

Individual tax return

2016

1 July 2015 to 30 June 2016

Please print neatly in BLOCK LETTERS with a black or blue ballpoint pen only.

Your tax file number	See the Priv a	Are you an Australian resident? Print Y for yes or N for no. acy note in the Taxpayer's on page 15 of this return. Have you included any attachments? Print Y for yes or N for no.
Your name	Title – for example, Mr, Mrs, Ms, Miss Surname or family name Given names	
Has any part of your name changed since completing your last tax return?	Print Y for yes or N for no.	To find out how to update your name on our records, go to ato.gov.au/updatedetails or phone 13 28 61.
Your postal address		
Has your postal address changed since completing your last tax return?	Print Y for yes or N for no.	Suburb or town State , Postcode ,
Your home address If the same as your curren postal address, print AS ABOVE.	t	Suburb or town State , , Postcode , , , Country – if not Australia
Your mobile phone n	umber	
Your daytime phone (if different from your mob number above)		Area Code Phone number
Your email address		
Your contact details may be to advise you of tax retuence to correspond with you to issue notices to you, to conduct research and	urn lodgment options with regards to your taxa or	ation and superannuation affairs
Your date of birth If you were under 18 years on 30 June 2016 you mus complete item A1 on page this tax return.	t	Day Month Year If you know this is your final tax return, print FINAL.
Electronic funds tran We need your financial ins to pay any refund owing to you have provided them to Write the BSB number, ac and account name.	stitution details o you, even if o us before.	BSB number (must be six digits) Account number Account number Account type, such as cheque, savings, mortgage offset)

Income Salary or wages Your main salary and wage occupation Occupation code Tax withheld Income Payer's Australian business number (do not show cents) (do not show cents) C -00 -00 -00 -00 -00 -00 -00 -00 -00 -00 Allowances, earnings, tips, director's fees etc -00 -00 Amount A in lump 3 **Employer lump sum payments** sum payments box -00 .00 \mathbf{R} 5% of amount B in lump sum payments box -00 -00 Н **Employment termination payments (ETP)** Taxable component CODE Yea -00 Date of payment Payer's ABN Australian Government allowances and payments like -00 -00 newstart, youth allowance and austudy payment **Australian Government pensions and allowances** -00 -00 В You must complete item T1 in Tax offsets on page 4. Australian annuities and superannuation income streams -00 **Taxable component** Taxed element -00 -00 Untaxed element -00 Lump sum in arrears - taxable component Taxed element -00 Untaxed element Australian superannuation lump sum payments -00 Month Year Date of payment **Taxable component** -00 Taxed element Q Payer's -00 Untaxed element ABN Attributed personal services income -00 -00

Add up the boxes.

-00

Total tax withheld

\nearrow A	ttach all requested attachments	here.				
10 Gross	s interest Tax fill withheld	e number amounts from gross interest M		Gross interest		-90
11 Divid				Unfranked amount	S	-90
				Franked amount	17/	-00
		e number amounts neld from dividends		Franking credit	U	-90
12 Empl	oyee share schemes	Discount from taxed upt – eligible	front schemes e for reduction	-90		
		Discount from taxed upt – not eligible	front schemes e for reduction	-00		
		Discount from def	erral schemes	-90		
	Discount o and 'ces	on ESS Interests acquired presation time' occurred during	re 1 July 2009 g financial year	-90		
				sessable discount amount	В	-90
		TFN amounts withheld from	om discounts			
		Foreign sou	urce discounts A	-90		
I Only	used by taxpayers com Transfer the amount fro		-	PSS on page 10 and write it h	ere.	- 9 a /
TOTA	L INCOME OR LOSS	Add up the income am	nounts and deduct	any loss amount in the / box	xes.	- 9 0/
Deducti	ons					//
O1 Wor	k related car expenses				А	- DQ /[
02 Wor	k related travel expens	es			В	-90
	k related uniform, occu hing, laundry and dry c		otective		С	-90 / C
04 Wor	k related self-educatio	n expenses			D	- 90 /
D5 Othe	er work related expens	es			E	-90
D6 Low	value pool deduction				K	-90
D7 Inte	rest deductions				П	-00
D8 Divid	dend deductions				Н	-90
9 Gifts	s or donations				J	-90
010 Cos	t of managing tax affai	rs			М	-00
Only	used by taxpayers co	mpleting the supplem	entary section	1		
	Transfer the amo	unt from TOTAL SUPPLEM	MENT DEDUCTIO	NS on page 11 and write it h	ere.	-00
TOT	AL DEDUCTIONS		ltems	D1 to D - add up the box	xes.	-00
SUB	STOTAL	TOTA	L INCOME OR LO	OSS less TOTAL DEDUCTIO)NS	- DQ /
osses	looped of applies in ac-	o voors				
_1 Tax	losses of earlier incom Primary production losse forward from earlier inco	es carried	-90	Primary production losses claimed this income year	F	-90
	Non-primary production losse forward from earlier inco	es carried D		on-primary production losses claimed this income year	Z	-90
TAX	ABLE INCOME OR LOS	SS	Subtract an	nounts at F and Z item L1 from amount at SUBTOTAL.	\$	- DQ /

