

Taxation Estimate
For the year ended 30 June 2017

Return Code: 524405
Client Code: 524405
Name: Eloisa Yasmine Lytton-Hitchins

Tax File Number
Date Prepared
15th December 2017

SUMMARY OF TAXABLE INCOME	\$ c	\$ c
Business Income	36,517.00	
(after add-back of deferred Non-PP losses of \$69,917.00)		
Income/loss from other sources	-36,517.00	
	<u>0.00</u>	
Less: Deductions	0.00	
	<u>0.00</u>	
TAXABLE INCOME as per Return	<u>0.00</u>	
TAX PAYABLE		
TAX ON TAXABLE INCOME	0.00	0.00
Add:		
Medicare Levy		<u>0.00</u>
		0.00
LESS CREDITS FOR PRE-PAID TAXES:		
PAYG Instalments raised	1,738.00	
	<u>1,738.00</u>	
Total credits	1,738.00	<u>1,738.00</u>
ESTIMATE OF AMOUNT REFUNDABLE ON ASSESSMENT		<u>1,738.00</u>

Please note that this is our estimate of your assessment which may be subject to Tax Office adjustment for HECS-HELP, spouse's FTB overpayment or exceeding your concessional or non-concessional superannuation contributions cap in 2015 or 2016 (if applicable). A Notice of Assessment from the Australian Taxation Office will be forwarded to you at a later date.

Individual tax return 2017

01/07/2016 to 30/06/2017

Your tax file number

See the Privacy note in the Taxpayer's declaration

Are you an Australian resident?

 Y

Have you included any attachments?

 N**Your name**

Title
 Surname or family name
 Given names

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

 N**Your postal address**

Street
 Suburb/State/P'code

Your home address

Street
 Suburb/State/P'code

Your daytime phone no. **Your date of birth**

Final tax return

 N**Electronic funds transfer (EFT)**

BSB no Account no
 Account name

Return code

THIS COPY MAY NOT BE LODGED WITH THE ATO.

Sensitive (when completed)

ABN 87 208 196 670

Income

I	Transfer the amount from TOTAL SUPPLEMENT INCOME OR LOSS		<input type="text" value="0"/>	<input type="checkbox"/>
TOTAL INCOME OR LOSS		Add up items 1 to 12 and I	<input type="text" value="0"/>	<input type="checkbox"/>
SUBTOTAL	TOTAL INCOME/LOSS less TOTAL DEDUCTIONS		<input type="text" value="0"/>	<input type="checkbox"/>
TAXABLE INCOME OR LOSS	Subtract item L1 from SUBTOTAL	\$	<input type="text" value="0"/>	<input type="checkbox"/>

Tax offsets

TOTAL TAX OFFSETS	Items T2 and T	U	<input type="text" value="0"/>
--------------------------	----------------	----------	--------------------------------

Medicare levy related items

M2 Medicare levy surcharge

For the **whole** period 1 July 2016 to 30 June 2017 were **you** and **all** your dependants (including your spouse)-if you had any-covered by private patient HOSPITAL cover?

E **N**

Number of days NOT liable for surcharge

A

Private health insurance policy details

TaxPayer

Period 1 - 01/07/2016 to 31/03/2017

Health insurer ID	B <input type="text" value="NIB"/>	Membership number	C <input type="text" value="19644078"/>
Your premiums eligible for Australian Govt. rebate	J <input type="text" value="508"/>	Australian Government rebate received	K <input type="text" value="136"/>
Benefit code	L <input type="text" value="30"/>	Tax claim code	<input type="text" value="C"/>

Period 2 - 01/04/2017 to 30/06/2017

Health insurer ID	B <input type="text" value="NIB"/>	Membership number	C <input type="text" value="19644078"/>
Your premiums eligible for Australian Govt. rebate	J <input type="text" value="0"/>	Australian Government rebate received	K <input type="text" value="0"/>
Benefit code	L <input type="text" value="31"/>	Tax claim code	<input type="text" value="C"/>

Income tests

IT1 Total reportable fringe benefits amounts

Employers exempt from FBT under sect. 57A of the FBTA 1986 **N**

Employers not exempt from FBT under sect. 57A of the FBTA 1986 **W**

IT2 Reportable employer superannuation contributions **T**

Sensitive (when completed)

ABN 87 208 196 670

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 or de facto

Your spouse's name

Surname
Given names

Your spouse's date of birth **K** Your spouse's gender **M**

Period you had a spouse - married or defacto

Did you have a spouse for the full year 1 July 2016 to 30 June 2017? **L**

Spouse income reviewed

V281 requires all labels to be non-null. You have indicated that you have checked that no spouse income exists for some of the spouse income labels.

