

**Trust tax return 2022
(Summary)**

Day	Month	Year	to	Day	Month	Year
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or specify period if part year or approved substitute period

Trust information

Tax file number (TFN)

***** ** ***Have you attached any
'other attachments'?**N****Name of trust****YRA UNIT TRUST**

Australian business number (ABN)

98235194581**Current postal address**If the address has not changed, print it **exactly** as shown on the last notice of assessment or the last tax return lodged.**20 VICKI STREET**Suburb or town **BLACKBURN SOUTH**State/territory **VIC**Postcode **3130**

Country if outside Australia

Full name of the trustee to whom notices should be sent

If the trustee is an individual, print details here.

Title

Surname or family name

First given name

Other given names

If the trustee is a company, print details here including ABN.

Name

YRA PTY LTD

ABN

Daytime contact
phone number

Area code

Phone number

Type of trustPrint the code representing
the **type** of trust.**T**

Print X if also a charity.

If code **D**, write
the date of death.

Day Month Year

Managed investment trusts

Is the trust a managed investment trust (MIT)?

NPrint **Y** for yes
or **N** for no.**Must be completed if Type of trust is either F, M, U, P or Q**

MIT type

CODE

If the trust is a managed investment trust, has the trustee made an election into capital account treatment?

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

Is any tax payable by the trustee?

N

Final tax return

N

1 Description of main business activity

Land development or subdivision

Industry code A 32110

Income excluding foreign income

5 Business income and expenses

WHOLE DOLLAR ONLY

Income	Primary production	Non-primary production	Totals
Gross payments where ABN not quoted C	<input type="text"/> 00	D <input type="text"/> 00	<input type="text"/> 00
Gross payments subject to foreign resident withholding (excluding capital gains)		B <input type="text"/> 00	<input type="text"/> 00
Assessable government industry payments E	<input type="text"/> 00 / <input type="text"/> <small>CODE</small>	F <input type="text"/> 00 / <input type="text"/> <small>CODE</small>	<input type="text"/> 00
Other business income G	<input type="text"/> 00 / <input type="text"/>	H 22255 00 / <input type="text"/>	22255 00 / <input type="text"/>

Total business income	<input type="text"/> 00 / <input type="text"/>	22255 00 / <input type="text"/>	22255 00 / <input type="text"/>
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Expenses

Foreign resident withholding expenses (excluding capital gains)	<input type="text"/> 00	P <input type="text"/> 00
Contractor, sub-contractor and commission expenses	<input type="text"/> 00	C <input type="text"/> 00
Superannuation expenses	<input type="text"/> 00	D <input type="text"/> 00
Cost of sales	<input type="text"/> 00 / <input type="text"/>	E <input type="text"/> 00 / <input type="text"/>
Bad debts	<input type="text"/> 00	F <input type="text"/> 00
Lease expenses	<input type="text"/> 00	G <input type="text"/> 00
Rent expenses	<input type="text"/> 00	H <input type="text"/> 00
Total interest expenses	<input type="text"/> 00	I <input type="text"/> 00
Total royalty expenses	<input type="text"/> 00	J <input type="text"/> 00
Depreciation expenses	<input type="text"/> 00	K <input type="text"/> 00
Motor vehicle expenses	<input type="text"/> 00	L <input type="text"/> 00
Repairs and maintenance	<input type="text"/> 00	M <input type="text"/> 00
All other expenses	<input type="text"/> 00	N 5885 00

Total expenses—labels P to N	<input type="text"/> 00 / <input type="text"/>	5885 00 / <input type="text"/>	O 5885 00 / <input type="text"/>
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Reconciliation items

Add: Income reconciliation adjustments	<input type="text"/> 00 / <input type="text"/>	<input type="text"/> 00 / <input type="text"/>	A <input type="text"/> 00 / <input type="text"/>
Add: Expense reconciliation adjustments	<input type="text"/> 00 / <input type="text"/>	<input type="text"/> 00 / <input type="text"/>	B <input type="text"/> 00 / <input type="text"/>

Net income or loss from business	Q <input type="text"/> 00 / <input type="text"/>	R 16370 00 / <input type="text"/>	S 16370 00 / <input type="text"/>
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Net small business income **V** 16370 00

15 Total of items 5 to 14

16370 00 /

19 Total of items 16 To 18

0 00

**20 Net Australian income or loss
- other than capital gains**

\$ 16370 00 /

21 Capital gainsDid you have a CGT event during the year? G NHave you applied an exemption or rollover? M / CODENet capital gain A

Credit for foreign resident capital gains withholding amounts

 B**22 Attributed foreign income**

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

 S NListed country MUnlisted country X**24 Total of items 20 to 23**

16370 00 /

26 Total net income or loss

16370 00 /

29 Overseas transactions / thin capitalisation

Was the aggregate amount of your transactions or dealings with international related parties (including the value of any property/service transferred or the balance of any loans) greater than \$2 million?

 W NDid the thin capitalisation provisions affect you? O NInterest expenses overseas DRoyalty expenses overseas E

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

 A N**Transactions with specified countries**

Did you directly or indirectly send to, or receive from, one of the countries specified in the instructions, any funds or property or

Do you have the ability or expectation to control, whether directly or indirectly, the disposition of any funds, property, assets or investments located in, or located elsewhere but controlled or managed from one of those countries?

 C N**30 Personal services income**Does your income include an individual's personal services income? N NTotal amount of PSI included at item 5 income labels ATotal amount of deductions against PSI included at item 5 expense labels BDid you satisfy the results test in respect of any individual? CDo you hold a personal services business (PSB) determination in respect of any individual? DUnrelated clients test E1Employment test E2Business premises test E3

Business and professional items**37 Business name of main business**

YRA UNIT TRUST

38 Business address of main business

20 VICKI STREET

Suburb/town BLACKBURN SOUTH

State/territory VIC

Postcode A 3130

39 Opening stock

C 1380046 00

44 Total salary and wage expenses

L 00 / CODE

40 Purchases and other costs

B 5902 00

45 Payments to associated persons

M 00

41 Closing stock

D 1385948 00 / CODE C

46 Fringe benefit employee contributions

T 00

50 Capital allowances

For all depreciating assets

Income of the trust estate**56 Income of the trust estate** A 16370 00**57 Statement of distribution**

BENEFICIARY1

Tax file number (TFN)

*** ** *

Entity code

U S

NON-INDIVIDUAL NAME (company, partnership, trust etc.)

