

Trust tax return

2021

Day	Month	Year		Day	Month	Year
01	07	2020	to	30	06	2021

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 2021* (the instructions), available on our website ato.gov.au

WHEN COMPLETING THIS RETURN

- Print clearly, using a black or blue pen.
 - Use BLOCK LETTERS and print one character in each box.
- | | | | | | | | | | | | | | | | |
|---|---|---|---|---|--|---|---|--|--|--|--|--|--|--|--|
| S | M | I | T | H | | S | T | | | | | | | | |
|---|---|---|---|---|--|---|---|--|--|--|--|--|--|--|--|
- Place ☒ in all applicable boxes.

Trust information

Tax file number (TFN) Have you attached any 'other attachments'? Yes ☐ No ☒

See the Privacy note in the Taxpayer's declaration.

Name of trust

Australian business number (ABN)

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.

<input type="text" value="C/- PRICEWATERHOUSECOOPERS - GROUP 1"/>		
<input type="text" value="GPO BOX 150"/>		
Suburb/town	State/territory	Postcode
<input type="text" value="BRISBANE"/>	<input type="text" value="QLD"/>	<input type="text" value="4001"/>
Country if outside Australia		
<input type="text"/>		

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.

<input type="text"/>		
<input type="text"/>		
Suburb/town	State/territory	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Country if outside Australia		
<input type="text"/>		

Full name of the trustee to whom notices should be sent**If the trustee is an individual, print details here.**Title: Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other Surname or family name First given name Other given names **If the trustee is a company, print details here including ABN.**

Name

TRILOGY PAYMENTS PTY LTD

ABN

Daytime contact
phone number

Phone number (include area code)

07 30392828

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 2020–21 income year write 2021).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 2021*.**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 2021* for each election.If revoking an interposed entity election, print **R** and complete and attach the *Interposed entity election or revocation 2021*.**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 trustsIs the trust a managed investment trust (MIT)? Yes ☐ No ☒

Must be completed if Type of trust is either F, M, U, P or Q

MIT type If the trust is a managed investment trust, has the trustee made an election into capital account treatment? Yes ☐ No ☐Is any tax payable by the trustee? Yes ☐ No ☒Final tax return Yes ☐ 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

UNIT TRUST OPERATION EXCEPT CORPORATE AND PUBLIC TRADING TRUSTS

Industry code **A** 62400**2 Status of business – print X at label B1, B2 or B3, whichever is the first applicable option, or leave blank.**Multiple business **B1** ☐Ceased business **B2** ☐Commenced business **B3** ☒**Consolidation status** – print **X** at label **Z2** if applicableConsolidated subsidiary member **Z2** ☐**Entity status**Significant global entity **G1** ☐Country by country reporting entity **G2** ☐

Trust TFN

636909913

Income excluding foreign income**5 Business income and expenses**

WHOLE DOLLARS ONLY

Primary production

Non-primary production

Totals

IncomeGross payments where
ABN not quoted

C

D

Gross payments subject to
foreign resident withholding
(excluding capital gains)

B

Assessable government
industry payments

E

CODE

/

/

F

CODE

/

/

Other business income

G

H

Total business income

/

/

/

/

/

/

ExpensesForeign resident withholding
expenses (excluding capital gains)

P

Contractor, sub-contractor and
commission expenses

C

Superannuation expenses

D

Cost of sales

/

/

/

/

E

/

/

Bad debts

F

Lease expenses

G

Rent expenses

H

Total interest expenses

I

Total royalty expenses

J

Depreciation expenses

K

Motor vehicle expenses

L

Repairs and maintenance

M

All other expenses

1,418

N

1,418

Total expenses – labels P to N

/

/

/

/

O

1,418

/

/

1,418

Reconciliation itemsAdd: Income reconciliation
adjustments

/

/

/

/

A

/

/

Add: Expense reconciliation
adjustments

/

/

/

/

214,615

L

B

214,615

L

**Net income or loss
from business**

Q

/

/

/

/

216,033

L

R

/

/

216,033

L

/

/

Net small business income

V

-00

6 Tax withheld

Tax withheld where ABN not quoted

T

-00

Credit for tax withheld – foreign resident
withholding (excluding capital gains)

