

PART A

Electronic lodgment declaration (Form I)

This declaration is to be completed where a taxpayer elects to use the Electronic Lodgement Service. 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 Tax Office is authorised by the *Income Tax Assessment Act 1936*, the *Income Tax Assessment Act 1997* and the *Taxation Administration Act 1953* to ask for information on this tax return. We need this information to help us to administer the taxation laws.

We may give this information to other government agencies authorised by law to receive it for example, benefit payment agencies such as Centrelink, the Department of Education, Science and Training and the Department of Families, Community Services and Indigenous Affairs; law enforcement agencies such as state and federal police; and other agencies such as the Child Support Agency, the Australian Bureau of Statistics and the Reserve Bank of Australia. 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.

Your tax file number

You do not have to quote your tax file number (TFN). However, you cannot lodge your tax return electronically if you do not quote your TFN.

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.

Family tax benefit

Where you have claimed the family tax benefit (FTB), your claim will not be accepted if you do not provide the TFN of each person included on your claim unless you are exempt from providing it - exemptions are explained in the FTB tax claim instructions and Explanation of Terms.

The Family Assistance Office (FAO) - which is a partnership between Centrelink, the Tax Office, Medicare Australia (formerly known as the Health Insurance Commission) and the Department of Families, Community Services and Indigenous Affairs (FaCSIA) - is authorised by the *A New Tax System (Family Assistance) (Administration) Act 1999* to ask for the information on the FTB tax claims. The information will be used for the purposes of administering family assistance payments. Limited personal information may be used for customer surveys run by the Tax Office and its client departments, or by research organisations on their behalf. Limited information about you may also be disclosed to others when your circumstances affect their entitlements to payments and services.

The FAO may also give this information to someone else if you give permission, or to government agencies authorised by law to receive it - for example, partner agencies including Centrelink, the Tax Office, Medicare Australia and FaCSIA; assistance agencies such as the Aboriginal and Torres Strait Islander Commission; the Department of Employment, Workplace Relations and Small Business and the Department of Education, Science and Training; and other agencies such as the Child Support Agency and the Department of Immigration and Citizenship.

Tax File Number Year

Name

Total Income or Loss	\$ <input type="text" value="104200"/>	Total Deductions	\$ <input type="text"/>	Total Tax Offsets	\$ <input type="text" value="0"/>
Total Tax Instalments	\$ <input type="text" value="43081.00"/>	Total Credits	\$ <input type="text"/>	Taxable Income	\$ <input type="text" value="104200"/>

Declaration

I declare that:

- the information provided to my registered tax agent for the preparation of this tax return is true and correct, and
- the agent is authorised to lodge this tax return.

Important: The tax law imposes heavy penalties for giving false or misleading information.

Signature

Date

PART B**ELECTRONIC FUNDS TRANSFER CONSENT**

This declaration is to be completed when an electronic funds transfer (EFT) of a refund is requested and the tax return is being lodged through the electronic lodgment service (ELS).

The declaration must be signed by the taxpayer prior to the EFT details being transmitted to the Tax Office. If you elect for an EFT, all details below must be completed.

Important: Care should be taken when completing EFT details as the payment of any refund, including any family tax benefit, will be made to the account specified.

Agent's reference number **66837053**

Account Name **H & R BLOCK TAX REFUND A/C NO.4**

I authorise the refund to be deposited directly to the specified account, as above.

Signature

Date

PART C**Family Assistance Office consent**

This declaration is to be completed where:

- you were the spouse of an FTB claimant, or the spouse of a child care benefit claimant on 30 June of the year of this return - 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 FAO - AND
- your spouse has a debt due to the FAO or expects to have a FAO debt for the year of this return - AND
- you expect to receive a tax refund for the year of this return - AND
- you consent to use part or all of your tax refund to repay your spouse's FAO debt.

Declaration of consent:

I consent to the Tax Office using part or all of my tax refund to repay any FAO debt of my spouse, whose details I have provided. I have obtained my spouse's permission to quote their CRN.