VASHISHTHA FAMILY SUPERANNUATION FUND

Residential address for individuals or business address for non individuals

20 VICKI STREET

Suburb/town BLACKBURN SOUTH

State/territory VIC

Postcode 3130

Country if outside Australia

Assessment calculation code	V	<input type="text" value="34"/>	Share of credit for TFN amounts withheld from payments from closely held trusts	O	<input type="text"/>	
Share of income of the trust estate	W	<input type="text" value="4748"/>	Capital gains	F	<input type="text" value="00"/>	
Share of credit for tax withheld - foreign resident withholding (excluding capital gains)	L	<input type="text"/>	NCMI Capital gains	F1	<input type="text" value="00"/>	
Australian franking credits from a New Zealand franking company	N	<input type="text"/>	Excluded from NCMI Capital gains	F2	<input type="text" value="00"/>	
Share of income	Primary production	A	<input type="text"/>	Share of credit for foreign resident capital gains withholding amounts	Z	<input type="text"/>
	PP - NCMI	A1	<input type="text"/>	Attributed foreign income	G	<input type="text" value="00"/>
	PP - Excluded from NCMI	A2	<input type="text"/>	Other assessable foreign source income	H	<input type="text" value="00"/>
	Non-primary production	B	<input type="text" value="4748"/>	Foreign income tax offset	I	<input type="text"/>
	Non-PP - NCMI	B1	<input type="text"/>	Share of National rental affordability scheme tax offset	R	<input type="text"/>
	Non-PP - Excluded from NCMI	B2	<input type="text"/>	Exploration credits distributed	M	<input type="text" value="00"/>
	Credit for tax withheld where ABN not quoted	C	<input type="text"/>	Early stage venture capital limited partnership tax offset	T	<input type="text"/>
Franked distributions	U	<input type="text"/>	Early stage investor tax offset	J	<input type="text"/>	
Franking credit	D	<input type="text"/>	Div 6AA Eligible income	C1	<input type="text" value="00"/>	
TFN amounts withheld	E	<input type="text"/>				

Small business income tax offset information

Share of net small business income **Y**

57 Statement of distribution - continued

BENEFICIARY2 Tax file number (TFN) Entity code **U S**

NON-INDIVIDUAL NAME (company, partnership, trust etc.)

GOYAL SUPER FUND

Residential address for individuals or business address for non individuals

6 SUTTON STREET

Suburb/town **BALWYNNORTH** State/territory **VIC** Postcode **3104**

Country if outside Australia

Assessment calculation code V 34

Share of income of the trust estate W 2128 00

Share of credit for tax withheld - foreign resident withholding (excluding capital gains) L 00

Australian franking credits from a New Zealand franking company N 00

Share of income Primary production A 00 / LOSS

PP - NCMI A1 00

PP - Excluded from NCMI A2 00

Non-primary production B 2128 00 / LOSS

Non-PP - NCMI B1 00

Non-PP - Excluded from NCMI B2 00

Credit for tax withheld where ABN not quoted C 00

Franked distributions U 00

Franking credit D

TFN amounts withheld E

Small business income tax offset information

Share of net small business income Y 2128 00

INDIVIDUAL NAME

Title

Surname or family name

SUMMARY

First given name

Other given names

Share of credit for TFN amounts withheld from payments from closely held trusts O

Capital gains F 00

NCMI Capital gains F1 00

Excluded from NCMI Capital gains F2 00

Share of credit for foreign resident capital gains withholding amounts Z

Attributed foreign income G 00

Other assessable foreign source income H 00 / LOSS

Foreign income tax offset I

Share of National rental affordability scheme tax offset R

Exploration credits distributed M 00

Early stage venture capital limited partnership tax offset T

Early stage investor tax offset J

Div 6AA Eligible income C1 00

Assessment calculation code	V	<input type="text"/>	Share of credit for TFN amounts withheld from payments from closely held trusts	O	<input type="text"/>	
Share of income of the trust estate	W	<input type="text" value="9494"/>	Capital gains	F	<input type="text"/>	
Share of credit for tax withheld - foreign resident withholding (excluding capital gains)	L	<input type="text"/>	NCMI Capital gains	F1	<input type="text"/>	
Australian franking credits from a New Zealand franking company	N	<input type="text"/>	Excluded from NCMI Capital gains	F2	<input type="text"/>	
Share of income	Primary production	A	<input type="text"/>	Share of credit for foreign resident capital gains withholding amounts	Z	<input type="text"/>
	PP - NCMI	A1	<input type="text"/>	Attributed foreign income	G	<input type="text"/>
	PP - Excluded from NCMI	A2	<input type="text"/>	Other assessable foreign source income	H	<input type="text"/>
	Non-primary production	B	<input type="text" value="9494"/>	Foreign income tax offset	I	<input type="text"/>
	Non-PP - NCMI	B1	<input type="text"/>	Share of National rental affordability scheme tax offset	R	<input type="text"/>
	Non-PP - Excluded from NCMI	B2	<input type="text"/>	Exploration credits distributed	M	<input type="text"/>
	Credit for tax withheld where ABN not quoted	C	<input type="text"/>	Early stage venture capital limited partnership tax offset	T	<input type="text"/>
Franked distributions	U	<input type="text"/>	Early stage investor tax offset	J	<input type="text"/>	
Franking credit	D	<input type="text"/>	Div 6AA Eligible income	C1	<input type="text"/>	
TFN amounts withheld	E	<input type="text"/>				

Small business income tax offset information

Share of net small business income **Y**

Items 59 and 60 must be answered for all trusts - if you answer yes to any of these questions, answer Yes to the 'other attachments' question on page 1 of this tax return.

59 Beneficiary under legal disability who is presently entitled to income from another trust

Was any beneficiary in this trust, who was under a legal disability on 30 June 2020, also presently entitled to a share of the income of another trust?

N Print Y for yes or N for no.

If yes, or the answer is not known, furnish the information requested in the instructions.

60 Non-resident trust

Is the trust a non-resident trust?

N Print Y for yes or N for no.

If yes, state the amount of income derived outside Australia to which no beneficiary is presently entitled. Print NIL if applicable.

Trust tax return 2022

RN 100017591ET

Day Month Year to Day Month Year
 or specify period if part year or approved substitute period.

! Notes to help you prepare this tax return are provided in the *Trust tax return instructions 2022* (the instructions), available on our website ato.gov.au

Trust information

Tax file number (TFN)

*** **

Have you attached any 'other attachments'?

N

Print Y for yes or N for no.

See the Privacy note in the Taxpayer's declaration.

Name of trust

YRA UNIT TRUST

Australian business number (ABN)

98235194581

Previous name of trust

If the trust name has changed, print the previous name **exactly** as shown on the last notice of assessment or the last tax return lodged.

Current postal address

If the address has not changed, print it **exactly** as shown on the last notice of assessment or the last tax return lodged.

20 VICKI STREET

Suburb or town BLACKBURN SOUTH

State/territory VIC

Postcode 3130

Country if outside Australia

Postal address on previous tax return

If the address has changed, print your previous address **exactly** as shown on the last notice of assessment or the last tax return lodged.

Suburb or town

State/territory

Postcode

Country if outside Australia

Sensitive (when completed)

Full name of the trustee to whom notices should be sent

If the trustee is an individual, print details here.

Title

Surname or family name

First given name

Other given names

If the trustee is a company, print details here including ABN.