Your spouse's 2016-17 taxable income **O**

Spouse's share of trust income which the trustee is assessed under s98 and has not been included in spouse's taxable income **T**

Your spouse's reportable fringe benefits amounts

Employers exempt from FBT under sect. 57A of the FBTA 1986 **R**

Employers not exempt from FBT under sect. 57A of the FBTA 1986 **S**

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

Other specified exempt payments (see **Spouse details - married or de facto** in the instructions) that your spouse received **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**

Sensitive (when completed)

ABN 87 208 196 670

Spouse's total ATI

ABN 87 208 196 670

SUPPLEMENTARY SECTION

Income

13 Partnerships and trusts

Non-primary production

Distribution from partnerships less foreign income L

Net non-primary production amount L

Partnership share of net small business income less deductions attributable to that share D

Trust share of net small business income less deductions attributable to that share E

15 Net income or loss from business

Non-primary production-transferred from Z item P8 C L

Net small business income A

16 Deferred non-commercial business losses

Your share of deferred losses from partnership activities F

Your share of deferred losses:
- from other partnership activities 69917

Non-PP deferred losses J

18 Capital gains

Did you have a CGT event during the year? N G

19 Foreign entities

Did you have either a direct or indirect interest in a controlled foreign company (CFC)? N I

Have you ever, either directly or indirectly, caused the transfer of property (incl. money) or services to a non-resident trust estate? N W

20 Foreign source income and foreign assets or property

Did you own, or have an interest in, assets located outside Australia during the year which had a total value of AUD \$50,000 or more? N P

Sensitive (when completed)

ABN 87 208 196 670

TOTAL SUPPLEMENTARY SECTION INCOME OR LOSS
- items 13 to 24 transfer to I

0

BUSINESS AND PROFESSIONAL ITEMS SCHEDULE 2017-TAX AGENTS

P1 Personal services income (PSI)

Did you receive any personal services income?

N

P2 Description of main business or professional activity

Education - other nec

A 82199

P3 Number of business activities

B 1

P5 Business name of main business and ABN

P & E Lytton-Hitchins

ABN 74 352 718 324

P6 Business address of main business

98 O'Dea Road
WILKESDALE QLD

Postcode **D** 4608

P8 Business income and expenses

Income	Primary production	Non-primary production	Totals
Other business income	I []/[]	J [0]/[]	[0]/[]
Total business income	[]/[]	[0]/[]	[0]/[]

Total expenses **S** []/[] **T** []/[] []/[]

Net income or loss from business this year **B** []/[] **C** [0]/[] [0]/[]

Deferred non-commercial losses from a prior year **D** [] **E** 33400 [33400]

Net income/loss from business **Y** []/[] **Z** 33400/[L] [33400]/[L]

Transfer labels Y and Z to item 15

Net income or loss from carrying on a business of investing	[]
Net income or loss from carrying on a rental property business	[]
Other income or loss relating to item 15	33400

Sensitive (when completed)

ABN 87 208 196 670

P9 Business loss activity details

Activity 1

Description of activity

D Education - other nec

Industry code

E 82199

Partnership or sole trader

F **P**

Type of loss

G 8

Reference for code 5

Code **C**

Year **Y**

Number

A

Deferred non-commercial loss from a prior year

H 33400

Net loss

I 69917

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 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

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: We, A MGI Adelaide,

declare that this tax return has been prepared in accordance with information supplied by the taxpayer, and 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

Agent's telephone

08 82998888

Client's reference

524405

Contact name

Angela Robins

Agent's reference no

27074003

NOTE: THIS PRINT-OUT IS NOT TO BE LODGED WITH THE ATO.

Sensitive (when completed)

ABN 87 208 196 670

Tax offsets and Medicare

T **Total tax offsets included in tax return** **Tax Offset**
0

M2 Medicare levy surcharge

Days exempt from Medicare:		
Days under MLS Threshold:		365
Days in Fund:		
Add: Days otherwise not liable:		
Less: Days exemptions overlap or are otherwise n/a:		
Number of days not liable for Surcharge:		365

Surcharge:

Distributions received from Partnerships

Partnership Name	P & E Lytton-Hitchins		
TFN			
Share of PP income		Tax credit - no ABN	
Share of NPP income	-36517	Franking credit	
Franked distributions		Tax credit - TFN	
Share of NRAS		Cr for TFN w/held	
FRW (excl. CGT)		closely held trusts	
Share of net small business income	0	Share of Exploration credits	
ESVCLP tax offset		ESIC tax offset	
Share of Cr. FRW capital gains			

Total deductions

Net distribution

Small Business Entity - Eligibility Tests

Question 1
 Is the taxpayer carrying on a business? Y

Question 2
 Is the aggregated turnover of the business less than \$10 million? Y

Note: Eligibility for the Small Business Income Tax Offset (SBITO) is aggregated income less than \$5 million.

To be classified as a Small Business Entity using the simplified depreciation rules, and the General small business pool, the answer to both questions must be 'Yes'.

Sensitive (when completed)