Tax File Number **848 733 205** Year **2007**

Name **JOSEPH SHIHARA RUKSHAN DE SARAM**

Spouse's Name

Spouse's date of birth

Spouse's CRN

Spouse's sex

Signature

Date

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

I declare that:

- I have prepared this tax return and/or family tax benefit tax claim in accordance with the information supplied by the taxpayer
- I have received a declaration made by the taxpayer that the information provided to me for the preparation of this document is true and correct; and
- I am authorised by the taxpayer to lodge this tax return and/or family tax benefit claim.

Agent's signature

Date

Client reference **M468733205**

Contact name **H R BLOCK**

Agent's phone number **08 94744899**

Agent's reference number **66837053**

Important: The agent must then either **accept** or **reject** the declaration. Accepting the declaration is the process of the agent making the declaration. It is verified as the agent's declaration by the agent's electronic signature. The ELS form must then be transmitted or batched. If the agent rejects the declaration the ELS form must not be able to be transmitted.

INCOME TAX DECLARATION FOR ELECTRONIC TRANSMISSION (Form I)

Please read this page carefully before completing this declaration.

When should this declaration be completed?

Complete this declaration if you would like your tax agent to prepare and lodge your tax return and family tax benefit (FTB) tax claim (if applicable) 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 and family tax benefit (FTB) tax claim (if applicable) or request for amendment.

As your tax return or request for amendment 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 via the ELS your tax return and family tax benefit (FTB) tax claim (if applicable) or request for amendment.

PART B (Optional) - Taxpayer's consent relating to the electronic funds transfer (EFT) of an anticipated tax refund and any family tax benefit.

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 or amendment. If the account is your tax agent's account include the agent reference number.)

Note: Care should be taken when completing EFT details, as the amount refundable, will be paid into the account specified on this declaration and transmitted via the ELS.

PART C (Optional) - Family Assistance Office consent

If you consent to the Tax Office using part or all of your tax refund to repay your spouse's Family Assistance Office debt you must complete Part C of this declaration. The declaration in this form can only be made for the 2006-07 and later tax years (different consent conditions apply for earlier tax years).

PART D (Compulsory for shared facility tax agents) - Tax agent's declaration relating to the taxpayer's authorisation

If the taxpayer has authorised the lodgment of their tax return and family tax benefit (FTB) tax claim (if applicable) 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.

Estimate of tax payable or refundable

Year ended 30 June 2007

Taxable Income		104200.00
Tax Calculation		
Tax on taxable income	33930.00	
Plus: Medicare Levy		
Plus: Medicare Levy Surcharge		
Gross Tax Payable		33930.00
Less: Tax withheld - salary and wages type income	43081.00	
Total tax offsets & credits subtracted		43081.00
ESTIMATED REFUND DUE		9151.00

Tax offsets**DISCLAIMER**

This calculation is an estimate only and is based on information supplied by the taxpayer.
It relates to the 2007 Income Tax Year only and does not take into account any prior year assessments.

The calculation cannot accurately account for the effect of family tax benefit (FTB) or Child Care Benefit received.
It should be noted that FTB is not a Tax Office initiative and the final calculations will be done by the FAO. If the ATO has not received the calculations from the FAO when the assessment is ready to be issued, the assessment will issue without the effect of FTB included. In this case a separate assessment may be issued at a later time showing the effect of the FTB. (This may be a refund or payable assessment notice).

This estimate is based upon existing legislation and proposals by the Government, which when legislated may affect tax estimates.

WITH COMPLIMENTS:

Individual tax return 2007

1 July 2006 to 30 June 2007

Signature

Your tax file number (TFN)

848 733 205

See the **Privacy** note in the *Taxpayer's declaration* on page 12 of this tax return.

Are you an Australian resident? **N** 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 Female

Surname or family name

DE SARAM

Given names

JOSEPH SHIHARA RUKSHAN

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

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

If you answered yes, print previous surname.

Your postal address

H & R BLOCK PERTH

LOCKED BAG NO 1

Suburb or town **THORNLEIGH** State **NSW** Postcode **2120**

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

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

Country—if not Australia

Your home address

If the same as your current postal address, print **ASABOVE**.

32A WALTER ROAD EAST

Suburb or town **BASSENDEAN** State **WA** Postcode **6054**

Country—if not Australia

Your date of birth

If you were under 18 years of age on 30 June 2007 you must complete item **A1** on page 4 of this tax return.