Name

YRA PTY LTD

ABN

Daytime contact
phone number

Area code

Phone number

Family trust election statusIf the trustee has made, or is making, a family trust election, write the four-digit **income year specified** of the election (for example, for the 2021-22 income year write 2022).If revoking or varying a family trust election, print **R** for revoke or print **V** for variation and complete and attach the *Family trust election, revocation or variation 2022*.**Interposed entity election status**If the trustee has an existing election, write the earliest income year specified. If the trustee is making one or more elections this year, write the earliest income year being specified and complete an *Interposed entity election or revocation 2022* for each election.If revoking an interposed entity election, print **R** and complete and attach the *Interposed entity election or revocation 2022*.**Type of trust**Print the code representing the **type** of trust.Print **X** if also a charity.If code **D**, write the date of death.

Day Month Year

Managed investment trusts

Is the trust a managed investment trust (MIT)?

Print **Y** for yes or **N** for no.**Must be completed if Type of trust is either F, M, U, P or Q**

CODE

MIT type

If the trust is a managed investment trust, has the trustee made an election into capital account treatment?

Print **Y** for yes or **N** for no.**Is any tax payable by the trustee?**Print **Y** for yes or **N** for no.**Final tax return**Print **Y** for yes or **N** for no.**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.

(See relevant instructions.)

BSB number (must be six digits)

Account number

Account name

1 Description of main business activity

Land development or subdivision

Industry code

2 Status of business—print X at label B1, B2 or B3, whichever is the first applicable option, or leave blank.

Multiple business

Ceased business

Commenced business

Consolidation status—print X at label **Z2** if applicable

Consolidated subsidiary member

Entity status

Significant global entity

Country by country reporting entity

Sensitive (when completed)

Income excluding foreign income

5 Business income and expenses

WHOLE DOLLARS ONLY

Income	Primary production	Non-primary production	Totals
Gross payments where ABN not quoted C	<input type="text"/> 00	D <input type="text"/> 00	<input type="text"/> 00
Gross payments subject to foreign resident withholding (excluding capital gains)		B <input type="text"/> 00	<input type="text"/> 00
Assessable government industry payments E	<input type="text"/> 00 / <input type="text"/> <small>CODE</small>	F <input type="text"/> 00 / <input type="text"/> <small>CODE</small>	<input type="text"/> 00
Other business income G	<input type="text"/> 00 / <input type="text"/>	H <input type="text"/> 22255 00 / <input type="text"/>	<input type="text"/> 22255 00 / <input type="text"/>
Total business income	<input type="text"/> 00 / <input type="text"/>	<input type="text"/> 22255 00 / <input type="text"/>	<input type="text"/> 22255 00 / <input type="text"/>

Expenses

Foreign resident withholding expenses (excluding capital gains)	<input type="text"/> 00	P <input type="text"/> 00
Contractor, sub-contractor and commission expenses	<input type="text"/> 00	C <input type="text"/> 00
Superannuation expenses	<input type="text"/> 00	D <input type="text"/> 00
Cost of sales	<input type="text"/> 00 / <input type="text"/>	E <input type="text"/> 00 / <input type="text"/>
Bad debts	<input type="text"/> 00	F <input type="text"/> 00
Lease expenses	<input type="text"/> 00	G <input type="text"/> 00
Rent expenses	<input type="text"/> 00	H <input type="text"/> 00
Total interest expenses	<input type="text"/> 00	I <input type="text"/> 00
Total royalty expenses	<input type="text"/> 00	J <input type="text"/> 00
Depreciation expenses	<input type="text"/> 00	K <input type="text"/> 00
Motor vehicle expenses	<input type="text"/> 00	L <input type="text"/> 00
Repairs and maintenance	<input type="text"/> 00	M <input type="text"/> 00
All other expenses	<input type="text"/> 00	N <input type="text"/> 5885 00
Total expenses — labels P to N	<input type="text"/> 00 / <input type="text"/>	<input type="text"/> 5885 00 / <input type="text"/> O <input type="text"/> 5885 00 / <input type="text"/>

Reconciliation items

Add: Income reconciliation adjustments	<input type="text"/> 00 / <input type="text"/>	<input type="text"/> 00 / <input type="text"/>	A <input type="text"/> 00 / <input type="text"/>
Add: Expense reconciliation adjustments	<input type="text"/> 00 / <input type="text"/>	<input type="text"/> 00 / <input type="text"/>	B <input type="text"/> 00 / <input type="text"/>

Net income or loss from business Q	<input type="text"/> 00 / <input type="text"/>	R <input type="text"/> 16370 00 / <input type="text"/>	S <input type="text"/> 16370 00 / <input type="text"/>
Net small business income V	<input type="text"/> 16370 00		

6 Tax withheld

Tax withheld where ABN not quoted T	<input type="text"/> 00
Credit for tax withheld - foreign resident withholding (excluding capital gains) U	<input type="text"/> 00

Sensitive (when completed)

7 Credit for interest on early payments

- amount of interest

W **8 Partnerships and trusts****Primary production**Distribution from partnerships **A** 00 / Share of net income from trusts **Z** 00 / Deductions relating to amounts shown at **A** and **Z** **S** 00Net primary production amount 00 / **Non-primary production**Distribution from partnerships, less foreign income **B** 00 / Share of net income from trusts, less capital gains, foreign income and franked distributions **R** 00 / Deductions relating to amounts shown at **B** and **R** **T** 00Franked distributions from trusts **F** 00Deductions relating to franked distributions from trusts in label **F** **G** 00Net non-primary production amount 00 /

Capital gains from another trust and net foreign capital gains need to be included at item **21**.
Amounts of foreign income must be included at item **22** or **23**.

Share of credits from incomeShare of credit for tax withheld where ABN not quoted **C** 00Share of franking credits from franked distributions **D** Share of credit for TFN amounts withheld from interest, dividends and unit trust distributions **E** Credit for TFN amounts withheld from payments from closely held trusts **O** Share of credit for tax withheld - foreign resident withholding (excluding capital gains) **U** 00**9 Rent**Gross rent **F** 00Interest deductions **G** 00Capital works deductions **X** 00Other rental deductions **H** 00Net rent 00 / **10 Forestry managed investment scheme income****Q** 00**11 Gross interest - including Australian Government loan interest****J** 00TFN amounts withheld from gross interest **I** **12 Dividends**Unfranked amount **K** 00Franked amount **L** 00Franking credit **M** 00TFN amounts withheld from dividends **N** **Sensitive** (when completed)

13 Superannuation lump sums and employment termination payments

Death benefit superannuation lump sum where the beneficiary is a non-dependant

Taxed element **V** 00Untaxed element **W** 00

Death benefit employment termination payment where the beneficiary is a dependant

Taxable component **X** 00

Death benefit employment termination payment where the beneficiary is a non-dependant

Taxable component **Y** 00**14 Other Australian income - give details**Type of income Excepted net income 00 **O** 00 / **15 Total of items 5 to 14**Add the boxes **16370** 00 / **Deductions****16 Deductions relating to:**Australian investment income **P** 00Franked distributions **R** 00Deductions relating to franked distributions should **not** include deductions included at **G** item 8.**17 Forestry managed investment scheme deduction****D** 00**18 Other deductions - show only deductions not claimable at any other item**

Name of each item of deduction

Amount

 00 00 **Q** 00**19 Total of items 16 to 18** **0** 00**20 Net Australian income or loss - other than capital gains**Subtract item 19 from item 15. **\$** **16370** 00 / **21 Capital gains**Do you need to complete a *Capital gains tax (CGT) schedule 2022*?

