

Individual tax return

1 July 2013 to 30 June 2014

2014

RN: 100016569EI

Your tax file number (TFN)

871 378 608

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

Are you an Australian resident?

Y Print Y for yes or N for no.

Have you included any attachments?

N Print Y for yes or N for no.

Your name

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

MR

Your sex

print X in the relevant box.

Male

X

Female

Surname or family name

REDDY

Given names

SIVAKUMAR

GOVINDA

Has any part of your name changed since completing your last tax return?

N

Print Y for yes or N for no.

If yes, print previous surname.

Your postal address

3 TARWIN PL

Has your postal address changed since completing your last tax return?

Print Y for yes or N for no.

CRANBOURNE EAST

VIC

3977

Your home address

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

3 TARWIN PL

CRANBOURNE EAST

VIC

3977

Your mobile phone number

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

Area code

03

Phone number

97948108

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 2014 you must complete item A1 on page 5 of this tax return.

23/11/1969

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)

063250

Account number

10754952

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

SIVAKUMAR & BHARATHI

Income**1 Salary or wages**

Your main salary and wage occupation

Fitter Mechanical

Occupation code **X** 323212

Payer's Australian Business Number

74108616600

43004669667

Tax withheld**Income**

338

C 1,950

9,364

D 52,342**E****F****G****2 Allowances, earnings, tips, director's fees etc.****K** 13**3 Employer lump sum payments**Amount A in lump
sum payments box

TYPE

R5% of amount B in
lump sum payments box**H****4 Employment termination payments (ETP)**

Date of payment

Payer's ABN

Taxable component

CODE

I**5 Australian Government allowances and payments like
newstart, youth allowance and austudy payment****A****6 Australian Government pensions and allowances**
You must also complete item T2 in Tax offsets on page 4.**B****7 Australian annuities and superannuation income streams****Taxable component**

Taxed element

J

Untaxed element

N**Lump sum in arrears - taxable component**

Taxed element

Y

Untaxed element

Z**8 Australian superannuation lump sum payments**

TYPE

Date of payment

Taxable component

Taxed element

Q

Payer's ABN

Untaxed element

P**9 Attributed personal services income****O****Total tax withheld**

Add up the boxes.

\$

9,702.00

10 Gross interestTax file number amounts
withheld from gross interest**M** Gross
interest**L** **11 Dividends**

Unfranked amount

S

Franked amount

T Tax file number amounts
withheld from dividends**V**

Franking credit

U **12 Employee share schemes**Discount from taxed upfront schemes
- eligible for reduction**D** Discount from taxed upfront schemes
- not eligible for reduction**E**

Discount from deferral schemes

F Discount on ESS Interests acquired pre 1 July 2009
and 'cessation time' occurred during financial year**G**

Total Assessable discount amount

B

TFN amounts withheld from discounts

C

Foreign source discounts

A **I Only used by taxpayers completing the supplementary section**

Transfer the amount from TOTAL SUPPLEMENT INCOME OR LOSS on page 10 and write it here.

 0 / LOSS**TOTAL INCOME OR LOSS** Add up the income amounts and deduct any loss amount in the boxes. 54,305 / LOSS**Deductions****D1 Work related car expenses****A** CLAIM
TYPE**D2 Work related travel expenses****B** **D3 Work related uniform, occupation specific or protective clothing, laundry and dry cleaning expenses****C** 315CLAIM
TYPE**D4 Work related self-education expenses****D** CLAIM
TYPE**D5 Other work related expenses****E** 693**D6 Low value pool deduction****K** **D7 Interest deductions****I** **D8 Dividend deductions****H** **D9 Gifts or donations****J** 89**D10 Cost of managing tax affairs****M** 220**D Only used by taxpayers completing the supplementary section**

Transfer the amount from TOTAL SUPPLEMENT DEDUCTIONS on page 11 and write it here.

 3,152**TOTAL DEDUCTIONS**Items **D1** to **D** add up the boxes 4,469**SUBTOTAL****TOTAL INCOME OR LOSS** less **TOTAL DEDUCTIONS** 49,836 / 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**Subtract amounts at **F** and **Z** item L1
from amount at SUBTOTAL \$ 49,836 / LOSS

Tax offsets**T1 Spouse (without dependent child or student)**

To claim the spouse tax offset you must also complete Income tests on page 6 and Spouse details - married or de facto on page 7.