TAX Seniors and pensioners (includes self-funded retirees) If you had a spouse during 2015-16 you must also complete Spouse details - married or de facto on page 7. -00 Australian superannuation income stream Only used by taxpayers completing the supplementary section Transfer the amount from TOTAL SUPPLEMENT TAX OFFSETS on page 11 and write it here. -00 **TOTAL TAX OFFSETS** -00 Items T2 and T - add up the \ boxes. U Medicare levy related items Reduction based on family income M1 Medicare levy reduction or exemption Number of dependent children and students If you complete this item and you had **Exemption categories** a spouse during 2015-16 you must also complete Spouse details - married or Full 2.0% levy exemption - number of days de facto on page 7. Half 2.0% levy exemption - number of days 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 2015 to 30 June 2016, were you and all your dependants Print Y for yes or N for no. (including your spouse) - if you had any - covered by private patient HOSPITAL cover? 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 2015 to 30 June 2016 you must write 0 at A. If you are liable for the surcharge for part of the period 1 July 2015 to Number of days **NOT** 30 June 2016 you must write the number of days you were NOT liable at A. liable for surcharge If you are **NOT** liable for the surcharge for the whole period 1 July 2015 to 30 June 2016 you **must** write **366** at **A**. If you had a spouse during 2015–16 (and you printed N at Ĕ), complete Spouse details – married or de facto on page 7. If you were covered by private patient hospital cover at any time during 2015-16 you must complete Private health insurance policy details on the next page.

Tax offsets

	Ind	Other deductions from business income F Other deductions from business income	-00
Government super Read the information or	n A3 in the instructions befo	-	COL
Part-year tax-free Read the information instructions before co this item.	on A2 in the	e Day Month Year Months eligible for threshold	
	•	016 you must complete this item or you may be A1 in the instructions for more information.	- 90]/[
Benefit code	L ,	Tax claim code. Read the instructions.	
Health insurer ID B Your premiums eligible for Australian Government rebate	Membership number C	Your Australian Government rebate received	-90
Government rebate Benefit code		Tax claim code. Read the instructions.	
	Membership number C	Your Australian Government rebate received	-90
eligible for Australian Government rebate Benefit code		rebate received Tax claim code. Read the instructions.	200
Health insurer ID B	Membership number C	Your Australian Government	.90
Benefit code		Tax claim code. Read the instructions.	
Your premiums	J .90	Your Australian Government rebate received	-00
insurer ID B	number C		

Private health insurance policy details

Income tests

You must complete this section.

If you had a spouse during 2015–16 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 -90
IT2 Reportable employer superannuation contributions	T .90
IT3 Tax-free government pensions	DQ.
IT4 Target foreign income	V .90
IT5 Net financial investment loss	X -90
IT6 Net rental property loss	Y .90
IT7 Child support you paid	Z .90
IT8 Number of dependent children	D