Did you have a CGT event during the year?

G **N** Print **Y** for yes or **N** for no.Answer Yes at **G** if the trust had an amount of capital gains from another trust.

Have you applied an exemption or rollover?

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

CODE

/ Net capital gain **A** 00

Credit for foreign resident capital gains withholding amounts

B

Foreign income**22 Attributed foreign income**

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

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

Listed country **M** 00

Unlisted country **X** 00

If you answered **Yes** at label **S**, complete and attach an *International dealings schedule 2022*. Do you need to complete a *Losses schedule 2022*?

23 Other assessable foreign source income - other than income shown at item 22

Gross **B** 00 Net **V** 00 /
Foreign income tax offset **Z**

Also include at label **D** 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 **D** 00

24 Total of items 20 to 23

Add the boxes **16370** 00 /

25 Tax losses deducted

C 00

26 Total net income or loss

Subtract item 25 from item 24. **16370** 00 /

27 Losses information

A *Losses schedule 2022* must also be completed and attached if the sum of labels **U** and **V** is greater than \$100,000 or if the trust is a listed widely held trust and failed the majority ownership test for a loss.

Tax losses carried forward to later income years **U** 00

Net capital losses carried forward to later income years **V** 00

28 Landcare and water facility tax offset

Landcare and water facility tax offset brought forward from prior years **G** 00

Sensitive (when completed)

Overseas transactions / thin capitalisation

29 Overseas transactions

Was the aggregate amount of your transactions or dealings with international related parties (including the value of any property/service transferred or the balance of any loans) greater than \$2 million?

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

Did the thin capitalisation provisions affect you? **O** **N** Print **Y** for yes or **N** for no.

Interest expenses overseas **D** 00

Royalty expenses overseas **E** 00

If you answered **Yes** at label **W** or **O** or completed **D** or **E**, complete and attach the *International dealings schedule 2022*.

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

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

If you answered **Yes** at label **A**, attach the information requested in the instructions.

Transactions with specified countries

Did you directly or indirectly send to, or receive from, one of the countries specified in the instructions, any funds or property **or**

Do you have the ability or expectation to control, whether directly or indirectly, the disposition of any funds, property, assets or investments located in, or located elsewhere but controlled or managed from one of those countries?

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

30 Personal services income

Does your income include an individual's personal services income (PSI)? **N** **N** Print **Y** for yes or **N** for no.

Total amount of PSI included at item 5 income labels **A** 00

Total amount of deductions against PSI included at item 5 expense labels **B** 00

Did you satisfy the results test in respect of any individual? **C** Print **Y** for yes or **N** for no.

Do you hold a personal services business (PSB) determination in respect of any individual? **D** Print **Y** for yes or **N** for no.

For any individual for whom you did not satisfy the results test or hold a PSB determination, and each source of their PSI income yielded less than 80% of their total PSI, indicate if you satisfied any of the following personal services business test - print X in the appropriate box(es).

Unrelated clients test **E1**

Employment test **E2**

Business premises test **E3**

Taxation of financial arrangements

31 Taxation of financial arrangements (TOFA)

Total TOFA gains **M** 00

Total TOFA losses **N** 00

Sensitive (when completed)

32 Non-Concessional MIT Income (NCMI)**Business income****Primary production**Non-Concessional MIT Income (NCMI) **A** 00Excluded from NCMI **B** 00Amounts shown at **A** and **B** must also be included at **5G** PP - Other business income**Non-primary production**Non-Concessional MIT Income (NCMI) **C** 00Excluded from NCMI **D** 00Amounts shown at **C** and **D** must also be included at **5H** Non PP - Other business income**Partnerships and trusts****Primary production**Non-Concessional MIT Income (NCMI) **E** 00Excluded from NCMI **F** 00Amounts shown at **E** and **F** must also be included at **8A** Distribution from partnershipsNon-Concessional MIT Income (NCMI) **G** 00Excluded from NCMI **H** 00Amounts shown at **G** and **H** must also be included at **8Z** Share of net income from trusts**Non-primary production**Non-Concessional MIT Income (NCMI) **I** 00Excluded from NCMI **J** 00Amounts shown at **I** and **J** must also be included at **8B** Distribution from partnerships, less foreign incomeNon-Concessional MIT Income (NCMI) **K** 00Excluded from NCMI **L** 00Amounts shown at **K** and **L** must also be included at **8R** Share of net income from trusts, less capital gains, foreign income and franked distributions**Capital gains**NCMI **X** 00Excluded from NCMI **Z** 00The net capital gain for amounts shown at labels **X** and **Z** must be included in the calculation of the amount at **21A** Net capital gain.**Key financial information****33 All current assets** **F** 00**34 Total assets** **G** 00**35 All current liabilities** **I** 00**36 Total liabilities** **J** 00**Sensitive** (when completed)

Business and professional items

37 Business name of main business

YRA UNIT TRUST

38 Business address of main business

20 VICKI STREET

Suburb/town **BLACKBURNSOUTH**

State/territory **VIC**

Postcode **A 3130**

39 Opening stock	C <input type="text" value="1380046"/> <input type="text" value="00"/>	44 Total salary and wage expenses	L <input type="text" value=""/> <input type="text" value="00"/> / <input type="text" value=""/>
40 Purchases and other costs	B <input type="text" value="5902"/> <input type="text" value="00"/>	45 Payments to associated persons	M <input type="text" value=""/> <input type="text" value="00"/>
41 Closing stock	D <input type="text" value="1385948"/> <input type="text" value="00"/> / <input type="text" value="C"/>	46 Fringe benefit employee contributions	T <input type="text" value=""/> <input type="text" value="00"/>
42 Trade debtors	E <input type="text" value=""/> <input type="text" value="00"/>	47 Unpaid present entitlement to a private company	Y <input type="text" value=""/> <input type="text" value="00"/> / <input type="text" value=""/>
43 Trade creditors	H <input type="text" value=""/> <input type="text" value="00"/>	48 Trading stock election	<input type="checkbox"/> Print Y for yes or leave blank.
		49 Aggregated turnover	P <input type="text" value=""/> (select range A to P)
		Select your aggregated turnover range	
		Aggregated turnover	Q <input type="text" value=""/> <input type="text" value="00"/>

50 Capital allowances

Depreciating assets first deducted in this income year

Intangible depreciating assets first deducted **A**

Other depreciating assets first deducted **B**

Have you self-assessed the effective life of any of these assets? **C** Print Y for yes or N for no.

