



Use Individual tax return instructions 2016 to fill in this tax return.

- Print clearly using a black pen only.
- Use BLOCK LETTERS and print one character in each box.

- Print  in all appropriate boxes.
- Do not use correction fluid or tape.
- Complete your details carefully to avoid delays in processing your tax return.

S M I T H S T



### Individual information

Your tax file number (TFN) 1 1 1 2 2 2 3 3 3 See the Privacy note in the Taxpayer's declaration on page 10 of this return.

Are you an Australian resident? Yes  No

#### Your name (Print your full name)

Title: Mr  Mrs  Miss  Ms  Other

Surname or family name

M O R G A N

First given name

Other given names

G A R E T H

Has any part of your name changed since completing your last tax return? No  Read on. Yes  See Completing individual information on your tax return on page 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

State/territory

Postcode

S A N D Y B A Y

7 0 0 6

Country if not Australia

Has this address changed since completing your last tax return? No  Yes

#### Is your home address different from your postal address?

No  Read on. Yes  Print your home address below.

Suburb/town/locality

State/territory

Postcode

Country if not Australia

#### Your contact details

##### Your mobile phone number

0 3 5 5 2 2 8 8 7 7

##### Your daytime phone number

(if different from your mobile phone number)

##### 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.





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.

Your tax file number (TFN)

□□□ □□□ □□□

25410716



## Income – continued

### 8 Australian superannuation lump sum payments

Date of payment Day / Month / Year  
 □□ / □□ / □□□□

Payer's ABN □□ □□□□ □□□□ □□□□

Tax withheld – do not show cents

\$ □□□, □□□. ~~XX~~

Taxable component Taxed element

Untaxed element

Income – do not show cents

Q \$ □□□, □□□. ~~XX~~ TYPE □

P \$ □□□, □□□. ~~XX~~

O \$ □□□, □□□. ~~XX~~

### 9 Attributed personal services income

\$ □□□, □□□. ~~XX~~

O \$ □□□, □□□. ~~XX~~

### TOTAL TAX WITHHELD

Add up the \$ boxes. \$ □□□, □□□. ~~XX~~

**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.

Gross interest

L \$ □□□, □□□. ~~XX~~

Tax file number amounts withheld from gross interest M \$ □□□, □□□. ~~XX~~

### 11 Dividends

If you are a foreign-resident make sure you have printed your country of residence on page 1.

Unfranked amount

S \$ □□□, □□□. ~~XX~~

Franked amount

T \$ □□□, □□□. ~~XX~~

Tax file number amounts withheld from dividends V \$ □□□, □□□. ~~XX~~ Franking credit

U \$ □□□, □□□. ~~XX~~

### 12 Employee share schemes

Discount from taxed upfront schemes – eligible for reduction D \$ □□□, □□□. ~~XX~~

Discount from taxed upfront schemes – not eligible for reduction E \$ □□□, □□□. ~~XX~~

Discount from deferral schemes F \$ □□□, □□□. ~~XX~~

Discount on ESS Interests acquired pre 1 July 2009 and 'cessation time' occurred during financial year G \$ □□□, □□□. ~~XX~~

Total assessable discount amount

B \$ □□□, □□□. ~~XX~~

TFN amounts withheld from discounts C \$ □□□, □□□. ~~XX~~

Foreign source discounts A \$ □□□, □□□. ~~XX~~

I If you completed the **Tax return for individuals (supplementary section) 2016**, write here the amount from TOTAL SUPPLEMENT INCOME OR LOSS on page 15.

\$ □□□, □□□. ~~XX~~ LOSS □

### TOTAL INCOME OR LOSS

Add up the income amounts and deduct any loss amount in the \$ boxes on pages 2 and 3.

\$ □□□, □□□. ~~XX~~ LOSS □



# Deductions

**▶** You must read the deductions section in the instructions if you are claiming deductions for expenses that relate to your work as an employee at items D1–D6.