P

Only complete the following question if you had more than one dependent spouse between 1 July 2013 and 30 June 2014.

Did you have a dependent spouse born on or before 30 June 1952?

No ☐ Yes ☐

T2 Seniors and pensioners (includes self-funded retirees)

If you had a spouse during 2013-14 you must also complete Spouse details - married or de facto on page 7.

TAX OFFSET **N** CODE
VETERAN **Y** CODE ☐

T3 Australian superannuation income stream

S

T Only used by taxpayers completing the supplementary section

Transfer the amount from TOTAL SUPPLEMENT TAX OFFSETS on page 11 and write it here.

0

TOTAL TAX OFFSETS

Items T1, T3 and **T** -add up the

boxes **U** 0

Medicare levy related items**M1 Medicare levy reduction or exemption**

If you complete this item and you had a spouse during 2013-14 you must also complete Spouse details-married or de facto on page 7.

Reduction based on family income

Number of dependent children and students

Y 2

Exemption categories

Full 1.5% levy exemption - number of days

V CLAIM

Half 1.5% levy exemption - number of days

W TYPE

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 2013 to 30 June 2014, were you and all your dependants (including your spouse) - if you had any - covered by private patient HOSPITAL cover?

E **N** Print Y for yes or N for no.

If you printed Y, you must complete Private health insurance policy details on the next page. If you printed N, read below.

If you are liable for the surcharge for the whole period 1 July 2013 to 30 June 2014 you must write 0 at A.

If you are liable for the surcharge for part of the period 1 July 2013 to 30 June 2014 you must write the number of days you were NOT liable at A.

If you are NOT liable for the surcharge for the whole period 1 July 2013 to 30 June 2014 you must write 365 at A.

Number of days NOT liable for surcharge

A 365

If you had a spouse during 2013-14 (and you printed N at E), complete Spouse details - married or de facto on page 7. If you were covered by private patient hospital cover at any time during 2013-14 you must complete Private health insurance policy details on the next page.

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	
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Your premiums eligible for Australian Government rebate J		Your Australian Government rebate received K	
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Benefit code L		Tax claim code. Read the tax return instructions.	
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CODE

☐ Health insurer ID B		Membership number C	
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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.	
-----------------------	----------------------	---	----------------------

CODE

☐ 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.	
-----------------------	----------------------	---	----------------------

CODE

☐ 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.	
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CODE

Adjustments**A1 Under 18**

If you were under 18 years of age on 30 June 2014 you must complete this item or you may be taxed at a higher rate. Read the information on A1 in the tax return instructions for more information.

J		TYPE
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A2 Part-year tax-free threshold

Read the information on A2 in the tax return instructions before completing this item.

Date	Months eligible for threshold N	
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A3 Government super contributions

Read the information on A3 in the tax return instructions before completing this item.

Income from investment, partnership and other sources **F**

	CODE
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Other income from employment and business **G**

	LOSS
----------------------	---------------------------

Other deductions from business income **H**

Income tests

You must complete this section.

If you had a spouse during 2013-14 you must also complete Spouse details – married or de facto on page 7.

If the amount is zero, write 0.

IT1 Total reportable fringe benefits amount**W** 0**IT2 Reportable employer superannuation contributions****T** 0**IT3 Tax-free government pensions****U** 0**IT4 Target foreign income****V** 0**IT5 Net financial investment loss****X** 0**IT6 Net rental property loss****Y** 0**IT7 Child support you paid****Z** 0**IT8 Number of dependent children****D**

COPY

Spouse details-married or de facto

If you had a spouse during 2013-14, 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 2013-14 print the name of your spouse on 30 June 2014 or your last spouse.

Surname or family name **NARAYANAN**
First given name **BHARATHI** Other given names

Your spouse's date of birth **K** Day Month Year
09/06/1973

Your spouse's sex Male ☐ Female ☒

Period you had a spouse - married or de facto

Did you have a spouse for the full year - 1 July 2013 to 30 June 2014? **L** No ☐ Yes ☒

If you did not have a spouse for the full year, write the dates you had a spouse between 1 July 2013 and 30 June 2014.