Are you making a choice to opt out of temporary full expensing for some or all of your eligible assets? **P** (A – Some eligible assets; B – All eligible assets)

Number of assets you are opting out for **Q**

Value of assets you are opting out for **R**

Temporary full expensing deductions **S**

Number of assets you are claiming for **T**

For all depreciating assets

Did you recalculate the effective life for any of your assets this income year? **D** Print Y for yes or N for no.

Total adjustable values at end of income year **E**

Assessable balancing adjustments on the disposal of intangible depreciating assets **F**

Deductible balancing adjustments on the disposal of intangible depreciating assets **G**

Termination value of intangible depreciating assets **H**

Termination value of other depreciating assets **I**

Subsequent year accelerated depreciation deductions for assets using Backing business investment **N**

Deduction for project pool **J**

Section 40-880 deduction **K**

Landcare operations and deduction for decline in value of water facility, fencing asset and fodder storage asset **L**

Sensitive (when completed)

51 Small business entity simplified depreciationDeduction for certain assets **A** 00Deduction for general small business pool **B** 00**Tax offsets****52 National rental affordability scheme**National rental affordability scheme tax offset entitlement **F** **53 Other refundable tax offsets****G** / CODE**54 Non-refundable carry forward tax offsets**Early stage venture capital limited partnership tax offset **H** Early stage investor tax offset **I** **Medicare levy reduction or exemption****55 Medicare levy reduction or exemption**Spouse's 2021-22 taxable income - if nil write '0' **A** 00Number of dependent children and students **B** Full Medicare levy exemption - number of days **C** / CODEHalf Medicare levy exemption - number of days **D** **Medicare levy surcharge and private health insurance tax offset**

If the trust is liable for the Medicare levy surcharge or entitled to the private health insurance tax offset, refer to the instructions.

Income of the trust estate**56 Income of the trust estate** **A** 00**Statement of distribution****57 Statement of distribution****Distribution details**

Complete the distribution details on the following pages for **BENEFICIARY 1 to 3** if required, and for **Income to which no beneficiary is presently entitled and in which no beneficiary has an indefeasible vested interest, and the trustee's share of credit for tax deducted**, if it applies.

If there are more than five beneficiaries see the instructions for more information.

Note: It is not an offence not to quote a TFN for a beneficiary. However, TFNs help the ATO to correctly identify each beneficiary's tax records. The ATO is authorised by the *Income Tax Assessment Act 1936* and the *Income Tax Assessment Act 1997* to ask for information in this tax return. We need this information to help administer the tax laws. To make a correct Trustee Beneficiary (TB) statement you must quote the TFN of a resident trustee beneficiary of a closely held trust.

Note: If the trust needs to provide annual reports under the Trustee Beneficiary Rules or the TFN withholding rules you will be able to do so by completing the information in the statement of distribution.

Sensitive (when completed)

Trust tax return 2022

RN 100017591ET

57 Statement of distribution - continued

BENEFICIARY1

Tax file number (TFN)

*** ** *

Entity code

U S

INDIVIDUAL NAME

See the Privacy note in the Taxpayer's declaration.

Title

Surname or family name

First given name

Other given names

OR

NON-INDIVIDUAL NAME (company, partnership, trust etc.)

VASHISHTHA FAMILY SUPERANNUATION FUND

Residential address for individuals or business address for non individuals

20 VICKI STREET

Suburb/town BLACKBURN SOUTH

State/territory VIC

Postcode 3130

Country if outside Australia

(Australia only)

(Australia only)

Date of birth

Day Month Year

Assessment calculation code

V 34

Share of income of the trust estate

W 4748 00

Share of credit for tax withheld
- foreign resident withholding
(excluding capital gains)

L 00

Australian franking credits from a
New Zealand franking company

N 00

Primary production

A 00 / ^{LOSS}

PP - NCMI

A1 00

PP - Excluded
from NCMI

A2 00

Non-primary production

B 4748 00 / ^{LOSS}

Non-PP - NCMI

B1 00

Non-PP - Excluded
from NCMI

B2 00

Credit for tax withheld
where ABN not quoted

C 00

Franked distributions

U 00

Franking credit

D

TFN amounts withheld

E

Share of credit for TFN amounts
withheld from payments
from closely held trusts

O

Capital gains

F 00

NCMI Capital gains

F1 00

Excluded from
NCMI Capital gains

F2 00

Share of credit for foreign
resident capital gains
withholding amounts

Z

Attributed foreign income

G 00

Other assessable
foreign source incomeH 00 / ^{LOSS}

Foreign income tax offset

I

Share of National rental
affordability scheme tax offset

R

Exploration credits
distributed

M 00

Early stage venture capital
limited partnership tax offset

T

Early stage investor tax offset

J

Div 6AA Eligible income

C1 00

Sensitive (when completed)

57 Statement of distribution - continued

Small business income tax offset information

Share of net small business income Y 4748 00

Non-resident beneficiary additional information

s98(3) assessable amount J 00

s98(4) assessable amount K 00

TB statement information

For each trustee beneficiary, indicate whether you will be making a TB statement:

TB statement? Print Y for yes or N for no.

Tax preferred amounts P 00

Untaxed part of share of net income Q 00

Annual Trustee Payment report information

Distribution from ordinary or statutory income during income year S 00

Total TFN amounts withheld from payments T 00

Trust tax return 2022

RN 100017591ET

57 Statement of distribution - continued

BENEFICIARY2

Tax file number (TFN)

*** ** *

Entity code

U S

INDIVIDUAL NAME

See the Privacy note in the Taxpayer's declaration.

Title

Surname or family name

First given name

Other given names

OR

NON-INDIVIDUAL NAME (company, partnership, trust etc.)