U

-00

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 income
Share 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 ² -00TFN amounts withheld from gross interest **I**
12 Dividends
Unfranked amount **K** -00Franked amount **L** -00Franking credit **M** -00TFN amounts withheld from dividends **N**

Trust TFN 636909913

13 Superannuation lump sums and employment termination payments

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

Taxed element	V		.00
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Untaxed element	W		.00
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Death benefit employment termination payment where the beneficiary is a dependant

Taxable component	X	00
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Death benefit employment termination payment where the beneficiary is a non-dependant

Taxable component	Y	<div style="border: 1px solid black; width: 150px; height: 20px;"></div>	.00
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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. 216.031 ~~00~~

Deductions

16 Deductions relating to:

Australian investment income P .00

Franked distributions R .00

Deductions 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

--

Q. .00

19 Total of items 16 to 18

_____ .00

20 Net Australian income or loss
– other than capital gains

Subtract item 19 from item 15	\$	216,031	00	L
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21 Capital gains

Do you need to complete a *Capital gains tax (CGT) schedule*?

Did you have a CGT event during the year? **G** Yes ☐ 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** Yes ☐ No ☐ **CODE** ☐

Net capital gain	A		-00
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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 Yes ☐ No ☒

Listed country M .00

Unlisted country X .00

If you answered **Yes** at label **S**, complete and attach an *International dealings schedule 2021*.
Do you need to complete a *Losses schedule 2021*?

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 216,031 .00 / ☐ L

25 Tax losses deducted

C .00

26 Total net income or loss

Subtract item 25 from item 24. 216,031 .00 / ☐ L

27 Losses information

A *Losses schedule 2021* 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 216,031 .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

Trust TFN 636909913

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 Yes ☐ No ☒

Did the thin capitalisation provisions affect you? O Yes ☐ 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 2021*.

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 Yes ☐ 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

C Yes ☐ No ☒

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?

30 Personal services income

Does your income include an individual's personal services income (PSI)?

N Yes ☐ 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 Yes ☐ No ☐

Do you hold a personal services business (PSB) determination in respect of any individual?

D Yes ☐ 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 tests – 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

32 Non-concessional MIT income (NCMI)**Business income****Primary production**Non-concessional MIT income (NCMI) **A** 00Excluded from NCMI **B** 00

Amounts shown at A and B must also be included at 5G PP – Other business income

Non-primary productionNon-concessional MIT income (NCMI) **C** 00Excluded from NCMI **D** 00

Amounts 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** 00

Amounts shown at E and F must also be included at 8A Distribution from partnerships

Non-concessional MIT income (NCMI) **G** 00Excluded from NCMI **H** 00

Amounts shown at G and H must also be included at 8Z Share of net income from trusts

Non-Primary productionNon-concessional MIT income (NCMI) **I** 00Excluded from NCMI **J** 00

Amounts shown at I and J must also be included at 8B Distribution from partnerships, less foreign income

Non-concessional MIT income (NCMI) **K** 00Excluded from NCMI **L** 00

Amounts 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 gainsNCMI **X** 00Excluded from NCMI **Z** 00

Amounts shown at X and Z must also be included in the calculation of the amount at 21A Net capital gain.