Spouse details - married or de facto

If you had a spouse during 2015–16, 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 2015–16 print the name of your spouse on 30 June 2016 or your I	ast spouse.
Surname or family name	
First given name Other given names	
Your spouse's date of birth Day Month Year Let	
Your spouse's gender Male Female Indeterminate	
Period you had a spouse – married or de facto	
Did you have a spouse for the full year – 1 July 2015 to 30 June 2016?	
If you did not have a spouse for the full year, write the dates you had a spouse between 1 July 2015 and 30 June 2016. From Day Month Year I I I I I I I I I I I I I I I I I I I	
N Day Month Year	
Did your spouse die during the year? Yes No	
This information relates to your spouse's income.	If the agreement is some units O
You must complete all labels.	If the amount is zero, write 0 .
Your spouse's 2015–16 taxable income	-90
Your spouse's share of trust income on which the trustee is assessed under section 98, and which has not been included in your spouse's taxable income	- DQ
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	
Your spouse's total reportable fringe benefits amounts	S -90
Amount of Australian Government pensions and allowances (see Q6 Australian Government pensions and allowances in the instructions) that your spouse received in 2015–16 (exclude exempt pension income)	P .90
Amount of exempt pension income (see Spouse details – married or de facto in the instructions) that your spouse received in 2015–16. Do not include any amount paid under the <i>Military Rehabilitation and Compensation Act 2004</i>	Q .90
Amount of your spouse's reportable superannuation contributions (which is the total of reportable employer superannuation contributions and deductible personal superannuation contributions)	A -90
Other specified exempt payments (see Spouse details – married or de facto in the instructions) that your spouse received	B .00
Your spouse's target foreign income	C .00
Your spouse's total net investment loss (total of net financial investment loss and net rental property loss)	D .00
Child support your spouse paid	E -90
Your spouse's taxed element of a superannuation lump sum for which the tax rate is zero (see M2 Medicare levy surcharge in the instructions)	F .00

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.

	1 7 1 1	- ' '	
13	Partnerships and trusts		
	Primary production Distribution from partnerships	Ν	Note: If you have a net loss from a partnership business activity, complete
	Share of net income from trusts	L	items P3 and P9 in the Business and professional items section of this tax
	Landcare operations and deduction for decline in value of water facility, fencing asset and fodder storage asset	1	return in addition to item 13.
	Other deductions relating to amounts shown at N and L	X	-90
			Net primary production amount
	Non-primary production Distribution from partnerships		Chan arounts of
	less foreign income	0	Show amounts of: Capital gains from trusts at item 18 on
	Share of net income from trusts less capital gains, foreign income and franked distributions	U	page 9 and Foreign income at item 19 or 20 on page 9-10.
	Franked distributions from trusts	С	-90
	Landcare operations expenses	J	- 90
	Other deductions relating to amounts shown at O , U and C	Υ	-90/ Los
			Net non-primary production amount
	Partnership share of net small business income less deductions attributable to that share	D	-90
	Trust share of net small business income less deductions attributable to that share	Ε	-90
	Share of credits from income and tax offsets		
	Share of credit for tax withheld where	Р	
	Australian business number not quoted	<u>'</u>	
	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	М	
	Share of credit for tax paid by trustee	S	
	Share of credit for amounts withheld from foreign resident withholding	Α	
		В	
	Charo of Hadional Fornal alloradamity continue tax officer		
14	Personal services income (PSI)		
	Tax withheld – voluntary agreement G -00		
	Tax withheld where Australian business number not quoted]	Los
	Tax withheld – labour hire or other specified payments J •00		Net PSI – transferred from A item P1 on page 12 A

15	5 Net income or loss from business			from Y	duction – transferred item P8 on page 13	D /	-00 / Loss
				Non-primary pro from Z	duction – transferred item P8 on page 13	C	-90/
				If you show a	loss at B or C you	nust comple	ete item P9 on page 14.
				Net sr	mall business income	Α	-90
	Tax withheld – volun	tary agreement D	-00				
		here Australian ber not quoted W					
	Tax withheld – t	foreign resident withholding E					
		- labour hire or ified payments	-00				
16	Deferred non-co	mmercial business losses					
	Item P9 on page 14 must be completed	Your share of deferred losses from partnership activities	F	-90			
	before you complete this item.	Deferred losses from sole trader activities	G	-90			
					Primary production deferred losses		-90
				No	n-primary production deferred losses	J	-00
17	Net farm manage	ement deposits or repaymer	nts				
		Deductible deposits	D	-90			
		Early repayments natural disaster	N	-90			
		Other repayments	R	-90			
			Net farm	management de	posits or repayments	E	- DQ /
18	Capital gains	Did you have a capital gains tax event during the year?	or N	for no. amou	nust print Y at G if yound int of a capital gain from		
		Have you applied an exemption or rollover?	M /CODE	Print Y for yes or N for no.	No. 10 and 10 an		90
		Total current year capital gains	H	-90	Net capital gain	A	-90
		Net capital losses carried forward to later income years	V	-00			
19	Foreign entities	Did you have either a direct or indi in a controlled foreign comp	rect interest pany (CFC)?	Print Y fo or N for n	r yes CFC income	K	-90
	Have y transfer	you ever , either directly or indirectly, of property – including money – or s non-resident t	services to a	Print Y fo or N for n		В	-90