GOYAL SUPER FUND

Residential address for individuals or business address for non individuals

6 SUTTON STREET

Suburb/town BALWYN NORTH

State/territory VIC

Postcode 3104

(Australia only)

(Australia only)

Country if outside Australia

Date of birth

Day Month Year

Assessment calculation code

V 34

Share of income of the trust estate

W 2128 00

Share of credit for tax withheld
- foreign resident withholding
(excluding capital gains)

L 00

Australian franking credits from a
New Zealand franking company

N 00

Primary production

A 00 / ^{LOSS} 00

PP - NCMI

A1 00

PP - Excluded
from NCMI

A2 00

Non-primary production

B 2128 00 / ^{LOSS} 00

Non-PP - NCMI

B1 00

Non-PP - Excluded
from NCMI

B2 00

Credit for tax withheld
where ABN not quoted

C 00

Franked distributions

U 00

Franking credit

D 00

TFN amounts withheld

E 00

Share of credit for TFN amounts
withheld from payments
from closely held trusts

O 00

Capital gains

F 00

NCMI Capital gains

F1 00

Excluded from
NCMI Capital gains

F2 00

Share of credit for foreign
resident capital gains
withholding amounts

Z 00

Attributed foreign income

G 00

Other assessable
foreign source incomeH 00 / ^{LOSS} 00

Foreign income tax offset

I 00

Share of National rental
affordability scheme tax offset

R 00

Exploration credits
distributed

M 00

Early stage venture capital
limited partnership tax offset

T 00

Early stage investor tax offset

J 00

Div 6AA Eligible income

C1 00

Sensitive (when completed)

Trust tax return 2022

RN 100017591ET

57 Statement of distribution - continued**Small business income tax offset information**Share of net small business income **Y** 00**Non-resident beneficiary additional information**s98(3) assessable amount **J** 00s98(4) assessable amount **K** 00**TB statement information**

For each trustee beneficiary, indicate whether you will be making a TB statement:

TB statement? Print Y for yes or N for no.Tax preferred amounts **P** 00Untaxed part of share of net income **Q** 00**Annual Trustee Payment report information**Distribution from ordinary or statutory income during income year **S** 00Total TFN amounts withheld from payments **T** 00

Sensitive (when completed)

57 Statement of distribution - continued

BENEFICIARY3

Tax file number (TFN)

Entity code

INDIVIDUAL NAME

See the Privacy note in the Taxpayer's declaration.

Title

Surname or family name

SUMMARY

First given name

Other given names

OR

NON-INDIVIDUAL NAME (company, partnership, trust etc.)

Residential address for individuals or business address for non individuals

Suburb/town

State/territory

Postcode

(Australia only)

(Australia only)

Country if outside Australia

Day Month Year

Date of birth

Assessment calculation code

Share of credit for TFN amounts withheld from payments from closely held trusts

Share of income of the trust estate

Capital gains

Share of credit for tax withheld - foreign resident withholding (excluding capital gains)

NCMI Capital gains

Australian franking credits from a New Zealand franking company

Excluded from NCMI Capital gains

Primary production

 /

Share of credit for foreign resident capital gains withholding amounts

PP - NCMI

Attributed foreign income

PP - Excluded from NCMI

Other assessable foreign source income

 /

Share of income

Non-primary production

 /

Foreign income tax offset

Non-PP - NCMI

Share of National rental affordability scheme tax offset

Non-PP - Excluded from NCMI

Exploration credits distributed

Credit for tax withheld where ABN not quoted

Early stage venture capital limited partnership tax offset

Franked distributions

Early stage investor tax offset

Franking credit

Div 6AA Eligible income

TFN amounts withheld

Sensitive (when completed)

Trust tax return 2022

RN 100017591ET

57 Statement of distribution - continued**Small business income tax offset information**Share of net small business income **Y** 00**Non-resident beneficiary additional information**s98(3) assessable amount **J** 00s98(4) assessable amount **K** 00**TB statement information**

For each trustee beneficiary, indicate whether you will be making a TB statement:

TB statement? Print Y for yes or N for no.Tax preferred amounts **P** 00Untaxed part of share of net income **Q** 00**Annual Trustee Payment report information**Distribution from ordinary or statutory income during income year **S** 00Total TFN amounts withheld from payments **T** 00**Sensitive** (when completed)

57 Statement of distribution - continued

Income to which no beneficiary is presently entitled and in which no beneficiary has an indefeasible vested interest, and the trustee's share of credit for tax deducted.

Assessment calculation code	V <input type="text"/>	Share of credit for TFN amounts withheld from payments from closely held trusts	O <input type="text"/>	
Share of income of the trust estate	W <input type="text"/> 00	Capital gains	F <input type="text"/> 00	
Share of credit for tax withheld - foreign resident withholding (excluding capital gains)	L <input type="text"/> 00	NCMI Capital gains	F1 <input type="text"/> 00	
Australian franking credits from a New Zealand franking company	N <input type="text"/> 00	Excluded from NCMI Capital gains	F2 <input type="text"/> 00	
Share of income	Primary production	A <input type="text"/> 00 / <input type="text"/> ^{LOSS}	Share of credit for foreign resident capital gains withholding amounts	Z <input type="text"/>
	PP - NCMI	A1 <input type="text"/> 00	Attributed foreign income	G <input type="text"/> 00
	PP - Excluded from NCMI	A2 <input type="text"/> 00	Other assessable foreign source income	H <input type="text"/> 00 / <input type="text"/> ^{LOSS}
	Non-primary production	B <input type="text"/> 00 / <input type="text"/> ^{LOSS}	Foreign income tax offset	I <input type="text"/>
	Non-PP - NCMI	B1 <input type="text"/> 00	Share of National rental affordability scheme tax offset	R <input type="text"/>
	Non-PP - Excluded from NCMI	B2 <input type="text"/> 00	Share of other refundable tax offsets	X <input type="text"/>
	Credit for tax withheld where ABN not quoted	C <input type="text"/> 00	Early stage venture capital limited partnership tax offset	T <input type="text"/>
	Franked distributions	U <input type="text"/> 00	Early stage venture capital limited partnership tax offset carried forward from previous year	K <input type="text"/>
	Franking credit	D <input type="text"/>	Early stage investor tax offset	J <input type="text"/>
	TFN amounts withheld	E <input type="text"/>	Early stage investor tax offset carried forward from previous year	M <input type="text"/>

If you completed labels **T**, **K**, **J** or **M**, attach the information requested in the instructions.

58 Choice for resident trustee to be assessed to capital gains on behalf of beneficiaries

Assessment calculation code **X**

Amount of capital gains on which the trustee has chosen to be assessed on behalf of beneficiaries **Y** 00

Items 59 and 60 must be answered for all trusts - if you answer yes to any of these questions, answer Yes to the 'other attachments' question on page 1 of this tax return.

59 Beneficiary under legal disability who is presently entitled to income from another trust

Was any beneficiary in this trust, who was under a legal disability on 30 June 2022, also presently entitled to a share of the income of another trust?

N Print Y for yes or N for no.

If yes, or the answer is not known, furnish the information requested in the instructions.

60 Non-resident trust

Is the trust a non-resident trust? **N** Print Y for yes or N for no.

If yes, state the amount of income derived outside Australia to which no beneficiary is presently entitled. Print NIL if applicable.

Sensitive (when completed)

DECLARATIONS**TAXPAYER'S DECLARATION****Important**

Before making this declaration check to ensure that all income has been disclosed and the tax return, all attached schedules and any additional documents are true and correct in every detail. If you are in doubt about any aspect of the tax return, place all the facts before the ATO. The income tax law imposes heavy penalties for false or misleading statements in tax returns.

This declaration must be signed by a trustee or public officer.