From **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

Your spouse's 2013-14 taxable income **O** 43,145

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 **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 2013-14 (exclude exempt pension income) **P**

Amount of exempt pension income (see Amounts that you do not pay tax on in the tax return instructions) that your spouse received in 2013-14 (show your spouse's exempt pension income) **Q**

Amount of your spouse's reportable superannuation contributions (which is the total of reportable employer superannuation contributions and deductible personal superannuation contributions) **A**

Your spouse's amount of any tax-free government pensions paid under the Military Rehabilitation and Compensation Act 2004 that have not been included at Q above **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**

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**

**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**Primary production**

Distribution from partnerships **N** /

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

Landcare operations and deduction for decline in value of water facility **I**

Other deductions relating to amounts shown at N and L **X** / TYPE

Net primary production amount / LOSS

Note: If you have a net loss from a partnership business activity, complete items P3 and P9 in the Business and professional items section of this tax return in addition to item 13.

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** /

Franked distributions from trusts **C**

Landcare operations expenses **J**

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

Net non-primary production amount / LOSS

Show amount of: Capital gains from trusts at item 18 on page 9 and Foreign income at item 19 or 20 on pages 9-10.

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**

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 amounts withheld from foreign resident withholding **A**

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

14 Personal services income (PSI)

Tax withheld - voluntary agreement **G**

Tax withheld where Australian business number not quoted **H**

Tax withheld - labour hire or other specified payments **J**

Net PSI - transferred from A item P1 on page 12. **A** / LOSS

15 Net income or loss from businessPrimary production - transferred
from Y item P8 on page 13.**B** / LOSSNon-primary production - transferred
from Z item P8 on page 13.**C** / LOSS

Tax withheld - voluntary agreement

D Tax withheld where Australian
business number not quoted**W** Tax withheld - foreign resident
withholding**E** Tax withheld - labour hire
or other specified payments**F** If you show a loss at B or C you
must complete item P9 on page 14.**16 Deferred non-commercial business losses**Item P9 on page 14
must be completed
before you complete
this item.Your share of deferred losses
from partnership activities**F** Deferred losses from
sole trader activities**G** Primary production
deferred losses**I** Non-primary production
deferred losses**J** **17 Net farm management deposits or repayments**

Deductible deposits

D Early repayments
exceptional circumstances**C** Early repayments
natural disaster**N**

Other repayments

R

Net farm management deposits or repayments

E / LOSS**18 Capital gains**Did you have a capital gains
tax event during the year?**G** Print Y for yes
or N for no.Have you applied an
exemption or rollover?**M** / CODE

Total current year capital gains

H Net capital losses carried forward
to later income years**V** 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** Print Y for yes
or N for no.Have you ever, either directly or indirectly, caused
the transfer of property-including money-or
services to a non-resident trust estate?**W** Print Y for yes
or N for no.

CFC income

K Transferor
trust income**B**

20 Foreign source income and foreign assets or propertyAssessable foreign source income **E** Other net foreign employment income **T** / LOSSNet foreign pension or annuity income WITHOUT an undeducted purchase price **L** / LOSSNet foreign pension or annuity income WITH an undeducted purchase price **D** / LOSSNet foreign rent **R** / LOSSOther net foreign source income **M** / LOSSAustralian franking credits from a New Zealand franking company **F**

Also include at F Australian franking credits from a New Zealand franking company that you have received indirectly through a partnership or trust.

Net foreign employment income - payment summary **U** / LOSSExempt foreign employment income **N** Foreign income tax offset **O** 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** 0Interest deductions **Q** Capital works deductions **F** Other rental deductions **U** Net rent P less (Q + F + U) / LOSS**22 Bonuses from life insurance companies and friendly societies****W** **23 Forestry managed investment scheme income****A** **24 Other income**Type of income — Category 1
Category 2 **Y** **V** Tax withheld-lump sum payments in arrears **E** Taxable professional income **Z** **TOTAL SUPPLEMENT
INCOME OR LOSS**Items 13 to 24 - add up the boxes for income amounts and deduct any loss amounts in the boxesTransfer this amount to **I** on page 3 0 / LOSS

