to use part or all of your refund to repay your spouse's Family Assistance of	on your tax return – if your spouse does
Do you consent to use part or all of your 2016	
You do not need to complete this section. Go to page 10. Assistance debt? You do not need to complete this section. Go to page 10.	se's CRN Z
consent to the ATO using part or all of my 2016 tax refund to repay any Family Assi whose details I have provided above. I have obtained my spouse's permission to quo	
Your signature for Department of Human Services consent purposes only	
GARETH MORGAN	Date Day Month Year

03/03/2017

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

Taxpayer's declarationAll 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 <i>Tax return for individuals (supplementary section) 2016</i> ? To find out, read Will you need <i>Individual tax return instructions supplement 2016?</i> 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.						
M	ake 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		
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.

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