Day Month Year
05/03/1972

Final tax return

If you know this is your final tax return, print **FINAL**.

Your daytime telephone number

Area code

Telephone number

Electronic funds transfer (EFT)

Do you want to use electronic funds transfer (EFT) this year for your tax refund or family tax benefit payment where applicable?

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

If you answered yes, complete the account details.

BSB number
Must be six digits **016263**

Account number **260778812**

Account name **H & R BLOCK TAX REFUND A/C NO.4**

Taxpayer Name **JOSEPH SHIHARA RUKSHAN DE SARAM**
Tax File Number **848 733 205**

RN 649E107

Signature

Income

1 Salary or wages

Your main salary and wage occupation

Information technology officer

Occupation code **X** **2231**

Payer's Australian business number

21 123 291 510

Tax withheld

43081.00

Income

104200

C

00

D

00

E

00

F

00

G

00

2 Allowances, earnings, tips, director's fees etc

K

00

3 Lump sum payments

Amount A in lump sum payments box

R

00

TYPE

5% of amount B in lump sum payments box

H

00

4 Eligible termination payments (ETP)

Assessable amount (other than excessive component)

I

00

Excessive component

N

00

5 Australian Government allowances and payments like Newstart, youth allowance and austry payment

A

00

6 Australian Government pensions and allowances

You must complete T2 or T3 in Tax offsets on page 3.

B

00

7 Other Australian pensions or annuities—including superannuation pensions

Type

J

00

8 Attributed personal services income

O

00

Total tax withheld

Add up the boxes.

\$

43081.00

9 Total reportable fringe benefits amounts

W

00

10 Gross interest

Gross interest

L

00

Tax file number amounts withheld from gross interest

M

11 Dividends

Unfranked amount

S

00

Franked amount

T

00

Tax file number amounts withheld from dividends

V

Franking credit

U

00

I Only used by taxpayers completing the supplementary section

Transfer the amount from TOTAL SUPPLEMENT INCOME OR LOSS on page 8 and write it here.

LOSS

00

TOTAL INCOME OR LOSS

Add up the income amounts and deduct any loss amount in the boxes.

104200

00

LOSS

F

Taxpayer Name **JOSEPH SHIHARA RUKSHAN DE SARAM**

RN 649E107

Tax File Number **848 733 205**

Signature

Deductions

D1	Work related car expenses	A	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D2	Work related travel expenses	B	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D3	Work related uniform, occupation specific or protective clothing, laundry and dry cleaning expenses	C	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D4	Work related self-education expenses	D	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D5	Other work related expenses	E	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D6	Low value pool deduction	K	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D7	Interest and dividend deductions	I	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D8	Gifts or donations	J	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D9	Deductible amount of un deducted purchase price (UPP) of an Australian pension or annuity <small>(Deductible amount of UPP of a foreign pension or annuity is dealt with at D12 on page 8.)</small>	L	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D10	Cost of managing tax affairs	M	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

D Only used by taxpayers completing the supplementary section
 Transfer the amount from **TOTAL SUPPLEMENT DEDUCTIONS** on page 8 and write it here.

TOTAL DEDUCTIONS Items D1 to **D** - add up the boxes.

SUBTOTAL **TOTAL INCOME OR LOSS** less **TOTAL DEDUCTIONS** **104200**

Losses

L1 Tax losses of earlier income years

Primary production losses carried forward from earlier income years	Q	<input type="text"/>	<input type="text"/>	Primary production losses claimed this income year	F	<input type="text"/>	<input type="text"/>
Non-primary production losses carried forward from earlier income years	R	<input type="text"/>	<input type="text"/>	Non-primary production losses claimed this income year	Z	<input type="text"/>	<input type="text"/>

TAXABLE INCOME OR LOSS Subtract amounts at **F** and **Z** item **L1** from amount at **SUBTOTAL**. **\$** **104200**

Tax offsets

T1 Spouse (without dependent child or student), child-housekeeper or housekeeper
 If you had a spouse during 2006-07 you must also complete **Spouse details - married or de facto** on page 5. Child-housekeeper's separate net income **V**

T2 Senior Australians (includes age pensioners, service pensioners and self-funded retirees) If you had a spouse during 2006-07 you must also complete **Spouse details—married or de facto** on page 5. **N** **Y**

If you completed item **T2 Senior Australians** above DO NOT complete this item.