Privacy

The ATO is authorised by the *Taxation Administration Act 1953* to request the provision of tax file numbers (TFNs). The ATO will use the TFNs to identify each beneficiary in our records. It is not an offence not to provide the TFNs. However, if the TFNs are not provided, it could increase the chance of delay or error in each beneficiary's assessment.

Taxation law authorises the ATO to collect information including personal information about the person authorised to sign the declaration. For information about your privacy go to **ato.gov.au/privacy**

DECLARATION:

I declare that the information on this tax return, including any attached schedules and additional documentation is true and correct.

Signature

Date

Day Month Year

Hours taken to prepare and complete this tax return

TAX AGENT'S DECLARATION**I, PND ACCOUNTANTS & ADVISORS**

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 this tax return.

Agent's signature

Client's reference

YRA00000

Date

Day Month Year

Contact name

Jignesh Patel

Agent's phone number

Area code	Phone number
03	98169951

Agent's reference number

Office use only

Indics X

Sensitive (when completed)

PART A

Electronic lodgment declaration (Form P, T, F, SMSF or EX)

This declaration is to be completed where the tax return is to be lodged via an approved ATO electronic channel. It is the responsibility of the taxpayer to retain this declaration for a period of five years after the declaration is made, penalties may apply for failure to do so.

Privacy

The ATO is authorised by the *Taxation Administration Act 1953* to request the provision of tax file numbers (TFNs). The ATO will use the TFNs to identify each partner or beneficiary or entity in our records. It is not an offence not to provide the TFNs. However, you cannot lodge your tax return electronically if you do not quote your TFN.

Taxation law authorises the ATO to collect information and disclose it to other government agencies, including personal information about the person authorised to sign the declaration. For information about privacy go to ato.gov.au/privacy

The Australian Business Register

The Commissioner of Taxation, as Registrar of the Australian Business Register, may use the ABN and business details which you provide on this tax return to maintain the integrity of the register.

Please refer to the privacy statement on the Australian Business Register (ABR) website (www.abr.gov.au) for further information – it outlines our commitment to safeguarding your details.

Electronic funds transfer – direct debit

Where you have requested an EFT direct debit some of your details will be provided to your financial institution and the Tax Office's sponsor bank to facilitate the payment of your taxation liability from your nominated account.

Tax file number	<input type="text" value="*** **"/>	Year	<input type="text" value="2022"/>		
Name of partnership, trust, fund or entity	<input type="text" value="YRA UNIT TRUST"/>				
Total income or loss	<input type="text" value="\$ 16370"/>	Total deductions	<input type="text" value="\$ 0"/>	Taxable income or loss	<input type="text" value="\$ 16370"/>

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

Important

Before making this declaration please check to ensure that all income has been disclosed and the tax return is true and correct in every detail. If you are in doubt about any aspect of the tax return, place all the facts before the Tax Office. The tax law provides heavy penalties for false or misleading statements on tax returns.

Declaration: I declare that:

- the information provided to the agent for the preparation of this tax return, including any applicable schedules is true and correct, and
- the agent is authorised to lodge this tax return.

Signature of partner, trustee or director

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 an approved ATO electronic channel.

This declaration must be signed by the partner, trustee, director or public officer 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 will be made to the account specified.

Agent's reference number	<input type="text" value="80704012"/>		
BSB	<input type="text"/>	Account number	<input type="text"/>
Account name	<input type="text"/>		

I authorise the refund to be deposited directly to the specified account.

Signature

Date

Interposed entity election and revocation

I/We declare that

- all the information required has been provided in this form and any attachments to this form,
- and that the information provided is true and correct in every detail,
- and that the trustee(s)/company/partners is/are making or revoking an interposed entity election, the details of which are set out above, for the purposes of section 272-85 of Schedule 2F to ITAA 1936 and that
- the trustee(s)/company/partners is/are able to make or revoke the election in accordance with that section.

Signature of
partner, trustee,
or public officer

Date

PART C(b)

Family trust election, revocation or variation

I/We declare that

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

Signature of trustee
or if the trustee is a
company, the public
officer of the
corporate trustee

Date

PART D

Tax agent's certificate (shared facilities only)

I declare that:

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

Agent's
signature

Date

16/03/2023Client
reference**YRA00000**

Contact name

Jignesh PatelAgent's phone
number**03 98169951**

Agent's reference number

80704012

Partnerships, Trusts, Superannuation Funds, Self-Managed Super Funds and Notification of a Formation of a Consolidated Group (P, T, F, SMSF and EX)

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 any applicable schedule or notification of a consolidated group via an approved ATO electronic channel.

About this declaration

The declaration is divided into four parts:

PART A (Compulsory) - Taxpayer's declaration relating to an approved ATO electronic channel component of lodgment of a tax return

As your tax return or request for amendment is to be lodged via an approved ATO electronic channel, you are required to complete Part A of this declaration. This gives your tax agent the authority to lodge via an approved ATO electronic channel your tax return or request for amendment.

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

Note: Part B not applicable to Forms P and EX.

If you are expecting a tax refund, it is to be deposited by EFT to a bank account. You must provide the name of the account at Part B of this declaration (BSB and account number details are to be included on the tax return). If the account is your tax agent's account include the agent reference number at Part B of this declaration.

Note: Care should be taken when completing EFT details, as the amount refundable will be paid into the account named on this declaration and transmitted via an approved ATO electronic channel.

PART C (Optional) - Taxpayer's declaration relating to schedules that are also being transmitted with the return form.

If either an Interposed Entity Election/Revocation or Family Trust Election/Revocation schedules are being transmitted with a return form, the taxpayer must sign the declaration in relation to the schedule. Other schedules transmitted with a return do not require a declaration to be made.

PART D (Compulsory if a share facility user) - Tax agent's declaration relating to the taxpayer's authorisation

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

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.

Other Attachments Schedule - Item 55 Statement of distribution

BENEFICIARY3 Tax file number (TFN) ***** ** *** Entity code **U S**

INDIVIDUAL NAME

Title

Surname or family name

First given name Other given names

OR
NON-INDIVIDUAL NAME (company, partnership, trust etc.)