<b>D1</b>	<b>Work-related car expenses</b>	<b>A</b>	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>	<b>B</b>	CLAIM TYPE
<b>D2</b>	<b>Work-related travel expenses</b>	<b>B</b>	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	1	9	8	<input checked="" type="checkbox"/>		
<b>D3</b>	<b>Work-related uniform, occupation specific or protective clothing, laundry and dry cleaning expenses</b>	<b>C</b>	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	5	3	5	<input checked="" type="checkbox"/>	<b>S</b>	CLAIM TYPE
<b>D4</b>	<b>Work-related self-education expenses</b>	<b>D</b>	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>				<input checked="" type="checkbox"/>		CLAIM TYPE
<b>D5</b>	<b>Other work-related expenses</b>	<b>E</b>	\$	<input type="text"/>	5	6	3	1	4	<input checked="" type="checkbox"/>		
<b>D6</b>	<b>Low value pool deduction</b>	<b>K</b>	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>				<input checked="" type="checkbox"/>		
<b>D7</b>	<b>Interest deductions</b>	<b>I</b>	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	2	1	9	<input checked="" type="checkbox"/>		
<b>D8</b>	<b>Dividend deductions</b>	<b>H</b>	\$	<input type="text"/>	<input type="text"/>	2	0	0	0	<input checked="" type="checkbox"/>		
<b>D9</b>	<b>Gifts or donations</b>	<b>J</b>	\$	<input type="text"/>	1	6	1	0	0	<input checked="" type="checkbox"/>		
<b>D10</b>	<b>Cost of managing tax affairs</b>	<b>M</b>	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>				<input checked="" type="checkbox"/>		

**D** If you completed the *Tax return for individuals (supplementary section) 2016*, write here the amount from TOTAL SUPPLEMENT DEDUCTIONS on page 15. **▶** \$ , ,

**TOTAL DEDUCTIONS** Add amounts at items **D1** to **D** **▶** \$ ,  7 5,  8 3 4

**SUBTOTAL** TOTAL INCOME OR LOSS less TOTAL DEDUCTIONS \$ ,  1 2,  7 7 6  **LOSS**

# Losses

## L1 Tax losses of earlier income years

Primary production losses carried forward from earlier income years **Q** \$ ,   Primary production losses claimed this income year **F** \$ ,

Non-primary production losses carried forward from earlier income years **R** \$ ,   Non-primary production losses claimed this income year **Z** \$ ,

**TAXABLE INCOME OR LOSS** If you were not required to complete **L1**, write the amount from **SUBTOTAL** above here. \$ ,   **LOSS**

If you completed **L1**, add up the amounts you wrote at **F** and **Z** and take the total away from the amount you wrote at **SUBTOTAL**. Write the answer at \$ **TAXABLE INCOME OR LOSS**.

**Make sure that you complete item M2 on page 6.**





Your tax file number (TFN)

□□□ □□□ □□□

25410816



## Tax offsets

### T1 Seniors and pensioners (includes self-funded retirees)

If you had a spouse during 2015–16 you must also complete **Spouse details – married or de facto** on pages 8–9.

The ATO will work out this tax offset amount. Print your code letter in the **TAX OFFSET CODE** box.

<b>N</b>	TAX OFFSET	
	CODE	
<b>Y</b>	VETERAN	
	CODE	

### T2 Australian superannuation income stream

**S** \$ □□,□□□.∞

**T** If you completed the **Tax return for individuals (supplementary section) 2016**, write here the amount from TOTAL SUPPLEMENT TAX OFFSETS on page 16.

▶ \$ □□□,□□□.∞

### TOTAL TAX OFFSETS

Add up all the tax offset amounts at items T2 and **T**. **U** \$ □□□,□□□.∞





# Medicare levy related items

## M1 Medicare levy reduction or exemption

### NOTE

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 **V**

CLAIM  
TYPE

Half 2.0% levy exemption – number of days **W**

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 **A**

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.













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

## Taxpayer's declaration

All 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 *Tax return for individuals (supplementary section) 2016?***

To find out, read **Will you need *Individual tax return instructions supplement 2016?*** 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.

Make 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](http://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

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](http://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.**