T3 Pensioner - If you had a spouse during 2006-07 you must also complete **Spouse details-married or de facto** on page 5. **O** **T**

T4 Superannuation annuity and pension **S**

T5 Private health insurance - You must complete **Private health insurance policy details** on page 4. Amount of refundable tax offset not previously claimed by way of reduced private health insurance premiums **G**

T6 30% child care Do you want to claim the 30% child care tax rebate? **X** Print **Y** for yes.

T7 Ongoing baby bonus claim First-time baby bonus claimants and all transferees must use the *Baby bonus instructions and claim 2007*. Number of eligible days **H**

T Only used by taxpayers completing the supplementary section
 Transfer the amount from **TOTAL SUPPLEMENT TAX OFFSETS** on page 8 and write it here.

TOTAL TAX OFFSETS Items **T1, T4, T5** and **T** - add up the boxes. **U** **0**

Private health insurance policy details

You must provide the details for each policy if item T5 or item M2 asked you to complete this section.

Health fund ID	Membership number	TYPE
B [] F C []	[]	[] F
B [] F C []	[]	[] F
B [] F C []	[]	[] F

Medicare levy related items

M1 Medicare levy reduction or exemption

If you complete this item and you had a spouse during 2006-07 you must complete Spouse details—married or de facto on page 5.

Reduction based on family income

Number of dependent children and students **Y** []

Exemption categories

Full 1.5% levy exemption—number of days **V** [] **CLAM** []

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 2006 to 30 June 2007, 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 above. If you printed N, read below.

If you are liable for the surcharge for the whole period 1 July 2006 to 30 June 2007 you must write 0 at label A

If you are liable for the surcharge for part of the period 1 July 2006 to 30 June 2007 you must write the number of days you were NOT liable at label A

If you are NOT liable for the surcharge for the whole period 1 July 2006 to 30 June 2007 you must write 365 at label A

Number of days NOT liable for surcharge **A** 0

Number of dependent children **D** []

If you had a spouse during 2006-07 (and you printed N at label E), complete Spouse details - married or de facto on page 5. If you were covered by private patient hospital cover at any time during 2006-07 you must complete Private health insurance policy details above.

Adjustments

A1 Under 18

If you were under 18 years of age on 30 June 2007 you must complete this item or you may be taxed at a higher rate. Read the information on A1 in TaxPack 2007 for more information.

J [] **DD** [] **TYPE** []

A2 Part-year tax-free threshold

Read the information on A2 in TaxPack 2007 before completing this item.

Date Day Month Year [] [] [] []

Months eligible for threshold **N** []

F

Taxpayer Name **JOSEPH SHIHARA RUKSHAN DE SARAM**
 Tax File Number **848 733 205**

RN 649E107

Signature

Spouse details—married or de facto

If you completed any of the items below and you had a spouse during 2006-07 or you consent to use part or all of your 2007 refund to repay your spouse's family tax benefit debt, you must complete Spouse details - married or de facto.

- T1 Spouse (without dependent child or student), child-housekeeper or housekeeper
- T2 Senior Australians (includes age pensioners, service pensioners and self-funded retirees)
- T3 Pensioner
- T6 30% child care
- M1 Medicare levy reduction or exemption
- M2 Medicare levy surcharge and you printed **N** in the box at **E**
- T8 Superannuation contributions on behalf of your spouse

NO You do not need to complete this section. Go to page 6. **YES** You must complete this section. Complete the information required below then go to page 6.

Spouse's surname or family name

Spouse's given names

Spouse's date of birth **K** Day Month Year

Spouse's sex Print **X** in the relevant box. Male Female

Did you have a spouse for the full year 1 July 2006 to 30 June 2007? **L** **N** Print **Y** for yes or **N** for no.

If you did not have a spouse for the full year, write the dates you had a spouse between 1 July 2006 and 30 June 2007.

From **M** Day Month Year to **N** Day Month Year

30% child care tax rebate transfer

You can only transfer to your spouse as at 30 June 2007.

Do you want to transfer your unused 30% child care tax rebate to your spouse and have you obtained their written consent to both the transfer and the use of their tax file number?