Trust TFN 636909913

Key financial information

33 All current assets F 10,302 .00

34 Total assets G 235,667 .00

35 All current liabilities I 273 .00

36 Total liabilities J 273 .00

Business and professional items

37 Business name of main business

TRILOGY PAYMENTS TRUST

38 Business address of main business

LEVEL 23

10 EAGLE STREET

Suburb/town

BRISBANE

State/territory

QLD

Postcode

A 4001

39 Opening stock C .00

40 Purchases and other costs B .00

41 Closing stock D .00 CODE

42 Trade debtors E .00

43 Trade creditors H 273 .00

44 Total salary and wage expenses L .00 CODE

45 Payments to associated persons M .00

46 Fringe benefit employee contributions T .00

47 Unpaid present entitlement to a private company Y .00 CODE

48 Trading stock election ☒ Yes ☐ No ☒ X

49 Aggregated turnover
Select your aggregated P (select range A to P)
turnover range

Aggregated turnover Q .00

50 Capital allowances**Depreciating assets first deducted in this income year**Intangible depreciating assets first deducted **A** \$.00Other depreciating assets first deducted **B** \$.00Are 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** \$.00Temporary full expensing deductions **S** \$.00Number of assets you are claiming for **T** Are you making a choice to opt out of Backing business investment for some or all of your eligible assets? **V** ☐ (A – Some eligible assets; B – All eligible assets)Number of assets you are opting out for **W** Value of assets you are opting out for **X** \$.00First year accelerated depreciation deductions for assets using Backing business investment **M** \$.00Instant asset write-off deductions for non-small business entities **O** \$.00Have you self-assessed the effective life of any of these assets? **C** Yes ☐ No ☐**For all depreciating assets**Did you recalculate the effective life for any of your assets this income year? **D** Yes ☐ No ☐Total adjustable values at end of income year **E** \$.00Assessable balancing adjustments on the disposal of intangible depreciating assets **F** \$.00Deductible balancing adjustments on the disposal of intangible depreciating assets **G** \$.00Termination value of intangible depreciating assets **H** \$.00Termination value of other depreciating assets **I** \$.00Subsequent year accelerated depreciation deductions for assets using Backing business investment **N** \$.00Deduction for project pool **J** \$.00Section 40-880 deduction **K** \$.00Landcare operations and deduction for decline in value of water facility, fencing asset and fodder storage asset **L** \$.00

51 Small business entity simplified depreciationDeduction for certain assets **A** -00Deduction for general small business pool **B** -00**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 **55 Medicare levy reduction or exemption**

Spouse's 2020 –21 taxable income – if nil write '0'

A 0 -00

Number of dependent children and students

B

Full Medicare levy exemption – number of days

C / CODE

Half 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.

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 three 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.

57 Statement of distribution – continued**BENEFICIARY 1 Tax file number (TFN)**Entity code **U****INDIVIDUAL NAME**

See the Privacy note in the Taxpayer's declaration.

Title: Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

Surname or family name

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

Country if outside Australia

(Australia only)

(Australia only)

Date of birth

Day Month Year

Assessment
calculation code**V** Share of income
of the trust estate**W** **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** **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 income
Foreign income
tax offset**H** **00** **LOSS** ☐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**

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** **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?** Yes ☐ 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**

57 Statement of distribution – continued**BENEFICIARY 2** Tax file number (TFN) Entity code **U** **INDIVIDUAL NAME** See the Privacy note in the Taxpayer's declaration.Title: Mr Mrs Miss Ms Other

Surname or family name

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

(Australia only)

Postcode

(Australia only)

Country if outside Australia

Day Month Year

Date of birth

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
Primary production	A	<input type="text"/> 0.00 <input type="checkbox"/> 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="checkbox"/> LOSS
Non-primary production	B	<input type="text"/> .00 <input type="checkbox"/> 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	Exploration credits distributed	M	<input type="text"/> .00
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 investor tax offset	J	<input type="text"/>
Franking credit	D	<input type="text"/>	Div 6AA Eligible income	C1	<input type="text"/> .00
TFN amounts withheld	E	<input type="text"/>			

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** **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?** Yes ☐ 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**

57 Statement of distribution – continued**BENEFICIARY 3** Tax file number (TFN) Entity code **U**

See the Privacy note in the Taxpayer's declaration.

INDIVIDUAL NAMETitle: Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other Surname or family name 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 Country if outside Australia

(Australia only)

(Australia only)

