

2014 Trust Tax Return
for the period 1 July 2013 to 30 June 2014

Tax file number (TFN) Have you included any attachments?

Name of the trust

Australian business number (ABN)

Current postal address

C/- FREEDOM ACCOUNTING			
PO BOX 236			
<small>Suburb</small>	OSBORNE PARK	<small>State</small>	WA
		<small>P/C</small>	6917

Full name of the trustee to whom notices should be sent

Name

Daytime contact phone number

Family trust election status Income year specified

Type of trust

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

Electronic funds transfer (EFT)

18 Other deductions

Amortisation of formation costs

\$512

Total other deductions

Q

\$512

19 Total deductions (items 16 to 18)

\$512

20 Net Australian income or loss

-\$512

21 Capital gains

Did you have a capital gains tax event during the year?

G

No

22 Attributed foreign income

Did you have overseas branch operations or a direct or indirect interest in a foreign trust, foreign company, controlled foreign entity or transferor trust?

S

No

24 Net income or loss before deduction of tax losses

-\$512

26 Total net income or loss

-\$512

27 Losses information

Tax losses carried forward

U

\$512

29 Overseas transactions/thin capitalisation

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

No

Did the thin capitalisation provisions apply?

O

No

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

A

No

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

C

No

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?

30 Personal services income

Does the trust's income include an individual's personal services income (PSI)?

N

No

53 Income of the trust estate**A**

\$0

56 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 2013, also presently entitled to a share of the income of another trust?

No

57 Non-resident trust

Is the trust a non-resident trust?

No

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 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.

Declaration:

I declare that the information in this tax return, all attached schedules and any additional documents is true and correct.

Signature Date

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

Contact name Client reference

Agent's phone number Agent reference

Name Z & W FAMILY TRUST

TFN 949 598 234

Signature _____

Family Trust Election, Revocation or Variation Schedule

Are you using this form for an election, a revocation or a variation?

Section A: Family trust election or variation details

4. Was the central management and control of the trust outside Australia at any time during the period from the election commencement time until the time the election is made (relevant period)?

5. Full name, TFN, current postal address and residency details of every trustee of the trust from the election commencement time until the time the election is made (relevant period). Where any trustee is a company, the Australian company number (ACN) or Australian registered body number (ARBN) of each such trustee is also required

Does the trustee have a Tax file number?

Name
 ACN/ARBN
 Address
 Suburb State P/C

At any time during the relevant period was the trustee a non-resident for tax purposes?

6. Income year specified 7. Commencement time for the family trust election or the effective date of a variation by way of an order, an agreement or an award

8. Full name, TFN, date of birth and current address of principal place of residence (including country - if outside Australia) of the individual (specified individual) whose family group is taken into account in relation to the family trust election.

TFN of the specified individual
 Name of the specified individual

 Date of birth of the specified individual
 Address of the specified individual
 Suburb State P/C

Declaration

I/We declare that all the information required has been provided on this form and any attachments to this form, and that the information provided is true and correct in every detail, and that the trustee(s) is/are making, varying or revoking a family trust election, the details of which are set out above, for the purposes of section 272-80 of Schedule 2F to the ITAA 1936 and that the trustee(s) is/are able to make, vary or revoke the election in accordance with that section.

Name

Name Signature

Losses Schedule

Part A Losses carried forward to the 2014-15 income year - excludes film losses

1 Tax losses carried forward to later income years

Year of loss		
2013-14	B	\$512
Total	U	\$512

Part F Tax losses reconciliation statement

Plus: Tax loss amount incurred (if any) during current year	D	\$512
Total tax losses carried forward to later income years	J	\$512

Name Z & W FAMILY TRUST

TFN 949 598 234

Signature _____

Tax Losses Worksheet

Current year tax losses

	PP	NPP	Total
Current year tax losses	\$0	\$512	\$512
Current year tax losses available for carry forward	\$0	\$512	\$512

Carried forward tax losses

	PP	Other NPP	Total
2013-14	\$0	\$512	\$512
Total losses carried forward	\$0	\$512	\$512

Name Z & W FAMILY TRUST

TFN 949 598 234

PART A Electronic Lodgement Declaration (Form T)

This declaration is to be completed where the tax return is to be lodged via the Tax Office's electronic lodgment service (ELS). 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.

TFN	<input type="text" value="949 598 234"/>	Name	<input type="text" value="Z & W FAMILY TRUST"/>	Year	<input type="text" value="2014"/>
Total Income / Loss	<input type="text" value="\$0"/>	Total Deductions	<input type="text" value="\$512"/>	Taxable Income / Loss	<input type="text" value="-\$512"/>

I authorise my tax agent to electronically transmit this tax return via the electronic lodgment service.

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

Date

PART C(b) Family trust election, revocation or variation

I/We declare that

- all the information required has been provided in this form and any attachments to this form,
- and that the information provided is true and correct in every detail,
- and that the trustee(s)/company/partners is/are making, varying or revoking a family trust election, the details of which are set out above, for the purposes of section 272-80 of Schedule 2F to ITAA 1936 and that
- the trustee(s) or, if the trustee is a company, the public officer of the corporate trustee is/are able to make, vary or revoke the election in accordance with that section.

Signature

Date

PART D Tax agent's certificate (shared facility users only)

I declare that:

- I have prepared this tax return in accordance with the information supplied by the partner, trustee, director or public officer
- I have received a declaration made by the entity that the information provided to me for the preparation of this tax return is true and correct; and
- I am authorised by the partner, trustee, director or public officer to lodge this annual return, including any applicable schedules.

Agent's signature

Date

Contact name

Agent's phone number

Agent reference

Client reference

Electronic Lodgement Declaration (Form T)

When should this declaration be completed?

Complete this declaration if you would like your tax agent to prepare and lodge your tax return via the Tax Office's electronic lodgment service (ELS).

About this declaration

The declaration is divided into four parts:

PART A (Compulsory) Taxpayer's declaration relating to the ELS component of lodgment of a tax return

As your tax return is to be lodged via the ELS, you are required to complete Part A of this declaration. This gives your tax agent the authority to lodge your tax return via the ELS.

PART B (Optional) Taxpayer's consent relating to the electronic funds transfer (EFT) of an anticipated income tax refund

If your anticipated tax refund is to be deposited by EFT to a specific account, you must complete Part B of this declaration. You may nominate the financial account of your choice. (Include only the name of the account on this form. BSB and account number details are to be included on the tax return. If the account is your tax agent's account include the agent reference number.)

PART C (Optional) Taxpayers declaration relating to schedules that are also being transmitted with the return form.

If any schedules are being transmitted with the return form, the tax payer must sign the declaration in relation to the schedule. Schedules not being transmitted are not to be included.

PART D (Compulsory) Tax agent's declaration relating to the taxpayer's authorisation

If the taxpayer has authorised the lodgment of their tax return via the ELS by completing Part A of this declaration, and you (the tax agent) are registered and lodging with the ELS under the shared facility arrangements, you must complete Part C.

Legislation requires that the original declaration be maintained by the taxpayer for a period of five years, penalties may apply for failure to do so.