YES **A** **Your spouse's tax file number (TFN)** **B**

NO Read on.

The information below relates to your spouse's income - the list shows which details you need to complete.

If you have completed:

- item **T1**, complete label **R**
- item **T2** or **T3**, complete labels **O, T, P** and **Q**
- item **M1** (label **V** or **W**), complete label **O**
- item **M1** (label **Y** only), complete label **O** if you had a spouse on 30 June 2007
- item **M2** and if you printed **N** for no at label **E**, complete labels **O, T, U** and **S** if you had a spouse for all of 2006-2007 or your spouse died during the year
- item **T8**, complete labels **O** and **S**.

For any of the following that you are required to complete, if the amount is zero, write **0**.

Spouse's 2006-07 taxable income	O		00
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		00
Distributions to your spouse on which family trust distribution tax has been paid which your spouse would have had to show as assessable income if the tax had not been paid	U		00
Your spouse's total reportable fringe benefits amounts	S		00
Amount of any Australian Government pensions and allowances that your spouse received in 2006-07 (not including exempt pension income)	P		00
Amount of any exempt pension income that your spouse received in 2006-07 (make sure you only include your spouse's exempt pension income)	Q		00
Your spouse's 2006-07 separate net income	R		00

F

Supplementary section Income

Refer to *TaxPack2007 supplement* before you complete item 12. If you are required to complete item 12 include deferred non-commercial business losses from a prior year at either labels X or Y as appropriate. Refer to *TaxPack2007 supplement* for the relevant code.

12 Partnerships and trusts

Primary production

Distribution from partnerships	N	<input type="text"/>	00 / <input type="text"/>
Distribution from trusts	L	<input type="text"/>	00 / <input type="text"/>
Landcare operations and deduction for decline in value of water facility	I	<input type="text"/>	00 / <input type="text"/>
Other deductions relating to distribution	X	<input type="text"/>	00 / <input type="text"/>

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 12.

Net primary production distribution 00 / LOSS

Non-primary production

Distribution from partnerships less foreign income	O	<input type="text"/>	00 / <input type="text"/>
Distribution from trusts less net capital gains and foreign income	U	<input type="text"/>	00 / <input type="text"/>
Landcare operations expenses	J	<input type="text"/>	00 / <input type="text"/>
Other deductions relating to distribution at labels O and U	Y	<input type="text"/>	00 / <input type="text"/>

Distributions of net capital gains (including net foreign capital gains) must be included at item **17** on page 7.
Distributions of foreign income must be included at item **18** or **19** on page 7.

Net non-primary production distribution 00 / LOSS

Share of credits from income

Share of credit for tax withheld where Australian business number not quoted	P	<input type="text"/>
Share of franking credit from franked dividends	Q	<input type="text"/>
Share of credit for tax file number amounts withheld from interest, dividends and unit trust distributions	R	<input type="text"/>
Share of credit for tax paid by trustee	S	<input type="text"/>
Share of credit for amounts withheld from foreign resident withholding	A	<input type="text"/>

F

13 Personal services income (PSI)

Tax withheld - voluntary agreement	G	<input type="text"/>
Tax withheld where Australian business number not quoted	H	<input type="text"/>
Tax withheld - labour hire or other specified payments	J	<input type="text"/>

Net PSI - transferred from label **A** item **P1** on page 9 00 / LOSS

14 Net income or loss from business

Tax withheld - voluntary agreement	D	<input type="text"/>
Tax withheld where Australian business number not quoted	W	<input type="text"/>
Tax withheld-foreign resident withholding	E	<input type="text"/>
Tax withheld - labour hire or other specified payments	F	<input type="text"/>

Primary production - transferred from label **Y** item **P8** on page 10 00 / LOSS

Non-primary production - transferred from label **Z** item **P8** on page 10 00 / LOSS

If you show a loss at labels **B** or **C** you must complete item **P9** on page 11.

F

Taxpayer Name **JOSEPH SHIHARA RUKSHAN DE SARAM**
Tax File Number **848 733 205**

RN 649E107

Signature

15 Deferred non-commercial business losses

Item **P9** on page 11 must be completed before you complete this item.