20	Foreign source income and foreign assets or	pro	operty		
	Assessable foreign source income	Е	-90		LOSS
			Other net foreign employment income	Т	-00/
		٨	Net foreign pension or annuity income WITHOUT an undeducted purchase price		-90/Loss
			Net foreign pension or annuity income WITH an undeducted purchase price	D /	-90 / Loss
			Net foreign rent	R	-90 / Loss
			Other net foreign source income	Л	- 90 /
	Also include at F Australian franking credits from a New Zealand franking company that you have received indirectly through a partnership or trust.		Australian franking credits from a New Zealand franking company	3/	-00
	Net foreign employment income – payment summary	U	-90 / Loss		
	Exempt foreign employment income	Ν	-90		
	Foreign income tax offset	0			
	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?	Р	Print Y for yes or N for no.		
21	Rent Gross rent	Р	-90		
	Interest deductions	Q	.90		
	Capital works deductions	F	-00		
	Other rental deductions	U	• Net rei	nt)	-90 / Loss
22	Bonuses from life insurance companies and	frie	ndly societies	N	-00
23	Forestry managed investment scheme incon	1e		A	-90
24	Other income				
	Type of Category 1			1	-90
	income Category 2		1	V	-90
	Tax withheld – lump sum payments in arrears	Е	-00		
	Taxable professional income	Z	-90		
	TOTAL SUPPLEMENT Items 13 to 2	2 4 – ?	add up the boxes for income amounts and deduc	et	LOSS -DO
	INCOME OR LOSS		any loss amounts in the boxes		
			Transfer this amount to 🚺 on page 3	3. ◀	

Dec	ductions					
D11	Deductible amount of u	indeducted purchase price of a f	oreign pension	or annuity	Y	-00
D12	Personal superannuation	on contributions				
	Full name of fund		Account number	er	me	98
	Fund Australian business num	hav			Н	-00
	Fund Australian business num	iber				
	Fund tax file number					
	Turid tax file ridiffider					
D13	Deduction for project p	ool			D	-90
D14	Forestry managed inves	stment scheme deduction			F	-90
D15	Other deductions – not c Description of claim	laimable at items D1 to D14	E	lection expenses	Е	-00
				Other deductions	J	-00
	TOTAL SUPPLEMENT DEDUCTIONS	tems D11 to D15 – add up the boxes a	nd transfer this amou	unt to D on pag	e 3.	-90
Tax	offsets					
Т3	•	tions on behalf of your spouse e details – married or de facto on page 7.	Contributions paid	-90	A	-90
T4	Zone or overseas force	s			R	-90
T5	Total net medical exper attendant care or aged		X	-00		
T 6	Invalid and invalid ca	rer			В	-90
T7	Landcare and water fac	cility brou	Landcare and water ght forward from ear	facility tax offset lier income years	T	-90
T8	Other non-refundable tax offsets	If you are entitled to a low-income tax of anywhere on your tax return. The ATO with anywhere on your tax return.	·		C	-90 CLAIM
Т9	Other refundable tax of	fsets			P	-90 / CODE
	TOTAL SUPPLEMENT	Items T3 , T4 ,	T6 , T7 , T8 and T9 –	add up the \bo	xes.	-00
	TAX OFFSETS		Transfer this amou	unt to 1 on pag	e 4. ◄	
Adj	ustment					
A4		y trust distribution tax has been e supplement instructions before completing the	•		X	-90
Cre	dit for interest on tax	naid				
C1		arly payments – amount of intere	st		П	

Bus P1	iness and professional items section 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 2016 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 PSI – voluntary agreement M •90											
	Do not show amounts at part B that were subject to foreign resident withholding. PSI – where Australian business number not quoted N Do not show amounts at part B that were subject to foreign resident withholding. PSI – where Australian N Do not show amounts at part B that were subject to foreign resident withholding.											
	PSI – labour hire or other specified payments											
	PSI – other J											
	Deductions for payments to associates for principal work											
	Total amount of other deductions against PSI											
	Net PSI (M + N + O + J) less (K + L) A											
	Transfer the amount at A above to 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 activity											
	Industry code A											
P3	Number of business activities											
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 L L L L L L L L L L L L L L L L L L L											
P6	Business address of main business											
	Suburb or town State D Postcode											
	Print Y for yes											
P7	Did you sell any goods or services using the internet?											