Date of birth

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

<table border="0"> <tr> <td>Assessment calculation code</td> <td>V</td> <td><input type="text"/></td> </tr> <tr> <td>Share of income of the trust estate</td> <td>W</td> <td><input type="text"/> .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"/> .00</td> </tr> <tr> <td>Australian franking credits from a New Zealand franking company</td> <td>N</td> <td><input type="text"/> .00</td> </tr> <tr> <td rowspan="5">Share of income</td> <td>Primary production</td> <td>A <input type="text"/> 0 .00 LOSS <input type="checkbox"/></td> </tr> <tr> <td>PP - NCMI</td> <td>A1 <input type="text"/> .00</td> </tr> <tr> <td>PP - Excluded from NCMI</td> <td>A2 <input type="text"/> .00</td> </tr> <tr> <td>Non-primary production</td> <td>B <input type="text"/> .00 LOSS <input type="checkbox"/></td> </tr> <tr> <td>Non - PP NCMI</td> <td>B1 <input type="text"/> .00</td> </tr> <tr> <td>Non - PP Excluded from NCMI</td> <td>B2 <input type="text"/> .00</td> </tr> <tr> <td>Credit for tax withheld where ABN not quoted</td> <td>C</td> <td><input type="text"/> .00</td> </tr> <tr> <td>Franked distributions</td> <td>U</td> <td><input type="text"/> .00</td> </tr> <tr> <td>Franking credit</td> <td>D</td> <td><input type="text"/></td> </tr> <tr> <td>TFN amounts withheld</td> <td>E</td> <td><input type="text"/></td> </tr> </table>	Assessment calculation code	V	<input type="text"/>	Share of income of the trust estate	W	<input type="text"/> .00	Share of credit for tax withheld – foreign resident withholding (excluding capital gains)	L	<input type="text"/> .00	Australian franking credits from a New Zealand franking company	N	<input type="text"/> .00	Share of income	Primary production	A <input type="text"/> 0 .00 LOSS <input type="checkbox"/>	PP - NCMI	A1 <input type="text"/> .00	PP - Excluded from NCMI	A2 <input type="text"/> .00	Non-primary production	B <input type="text"/> .00 LOSS <input type="checkbox"/>	Non - PP NCMI	B1 <input type="text"/> .00	Non - PP Excluded from NCMI	B2 <input type="text"/> .00	Credit for tax withheld where ABN not quoted	C	<input type="text"/> .00	Franked distributions	U	<input type="text"/> .00	Franking credit	D	<input type="text"/>	TFN amounts withheld	E	<input type="text"/>	<table border="0"> <tr> <td>Share of credit for TFN amounts withheld from payments from closely held trusts</td> <td>O</td> <td><input type="text"/></td> </tr> <tr> <td>Capital gains</td> <td>F</td> <td><input type="text"/> .00</td> </tr> <tr> <td>NCMI capital gains</td> <td>F1</td> <td><input type="text"/> .00</td> </tr> <tr> <td>Excluded from NCMI capital gains</td> <td>F2</td> <td><input type="text"/> .00</td> </tr> <tr> <td>Share of credit for foreign resident capital gains withholding amounts</td> <td>Z</td> <td><input type="text"/></td> </tr> <tr> <td>Attributed foreign income</td> <td>G</td> <td><input type="text"/> .00</td> </tr> <tr> <td>Other assessable foreign source income</td> <td>H</td> <td><input type="text"/> .00 LOSS <input type="checkbox"/></td> </tr> <tr> <td>Foreign income tax offset</td> <td>I</td> <td><input type="text"/></td> </tr> <tr> <td>Share of National rental affordability scheme tax offset</td> <td>R</td> <td><input type="text"/></td> </tr> <tr> <td>Exploration credits distributed</td> <td>M</td> <td><input type="text"/> .00</td> </tr> <tr> <td>Early stage venture capital limited partnership tax offset</td> <td>T</td> <td><input type="text"/></td> </tr> <tr> <td>Early stage investor tax offset</td> <td>J</td> <td><input type="text"/></td> </tr> <tr> <td>Div 6AA Eligible income</td> <td>C1</td> <td><input type="text"/> .00</td> </tr> </table>	Share of credit for TFN amounts withheld from payments from closely held trusts	O	<input type="text"/>	Capital gains	F	<input type="text"/> .00	NCMI capital gains	F1	<input type="text"/> .00	Excluded from NCMI capital gains	F2	<input type="text"/> .00	Share of credit for foreign resident capital gains withholding amounts	Z	<input type="text"/>	Attributed foreign income	G	<input type="text"/> .00	Other assessable foreign source income	H	<input type="text"/> .00 LOSS <input type="checkbox"/>	Foreign income tax offset	I	<input type="text"/>	Share of National rental affordability scheme tax offset	R	<input type="text"/>	Exploration credits distributed	M	<input type="text"/> .00	Early stage venture capital limited partnership tax offset	T	<input type="text"/>	Early stage investor tax offset	J	<input type="text"/>	Div 6AA Eligible income	C1	<input type="text"/> .00
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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** **.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?** Yes ☐ 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**