Your share of deferred losses from partnership activities **F** _____ 00
Deferred losses from sole trader activities **G** _____ 00

Primary production deferred losses **I** _____ 00
Non-primary production deferred losses **J** _____ 00

16 Net farm management deposits or withdrawals

E _____ 00 / LOSS **F**

17 Capital gains

Did you have a capital gains tax event during the year? **G** **N** Print **Y** for yes or **N** for no. Net capital gain **A** _____ 00

You must also print **Y** at label **G** if you received a distribution of a capital gain from a trust.

Total current year capital gains **H** _____ 00
Net capital losses carried forward to later income years **V** _____ 00

18 Foreign entities

Did you have either a direct or indirect interest in a controlled foreign company (CFC)? **I** **N** Print **Y** for yes or **N** for no. CFC income **K** _____ 00
Have you ever, either directly or indirectly, caused the transfer of property - including money - or services to a non-resident trust estate? **W** **N** Print **Y** for yes or **N** for no. Transferor trust income **B** _____ 00
Did you have an interest in a foreign investment fund (FIF) or a foreign life assurance policy (FLP)? **J** **N** Print **Y** for yes or **N** for no. FIF and FLP income **C** _____ 00

19 Foreign source income and foreign assets or property

Assessable foreign source income **E** _____ 00

Net foreign employment and net foreign pension or annuity income WITHOUT an undeducted purchase price **L** _____ 00 / TYPE
Net foreign pension or annuity income WITH an undeducted purchase price **D** _____ 00
Other net foreign source income **M** _____ 00
Australian franking credits from a New Zealand company **F** _____ 00

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

Exempt foreign employment income **N** _____ 00
Foreign tax credits **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** **Y** Print **Y** for yes or **N** for no. **F**

20 Rent

Gross rent **P** _____ 00
Interest deductions **Q** _____ 00
Capital works deductions **F** _____ 00
Other rental deductions **U** _____ 00

Net rent **P** less (**Q** + **F** + **U**) _____ 00 / LOSS

21 Bonuses from life insurance companies and friendly societies

W _____ 00

Taxpayer Name **JOSEPH SHIHARA RUKSHAN DE SARAM**

RN 649E107

Tax File Number **848 733 205**

Signature

22 Other income

Type of income	Category 1	<input type="text"/>	Y	<input type="text"/>	00
	Category 2	<input type="text"/>	V	<input type="text"/>	00
	Tax withheld - lump sum payments in arrears	E	<input type="text"/>		
	Taxable professional income	Z	<input type="text"/>		00

F

TOTAL SUPPLEMENT INCOME OR LOSS Items 12 to 22 - add up the boxes for income amounts and deduct any loss amounts in the boxes. 00 / LOSS

Transfer this amount to **I** on page 2.

Deductions

D11 Australian film industry incentives **G** 00

D12 Deductible amount of undeducted purchase price of a foreign pension or annuity **Y** 00

D13 Personal superannuation contributions

Full name of fund Account number **H** 00

Fund Australian business number Fund tax file number

D14 Deduction for project pool **D** 00

D15 Other deductions - not claimable at items **D1 to D14**

Description of claim Election expenses **E** 00

Other deductions **J** 00

TOTAL SUPPLEMENT DEDUCTIONS Items **D11 to D15** - add up the boxes and transfer this amount to **D** on page 3. 00

Tax offsets

T8 Superannuation contributions on behalf of your spouse

You must also complete **Spouse details - married or de facto** on page 5.

Contributions paid 00 **A** 00

T9 Zone or overseas forces **R** 00

T10 20% tax offset on net medical expenses over the threshold amount **X** 00

T11 Parent, spouse's parent or invalid relative **B** 00

T12 Landcare and water facility Landcare and water facility tax offset brought forward from earlier income years **T** 00

T13 Net income from working - supplementary section **M** 00 / LOSS Read the information on **T13** in *TaxPack2007 supplement* before completing this item.

T14 Entrepreneurs tax offset

Simplified tax system group turnover **K** 00 Net simplified tax system income **N** 00 / CODE Read the information on **T14** in *TaxPack2007 supplement* before completing this item.

T15 Other tax offsets

If you are entitled to a low-income tax offset, do not write it anywhere on your tax return. The Tax Office will calculate it for you. **C** 00 / CLAIM TYPE

F

TOTAL SUPPLEMENT TAX OFFSETS Items **T8, T9, T10, T11, T12** and **T15** - add up the boxes 00

Transfer this amount to **T** on page 3.