Deductions**D11 Deductible amount of undeducted purchase price of a foreign pension or annuity****Y** **D12 Personal superannuation contributions**

Full name of fund

Account number

H

Fund Australian business number

Fund tax file number

D13 Deduction for project pool**D** **D14 Forestry managed investment scheme deduction****F** **D15 Other deductions-not claimable at items D1 to D14**

Election expenses

E

Description of claim

Additional information

Other deductions

J 3,152**TOTAL SUPPLEMENT DEDUCTIONS**Items **D11** to **D15**-add up the **I** boxes and transfer this amount to **D** on page 3 3,152**Tax offsets****T4 Superannuation contributions on behalf of your spouse**You must also complete **Spouse details-married or de facto** on page 7.

Contributions paid

A **T5 Zone or overseas forces****R** **T6 Total net medical expenses****X**

Do these medical expenses only relate to disability aids, attendant care or aged care?

YES ☐NO ☐**T7 Dependent (invalid and carer)****B** **T8 Landcare and water facility**

Landcare and water facility tax offset brought forward from earlier income years

T **T9 Net income from working - supplementary section****M** LOSS ☐

Read the information on T9 in the tax return instructions before completing this item.

T10 Other non-refundable tax offsets

If you are entitled to a low income tax offset, do not write it anywhere on your tax return. The ATO will calculate it for you.

C

CLAIM

TYPE

CODE

T11 Other refundable tax offsets**P** **TOTAL SUPPLEMENT TAX OFFSETS**Items T4, T5, T7, T8, T10 and T11 - add up the **I** boxes 0Transfer this amount to **T** on page 4**Adjustment****A4 Amount on which family trust distribution tax has been paid**Read the information on **A4** in the tax return instructions before completing this item.**X** **Credit for interest on tax paid****C1 Credit for interest on early payments-amount of interest****L**

Business and professional items section**P1 Personal services income (PSI)**

Print X in the appropriate box.

Did you receive any personal services income?

☒ **YES** ☐ Read on.☐ **NO** ☐ Go to item **P2**.**Part A**

Did you satisfy the results test?

☒ **P** ☐ **NO** ☐ Read on.☐ **YES** ☐ Go to item **P2**.

Have you received a personal services business determination(s) that was in force for the whole period you earned PSI?

☒ **C** ☐ **NO** ☐ Read on.☐ **YES** ☐ Go to item **P2**.

Did you receive 80% or more of your PSI from one source?

☒ **Q** ☐ **NO** ☐ Read on.☐ **YES** ☐ Go to **Part B**.

If you received less than 80% of your PSI from each source for the whole of the period you earned PSI and you satisfied any of the following personal services business tests, indicate which business test(s) you satisfied. Print X in the appropriate box(es). Refer to the publication Business and professional items 2014 before you complete this item.

Unrelated clients test ☒ **D1** ☐Employment test ☒ **E1** ☐Business premises test ☒ **F1** ☐

If you printed X at D1, E1 or F1, go to item P2 below, otherwise go to part B.

Part B

Do not show amounts at part B that were subject to foreign resident withholding. Show these at item P8.

PSI-voluntary agreement

☒ **M** ☐

PSI-where Australian Business Number not quoted

☒ **N** ☐

PSI-labour hire or other specified payments

☒ **O** ☐

PSI-other

☒ **J** ☐

Deductions for payments to associates for principal work

☒ **K** ☐

Total amount of other deductions against PSI

☒ **L** ☐

Net PSI (M + N + O + J) less (K + L)

☒ **A** ☐/ ☐

Transfer the amount at label A above to label A item 14 on page 8.

Complete items P2 and P3. Do not show at item P8 any amount you have shown at part B of item P1.

P2 Description of main business or professional activityIndustry code ☒ **A** ☐**P3 Number of business activities**☒ **B** ☐**P4 Status of your business-print X in one box only**Ceased business ☒ **C1** ☐Commenced business ☒ **C2** ☐**P5 Business name of main business and Australian business number (ABN)**
 ABN**P6 Business address of main business**

 Suburb State ☒ **D** Postcode**P7 Did you sell any goods or services using the Internet?**☒ **Q** ☐ Print Y for yes or N for no.