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"/> 0 <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 LOSS
	PP - Excluded from NCMI	A2 <input type="text"/> .00	Other assessable foreign source income	H	<input type="text"/> .00 / <input type="text"/>
	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 2021, also presently entitled to a share of the income of another trust?

Yes ☐ 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? Yes ☐ No ☒

If yes, state the amount of income derived outside Australia to which no beneficiary is presently entitled. \$.00
Print NIL if applicable.

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, **PRICEWATERHOUSECOOPERS**

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

Client's reference

15161514

Date

Day	Month	Year

Contact name

ABHI AGGARWAL

Agent's phone number (include area code)

07 32575193

Agent's reference number

16226058

Office use only

Indics **X**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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2021**Losses schedule**

Companies and trusts that do not join consolidated groups should complete and attach this schedule to their 2021 tax return.
Superannuation funds should complete and attach this schedule to their 2021 tax return.

Print neatly in BLOCK LETTERS with a black or blue ball point pen only. Print one letter or number in each box. Do not use correction fluid or tape.

Place ☐ in all applicable boxes.

Refer to Losses schedule instructions 2021, available on our website ato.gov.au for instructions on how to complete this schedule.

Tax file number (TFN)

636909913

Name of entity

TRILOGY PAYMENTS TRUST

Australian business number

42906674248

Part A Losses carried forward to the 2021–22 income year— excludes film losses**1 Tax losses carried forward to later income years**

Year of loss

2020–21	B	216,031	00
2019–20	C		00
2018–19	D		00
2017–18	E		00
2016–17	F		00
2015–16 and earlier income years	G		00
Total	U	216,031	00

Transfer the amount at **U** to the **Tax losses carried forward to later income years** label on your tax return.

2 Net capital losses carried forward to later income years

Year of loss

2020–21	H		00
2019–20	I		00
2018–19	J		00
2017–18	K		00
2016–17	L		00
2015–16 and earlier income years	M		00
Total	V		00

Transfer the amount at **V** to the **Net capital losses carried forward to later income years** label on your tax return.

Part B Ownership and business continuity test— company and listed widely held trust only

Complete item 3 of **Part B** if a loss is being carried forward to later income years and the business continuity test has to be satisfied in relation to that loss.

Do not complete items 1 or 2 of **Part B** if, in the 2020–21 income year, no loss has been claimed as a deduction, applied against a net capital gain or, in the case of companies, losses have not been transferred in or out.

1 Whether continuity of majority ownership test passed

Note: If the entity has deducted, applied, transferred in or transferred out (as applicable) in the 2020–21 income year loss incurred in any of the listed years, print **X** in the **Yes** or **No** box to indicate whether the entity has satisfied the continuity of majority ownership test in respect of that loss.

Year of loss2020–21 **A** Yes ☐ No ☐2019–20 **B** Yes ☐ No ☐2018–19 **C** Yes ☐ No ☐2017–18 **D** Yes ☐ No ☐2016–17 **E** Yes ☐ No ☐2015–16 and earlier income years **F** Yes ☐ No ☐**2 Amount of losses deducted/applied for which the continuity of majority ownership test is not passed but the business continuity test is satisfied** – excludes film lossesTax losses **G** .00Net capital losses **H** .00**3 Losses carried forward for which the business continuity test must be satisfied before they can be deducted/applied in later years** – excludes film lossesTax losses **I** .00Net capital losses **J** .00**4 Do current year loss provisions apply?**

Is the company required to calculate its taxable income or tax loss for the year under Subdivision 165-B or its net capital gain or net capital loss for the year under Subdivision 165-CB of the *Income Tax Assessment Act 1997* (ITAA 1997)?