Adjustments

A3 Amount on which family trust distribution tax has been paid Read the information on **A3** in *TaxPack 2007 supplement* before completing this item. **X** 00

C1 Credit for interest on early payments - amount of interest **L** 00

F

Business and professional items section

S1 Simplified tax system (STS) elections

Complete these labels if you are electing to enter the STS, you are continuing in the STS or you are exiting from the STS.

Entering or continuing

Only complete this column if you are entering or continuing in the STS.

Are you eligible for the STS? **G** Print Y for yes or leave blank.

Are you electing to enter the STS? **H** Print Y for yes or leave blank.

OR

Are you continuing in the STS? **R** Print Y for yes or leave blank.

Is your business grouped with another business? **I** Print Y for yes, N for no or leave blank.

Exiting

Only complete this column if you are exiting from the STS.

Eligible but choosing to leave? **S** Print Y for yes or leave blank.

OR

No longer eligible? **T** Print Y for yes or leave blank.

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 of the 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 2007* 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** / **F**

Transfer the amount at label A above to label A item 13 on page 6. 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 activity

Industry 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 or town State **D** Postcode

P7 Did you sell any goods or services using the internet?

Q Print Y for yes or N for no. **F**

P8 Business income and expenses

Income	Primary production	Non-primary production	Totals
Gross payments where Australian business number not quoted	C [] 00	D [] 00	[] 00
Gross payments subject to foreign resident withholding	A [] 00	B [] 00	[] 00
Gross payments - voluntary agreement	E [] 00	F [] 00	[] 00
Gross payments - labour hire or other specified payments	N [] 00	O [] 00	[] 00
Assessable government industry payments	G [] 00 / []	H [] 00 / []	[] 00
Other business income	I [] 00 / []	J [] 00 / []	[] 00 / []
Total business income	[] 00 / []	[] 00 / []	[] 00 / []

Expenses	Opening Stock	[] 00	[] 00	K [] 00
	Purchases and other costs	[] 00	[] 00	L [] 00
	Closing stock	[] 00	[] 00	M [] 00 / []
	Cost of sales (label K + L - M)	[] 00 / []	[] 00 / []	[] 00 / [] F
	Foreign resident withholding expenses	[] 00	[] 00	U [] 00
	Contractor, subcontractor and commission expenses	[] 00	[] 00	F [] 00
	Superannuation expenses	[] 00	[] 00	G [] 00
	Bad debts	[] 00	[] 00	I [] 00
	Lease expenses	[] 00	[] 00	J [] 00
	Rent expenses	[] 00	[] 00	K [] 00
	Interest expenses within Australia	[] 00	[] 00	Q [] 00
	Interest expenses overseas	[] 00	[] 00	R [] 00
	Depreciation expenses	[] 00	[] 00	M [] 00 / []
	Motor vehicle expenses	[] 00	[] 00	N [] 00 / []
	Repairs and maintenance	[] 00	[] 00	O [] 00
	All other expenses	[] 00	[] 00	P [] 00

Totalexpenses Add up the boxes for each column	S [] 00 / []	T [] 00 / []	[] 00 / []
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Reconciliation items	Deduction for environmental protection expenses	[] 00	[] 00	V [] 00
	Section 40-880 deduction	[] 00	[] 00	A [] 00
	Business deduction for project pool	[] 00	[] 00	L [] 00
	Landcare operations and business deduction for decline in value of water facility	[] 00	[] 00	W [] 00
	Income reconciliation adjustments	[] 00 / []	[] 00 / []	X [] 00 / []
	Expense reconciliation adjustments	[] 00 / []	[] 00 / []	H [] 00 / []

Net income or loss from business this year	B [] 00 / []	C [] 00 / []	[] 00 / []
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Deferred non-commercial business losses from a prior year	D [] 00	E [] 00	[] 00
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Net income or loss from business	Y [] 00 / []	Z [] 00 / []	[] 00 / [] F
---	-----------------------	-----------------------	-----------------------

Transfer the amounts at labels Y and Z to item 14 on page 6.