Sensitive (when completed)

Business income and expenses			
Income	Primary production	Non-primary production	Totals
Gross payments where Australian business number not quoted C	-90	D -90	-90
Gross payments subject to foreign resident withholding		B .00	-90
Gross payments – voluntary agreement	-90	F .00	.00
Gross payments – labour hire or other specified payments	-90 _{TYPE}	O -90	.00
Assessable government industry payments		H -90/	-00
Other business income	-00	J -90/	-00
Total business income	-00/	-90/	-90
Expenses Opening stock	-90	·90 K	-00
Purchases and other costs	-90	-90 L	-90
Closing stock	-90	-90 M	-90
Cost of sales	-00	-90/	-90
Foreign resident withholding expenses		-90 U	.00
Contractor, subcontractor and commission expenses	-90	-90 F	.00
Superannuation expenses	-00	-00 G	-00
Bad debts	-90	-90	-90
Lease expenses	-90	-90 J	-90
Rent expenses	-00	-00 K	-00
Interest expenses within Australia	-00	-90 C	-00
Interest expenses overseas	-00	-90 R	-90
Depreciation expenses	-00	-90 M	-90
Motor vehicle expenses	-90	.90 N	-90
Repairs and maintenance	-00	-90 O	-00
All other expenses	-90	-90 P	-90
Total expenses Add up the boxes for each column.	-00	-90/	-90
Reconciliation items			
Section 40-880 deduction	-00	-90 A	-00
Business deduction for project pool	-90	-00 L	-00
Landcare operations and business deduction for decline in value of water facility, fencing asset and fodder storage asset	-90	.90 W	-90
Income reconciliation adjustments	·9a/	-90 / X	.90
Expense reconciliation adjustments	-90/	-90/ H	-00
Net income or loss from business this year	-90/	C .90/	.00
Deferred non-commercial business losses from a prior year	-90	E .00	-90
Net income or loss	-90/	z .9a/	-90

Show details of up to three business activities in which you mad If you print loss code 8 at G, M or S you must also complete		of size of loss – greatest first.
Activity 1 Description of activity D		
Industry code E Partnership (P) or sole trader (S)	F	
Type of loss G Reference for code 5 C	Year / A	Number
Deferred non-commercial business loss from a prior year	Net loss	
Activity 2 Description of activity J		
Industry code K Partnership (P) or sole trader (S)		
Type of loss M Reference for code 5 C	Year Y A	Number
Deferred non-commercial business loss from a prior year	Net loss O -90	
Activity 3 Description of activity P		
Industry code Q Partnership (P) or sole trader (S)	R	
Type of loss S Reference for code 5 C	Y A A	Number
Deferred non-commercial business loss from a prior year	Net loss U -90	
P10 Small business entity simplified depreciation	Deduction for certain assets	Deduction for general small business pool
Other business and professional items		
P11 Trade debtors	E .00	
P12 Trade creditors	F .00	
P13 Total salary and wage expenses	G .00/]
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	DQ90	
P18 Termination value of other depreciating assets	K .00	
P19 Trading stock election Print Y for yes or leave blank.	P	
Hours taken to prepare and complete the Business and	professional items section	S

P9 Business loss activity details

Family Assistance consent

Complete this section only if you consent to use part or all of your 2016 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 2016 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 2016 and
- you expect to receive a tax refund for 2016 and
- · you consent to use part or all of your tax refund to repay your spouse's Family Assistance debt.

Spouse's CRN Z	portant: You also need to provide your spouse's name, date of birth and their gender on page 7.					
I consent to the ATO using part or all of my 2016 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	Date	Day	Month	Year
signature			<u> </u>	

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

I.

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

_			
	200	nt'c	IAKATIAN
148	aue		iaranchi
. 61/1	~5~		 laration

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	Client's reference							
		Day Month Year								
Contact name	Agent's telephone num Area code Telepho	ber one number	Agent's reference number							