K Yes ☐ No ☐**Part C Unrealised losses – company only**

Note: These questions relate to the operation of Subdivision 165-CC of ITAA 1997.

Has a changeover time occurred in relation to the company after 1.00pm by legal time in the Australian Capital Territory on 11 November 1999?

L Yes ☐ No ☐

If you printed **X** in the **No** box at **L**, do not complete **M**, **N** or **O**.

At the changeover time did the company satisfy the maximum net asset value test under section 152-15 of ITAA 1997?

M Yes ☐ No ☐

If you printed **X** in the **No** box at **M**, has the company determined it had an unrealised net loss at the changeover time?

N Yes ☐ No ☐

If you printed **X** in the **Yes** box at **N**, what was the amount of unrealised net loss calculated under section 165-115E of ITAA 1997?

O .00

Part D Life insurance companies

Complying superannuation class tax losses carried forward to later income years **P** .00

Complying superannuation net capital losses carried forward to later income years **Q** .00

Part E Controlled foreign company losses

Current year CFC losses **M** .00

CFC losses deducted **N** .00

CFC losses carried forward **O** .00

Part F Tax losses reconciliation statement

Balance of tax losses brought forward from the prior income year **A** .00

ADD Uplift of tax losses of designated infrastructure project entities **B** .00

SUBTRACT Net forgiven amount of debt **C** .00

ADD Tax loss incurred (if any) during current year **D** 216,031 .00

ADD Tax loss amount from conversion of excess franking offsets **E** .00

SUBTRACT Net exempt income **F** .00

SUBTRACT Tax losses forgone **G** .00

SUBTRACT Tax losses deducted **H** .00

SUBTRACT Tax losses transferred out under Subdivision 170-A
(only for transfers involving a foreign bank branch or a PE of a foreign financial entity) **I** .00

Total tax losses carried forward to later income years **J** 216,031 .00

Transfer the amount at **J** to the **Tax losses carried forward to later income years** label on your tax return.

If the schedule is not lodged with the income tax return you are required to sign and date the schedule.

Important

Before making this declaration check to ensure that all the information required has been provided on this form and any attachments to this form, and that the information provided 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 ATO. The income tax law imposes heavy penalties for false or misleading statements.

Privacy

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

TAXPAYER'S DECLARATION

I declare that the information on this form is true and correct.

Signature

Date

Day	Month	Year

Contact person

Daytime contact number (include area code)

JUSTIN SMART

07

30392828

Electronic lodgment declaration

This declaration is to be completed where the tax return is to be lodged via the Australian Tax Office (ATO)'s Standard Business Reporting (SBR) 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

Your tax file number (TFN)

It is not an offence not to quote your (or if applicable, the partner's or beneficiary's) TFN. However, you cannot lodge your tax return electronically if you do not quote your TFN. The ATO is authorised by the Income Tax Assessment Act 1936 and the Income Tax Assessment Act 1997 to ask for information on this tax return.

The Australian Business Register (ABR)

The Commissioner of Taxation, as Registrar of the ABR, may use the Australian Business Number (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 ABR website (www.abr.gov.au) for further information - it outlines our commitment to safeguarding your details.

Electronic funds transfer (EFT) - direct debit

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

Entity details

Tax file number	636909913
Year	2021
Name of trust	TRILOGY PAYMENTS TRUST
Total income/(loss)	\$ (216,031)
Total deductions	
Taxable income/(loss)	\$ (216,031)

I authorise my tax agent to electronically transmit this tax return via the SBR 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 ATO. The tax law provides heavy penalties for false or misleading statements on tax returns.

I declare that:

- All of 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.

Name of partner, trustee, director or public officer JUSTIN SMART

Signature

Date

Electronic funds transfer (EFT) consent

This declaration is to be completed when an EFT of a refund is requested and the tax return is being lodged through the SBR service.

This declaration must be signed by the partner, trustee, director or public officer prior to the EFT details being transmitted to the ATO. 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 16226058

Account name

BSB number

Account number

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

Signature

Date

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

Client reference

Contact name

Area code

Telephone number

Reference number

15161514

PRICEWATERHOUSECOOPERS

07

32575193

16226058