P8 Business income and expenses

Income	Primary production	Non-primary production	Totals
Gross payments where Australian Business Number not quoted	C	D	
Gross payments subject to foreign resident withholding		B	
Gross payments - voluntary agreement	E	F	
Gross payments - labour hire or other specified payments	N	O	
Assessable government industry payments	G /	H /	
Other business income	I /	J /	/
Total business income	/	/	/

Expenses	Primary production	Non-primary production	Totals
Opening stock			K
Purchases and other costs			L
Closing stock			M /
Cost of sales (K + L - M)	/	/	/
Foreign resident withholding expenses			U
Contractor, sub-contractor and commission expenses			F
Superannuation expenses			G
Bad debts			I
Lease expenses			J
Rent expenses			K
Interest expenses within Australia			Q
Interest expenses overseas			R
Depreciation expenses			M
Motor vehicle expenses			N /
Repairs and maintenance			O
All other expenses			P
Total expenses	/	/	/

Reconciliation items

Section 40-880 deduction			A
Business deduction for project pool			L
Landcare operations and business deduction for decline in value of water facility			W
Income reconciliation adjustments	/	/	X /
Expense reconciliation adjustments	/	/	H /

Net income or loss from business this year	B /	C /	/
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Deferred non-commercial business losses from a prior year	D	E	
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Net income or loss from business	Y /	Z /	/
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Transfer the amounts at labels Y and Z to item 15 on page 9.

P9 Business loss activity details

Show details of up to three business activities in which you made a net loss this year. List them in order of size of loss - greatest first. If you print loss code 8 at G, M or S you must also complete item 16 on page 9.

Activity 1 Description of activity**D**

Industry code

EPartnership (P) or
sole trader (S)**F**

Code

Year

Number

Type of loss

G

Reference for code 5

C**Y****A**Deferred non-commercial
business loss from a prior year**H**

Net loss

I**Activity 2** Description of activity**J**

Industry code

KPartnership (P) or
sole trader (S)**L**

Code

Year

Number

Type of loss

M

Reference for code 5

C**Y****A**Deferred non-commercial
business loss from a prior year**N**

Net loss

O**Activity 3** Description of activity**P**

Industry code

QPartnership (P) or
sole trader (S)**R**

Code

Year

Number

Type of loss

S

Reference for code 5

C**Y****A**Deferred non-commercial
business loss from a prior year**T**

Net loss

U**P10 Small business entity simplified depreciation**

Deduction for certain assets

ADeduction for general
small business pool**B****Other business and professional items****P11 Trade debtors****E****P12 Trade creditors****F****P13 Total salary and wage expenses****G**TYPE
/ ☐**P14 Payments to associated persons****H****P15 Intangible depreciating assets first deducted****I****P16 Other depreciating assets first deducted****J****P17 Termination value of intangible depreciating assets****D****P18 Termination value of other depreciating assets****K****P19 Trading stock election****P**

Print Y for yes or leave blank.

Hours taken to prepare and complete the Business and professional items section

S

Family Assistance Office Consent

Complete this section only if you consent to use part or all of your 2014 tax refund to repay your spouse's Family Assistance debt.

Complete the details below only if:

- you were the spouse of a family tax benefit (FTB) claimant, or the spouse of a child care benefit claimant on 30 June 2014 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 Department of Human Services and
- your spouse has a Family Assistance debt or expects to have a Family Assistance debt for 2014 and
- you expect to receive a tax refund for 2014 and
- you consent to use part or all of your tax refund to repay your spouse's Family Assistance debt.

Spouse's CRN**Z**

Important : You also need to provide your spouse's name, date of birth and their sex on page 7.

I consent to the ATO using part or all of my 2014 tax refund to repay any Family Assistance debt of my spouse, whose details I have provided on page 7. I have obtained my spouse's permission to quote their CRN.

**Your
Signature****Date**

Day Month Year

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

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

Tax agent's declaration

I, **DANBER ACCOUNTING PROFESSIONALS PTY LTD**

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

Client's reference**904REDSI****Contact name****PHILLIP TALBERT****Agent's telephone number****Area code****03****Telephone number****97948108****Agent's reference number****71051004**