GUPTA FAMILY SUPERANNUATION FUND

Residential address for individuals or business address for non individuals

5 BOND AVENUE

Suburb/town **BLACKBURN SOUTH** State/territory **VIC** Postcode **3130**

Country (outside Australia)

Date of birth Day Month Year

Assessment calculation code	V <input type="text" value="34"/>	Share of credit for TFN amounts withheld from payments from closely held trusts	O <input type="text"/>	
Share of income of the trust estate	W <input type="text" value="4747"/> <input type="text" value="00"/>	Capital gains	F <input type="text"/> <input type="text" value="00"/>	
Share of credit for tax withheld - foreign resident withholding (excluding capital gains)	L <input type="text"/> <input type="text" value="00"/>	NCMI Capital gains	F1 <input type="text"/> <input type="text" value="00"/>	
Australian franking credits from a New Zealand franking company	N <input type="text"/> <input type="text" value="00"/>	Excluded from NCMI Capital gains	F2 <input type="text"/> <input type="text" value="00"/>	
Share of income	Primary production	A <input type="text"/> <input type="text" value="00"/> / <input type="text" value="00"/>	Share of credit for foreign resident capital gains withholding amounts	Z <input type="text"/>
	PP - NCMI	A1 <input type="text"/> <input type="text" value="00"/>	Attributed foreign income	G <input type="text"/> <input type="text" value="00"/>
	PP - Excluded from NCMI	A2 <input type="text"/> <input type="text" value="00"/>	Other assessable foreign source income	H <input type="text"/> <input type="text" value="00"/> / <input type="text" value="00"/>
	Non-primary production	B <input type="text" value="4747"/> <input type="text" value="00"/> / <input type="text" value="00"/>	Foreign income tax offset	I <input type="text"/>
	Non-PP - NCMI	B1 <input type="text"/> <input type="text" value="00"/>	Share of National rental affordability scheme tax offset	R <input type="text"/>
	Non-PP - Excluded from NCMI	B2 <input type="text"/> <input type="text" value="00"/>	Exploration credits distributed	M <input type="text"/> <input type="text" value="00"/>
Credit for tax withheld where ABN not quoted	C <input type="text"/> <input type="text" value="00"/>	Early stage venture capital limited partnership tax offset	T <input type="text"/>	
Franked distributions	U <input type="text"/> <input type="text" value="00"/>	Early stage investor tax offset	J <input type="text"/>	
Franking credit	D <input type="text"/>	Div 6AA Eligible income	C1 <input type="text"/>	
TFN amounts withheld	E <input type="text"/>			

Sensitive (when completed)

Attach this page to your tax return - the information on this page is sent to the ATO.

Entity Name **YRA UNIT TRUST**
Tax File Number ***** ** *** Tax Year **2022**
Postal Address **20 VICKI STREET**
BLACKBURN SOUTH VIC 3130

Other Attachments Schedule - Item 55 Statement of distribution - continued

Small business income tax offset information

Share of net small business income **Y** 00

Non-resident beneficiary additional information

s98(3) assessable amount **J** 00

s98(4) assessable amount **K** 00

TB statement information

For each trustee beneficiary, indicate whether you will be making a TB statement:

TB statement? Print Y for yes or N for no.

Tax preferred amounts **P** 00

Untaxed part of share of net income **Q** 00

Annual Trustee Payment report information

Distribution from ordinary or statutory income during income year **S** 00

Total TFN amounts withheld from payments **T** 00

Sensitive (when completed)

Attach this page to your tax return - the information on this page is sent to the ATO.

Other Attachments Schedule - Item 55 Statement of distribution

BENEFICIARY4 Tax file number (TFN) Entity code **U S**

INDIVIDUAL NAME

Title

Surname or family name

First given name Other given names

OR
NON-INDIVIDUAL NAME (company, partnership, trust etc.)

DRT SMSF

Residential address for individuals or business address for non individuals

23 UGANDA STREET

Suburb/town **BURWOOD** State/territory **VIC** Postcode **3125**

Country (outside Australia) (Australia only) (Australia only)

Date of birth

<table border="0" style="width: 100%;"> <tr> <td style="width: 20%;">Assessment calculation code</td> <td style="width: 5%;">V</td> <td style="width: 15%;"><input type="text" value="34"/></td> <td style="width: 60%;"></td> </tr> <tr> <td>Share of income of the trust estate</td> <td>W</td> <td><input type="text" value="4747"/></td> <td><input type="text" value="00"/></td> </tr> <tr> <td>Share of credit for tax withheld - foreign resident withholding (excluding capital gains)</td> <td>L</td> <td><input type="text"/></td> <td><input type="text" value="00"/></td> </tr> <tr> <td>Australian franking credits from a New Zealand franking company</td> <td>N</td> <td><input type="text"/></td> <td><input type="text" value="00"/></td> </tr> <tr> <td rowspan="5" style="vertical-align: middle;">Share of income</td> <td>Primary production</td> <td>A</td> <td><input type="text" value="00"/> / <input type="text" value="LOSS"/></td> </tr> <tr> <td>PP - NCMi</td> <td>A1</td> <td><input type="text" value="00"/></td> </tr> <tr> <td>PP - 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Sensitive (when completed)

Attach this page to your tax return - the information on this page is sent to the ATO.

Entity Name **YRA UNIT TRUST**
Tax File Number ***** ** *** Tax Year **2022**
Postal Address **20 VICKI STREET**
BLACKBURN SOUTH VIC 3130

Other Attachments Schedule - Item 55 Statement of distribution - continued

Small business income tax offset information

Share of net small business income **Y** 00

Non-resident beneficiary additional information

s98(3) assessable amount **J** 00

s98(4) assessable amount **K** 00

TB statement information

For each trustee beneficiary, indicate whether you will be making a TB statement:

TB statement? Print Y for yes or N for no.

Tax preferred amounts **P** 00

Untaxed part of share of net income **Q** 00

Annual Trustee Payment report information

Distribution from ordinary or statutory income during income year **S** 00

Total TFN amounts withheld from payments **T** 00

Sensitive (when completed)

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Non Primary Production Business Worksheet

Description of main business or professional activity

Industry code

Business name of main business

Australian Business Number (ABN)

Business address of main business

<input type="text" value="BLACKBURNSOUTH"/>	<input type="text" value="VIC"/>	<input type="text" value="3130"/>
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Income

 Gross payments - Australian Business Number not quoted 00

 Gross payments - Subject to foreign resident withholding 00

 Assessable government industry payments 00

 Other business income 00

Total business income 00

Less: Costs of Goods Sold

 Opening Stock 00

 Plus Purchases 00 00

 Less Closing stock 00

 Cost of sales 00

Gross Profit / Loss
 00 \
Less: Expenses

 Contractor, sub-contractor and commission expenses 00

 Superannuation expenses 00

 Bad debts 00

 Lease expenses 00

 Rent expenses 00

 Total interest expenses 00

 Total royalty expenses 00

 Depreciation expenses 00

 Motor vehicle expenses 00

 Repairs and maintenance 00

 Foreign resident withholding expenses 00

 All other expenses 00

Total expenses 00

Reconciliation items

 Less: Section 40-880 Expenses 00

 Business Project Pool 00

 Landcare Operations 00

 Income Adjustments 00

 Expense Adjustments 00

 Plus: Income Adjustments 00

 Expense Adjustments 00

Net income or loss from business 00 \

Business items - Income - Other business income

Business Name: YRA UNIT TRUST

Description	Primary production	Non-primary production
INCOME		22255
Total	0	22255

Business items - Expenses - Other business expenses

Business Name: YRA UNIT TRUST

Description	Primary production	Non-primary production
ACCOUNTING FEE		1318
ASIC		276
INSURANCE		1218
RATES		2362
WATER		711
Total	0	5885