Taxpayer Name **JOSEPH SHIHARA RUKSHAN DE SARAM**
Tax File Number **848 733 205**

RN 649EI07

Signature

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 labels **G**, **M** or **S** you must also complete item **15** on page 7.

Activity 1 Description of activity **D** _____ **F**

Industry code **E** _____ Partnership (P) or sole trader (S) **F** _____

Type of loss **G** _____ Reference for code 5 **C** _____ **Y** _____ / **A** _____
Code Year Number

Deferred non-commercial business loss from a prior year **H** _____ **00** Net loss **I** _____ **00** **F**

Activity 2 Description of activity **J** _____ **F**

Industry code **K** _____ Partnership (P) or sole trader (S) **L** _____

Type of loss **M** _____ Reference for code 5 **C** _____ **Y** _____ / **A** _____
Code Year Number

Deferred non-commercial business loss from a prior year **N** _____ **00** Net loss **O** _____ **00** **F**

Activity 3 Description of activity **P** _____ **F**

Industry code **Q** _____ Partnership (P) or sole trader (S) **R** _____

Type of loss **S** _____ Reference for code 5 **C** _____ **Y** _____ / **A** _____
Code Year Number

Deferred non-commercial business loss from a prior year **T** _____ **00** Net loss **U** _____ **00** **F**

P10 STS depreciating assets

For completion by STS taxpayers only. STS taxpayers are not required to complete a *Capital allowances schedule 2007*.

Deduction for low-cost assets (less than \$1,000)	Deduction for general pool assets (less than 25 years)	Deduction for long-life pool assets (25 years or more)
A _____ 00	B _____ 00	C _____ 00

Other business and professional items

P11 Trade debtors **E** _____ **00**

P12 Trade creditors **F** _____ **00**

P13 Total salary and wage expenses **G** _____ **00** / **Type** _____

P14 Payments to associated persons **H** _____ **00**

P15 Intangible depreciating assets first deducted **I** _____ **00**

P16 Other depreciating assets first deducted **J** _____ **00**

P17 Termination value of intangible depreciating assets **D** _____ **00**

P18 Termination value of other depreciating assets **K** _____ **00**

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 _____ **F**

Taxpayer Name **JOSEPH SHIHARA RUKSHAN DE SARAM**
 Tax File Number **848 733 205**

RN 649EI07

Signature

Family Assistance Office consent

You must read the information on family tax benefit in *TaxPack 2007* before completing FTB claimant's details.

Only complete the details below if:

- you were the spouse of an FTB claimant, or the spouse of a child care benefit claimant on 30 June 2007 - 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 Family Assistance Office (FAO) - AND
- your spouse has a debt due to FAO or expects to have an FAO debt for 2007 AND
- you expect to receive a tax refund for 2007 AND
- you consent to use part or all of your tax refund to repay your spouse's FAO debt.

Spouse's CRN

Z

Important: You also need to provide your spouse's name, date of birth and their sex on page 5.

I consent to the Tax Office using part or all of my 2007 tax refund to repay any FAO debt of my spouse, whose details I have provided above. 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 Tax Office will issue your assessment based on your tax return. However, the Tax Office has some time to review your tax return, and issue a revised 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 (see page 10 in *TaxPack*).

Privacy:

The Tax Office is authorised by the *Taxation Administration Act 1953* to request you to quote your tax file number (TFN). It is not an offence not to quote your TFN. However, your assessment may be delayed if you do not quote your TFN. The Tax Office is also authorised by the *Income Tax Assessment Act 1936*, the *Income Tax Assessment Act 1997* and the *A New Tax System (Family Assistance) (Administration) Act 1999* to ask for the other information on this tax return. We need this information to help us to administer the taxation laws. We may give this information to other government agencies as authorised in taxation law - for example, benefit payment agencies such as Centrelink, the Department of Education, Science and Training, and the Department of Families, Community Services and Indigenous Affairs; law enforcement agencies such as state and federal police; and other agencies such as the Child Support Agency, the Australian Bureau of Statistics and the Reserve Bank of Australia. 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.

Tax agent's declaration

We, H & R BLOCK

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
M468733205

Contact name
H R BLOCK

Agent's telephone number
 Area code Telephone number
08 94744899

Agent's reference number
66837053