

**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 However, you cannot lodge your tax return electronically if you do not quote your TFN.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](http://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](http://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 XXX XXX 855

Year 2022

Name of partnership,  
trust, fund or entity BROOME UNIT TRUST

I authorise my tax agent to electronically transmit this tax return via an approved ATO electronic channel.

**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

**Trust tax return****2022**

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 from the website [www.ato.gov.au](http://www.ato.gov.au)

**Return year**

2022

**Tax file number (TFN)**

XXX XXX 855

Have you attached any  
'other attachments'?

No

See the Privacy note in the Taxpayer's declaration.

**Name of trust**

BROOME UNIT TRUST

**Australian business number (ABN)**

83 504 267 965

**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.

PARKER CROFTS

PO Box 100

BULLCREEK

WA

6149

**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.

**Full name of the trustee to whom notices should be sent**

If the trustee is an individual, print details here.

Title-for example, Mr, Mrs, Ms, Miss

MRS

Surname or family name

ARMITAGE

Given names

PAMELA

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

Name

ABN

**Daytime contact phone number**

Area code

08

Telephone number

93542244

**Family trust election status**

 If 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

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?**


Print Y for yes or N for no.

**Final tax return**

**Electronic funds transfer (EFT)**

Use Agent Trust Account?

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**Industry  
code**A****6 Tax withheld**

Tax withheld where ABN not quoted

**T**Credit for tax withheld - foreign resident  
withholding (excluding capital gains)**U****8 Partnerships and trusts****Primary production**

Distribution from partnerships

**A**

Share of net income from trusts

**Z**Deductions relating to amounts shown **A** and **Z****S**

Net primary production amount

**Non-primary production**Distribution from partnerships,  
less foreign income**B**Share of net income from trusts, less capital  
gains, foreign income and franked distributions**R**Deductions relating to amounts shown at **B** and **R****T**

Franked distributions from trusts

**F**Deductions relating to franked  
distributions from trusts in label **F****G**Net non-primary  
production amountCapital 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**Share of franking credit 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****9 Rent**

Gross rent

**F**

56,186

Interest deductions

**G**

0

Capital works deductions

**X**

0

Other rental deductions

**H**

35,854

Net rent

20,332

**11 Gross interest** - including Australian Government loan interest**J**

2

TFN amounts withheld from gross interest

**I**

0.00

Bank

TFN amt

Gross amt

From Ledger

2

**15 Total of items 5 to 14**

Add the boxes

20,334

Deductions relating to franked distributions should  
not include deductions included at G item 8

Franked distributions

**R**

Sensitive (when completed)

**19 Total of items 16 to 18****20 Net Australian income or loss** - other than capital gains

Subtract item 19 from item 15

\$

20,334

**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**Answer yes at **G** if the trust had an amount of capital gains from another trust.

Have you applied an exemption or rollover?

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

Code

Net capital gain

**A**

Credit for foreign resident capital gains withholding amounts

**B**

Net capital losses brought forward from prior years

Net capital losses carried forward to later income years

Non-Collectables

Collectables

**24 Total of items 20 to 23**Add the  boxes

20,334

**25 Tax losses deducted****C**

20,334

	Prior year PP loss	Prior year NPP loss	Reduction amount
Auto calculate	<input type="text"/>	70,733	50,399

**OR**

	Prior year PP loss	Prior year NPP loss
Own calculation	<input type="text"/>	<input type="text"/>

**26 Total net income or loss**

Subtract item 25 from item 24.

0

**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**

50,399

Net capital losses carried forward to later income years

**V**

PP

NPP

50,399

**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**

Royalty expenses overseas

**E**

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?

<b>C</b>	<input type="checkbox"/>
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Print Y for yes  
or N for no.

**30 Personal services income**

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

<b>N</b>	<input type="checkbox"/>
----------	--------------------------

 Print Y for yes or N for no.

Total amount of PSI included at item 5 income labels 

<b>A</b>	<input type="text"/>
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Total amount of deductions against PSI included at item 5 expense labels 

<b>B</b>	<input type="text"/>
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Did you satisfy the results test in respect of any individual? 

<b>C</b>	<input type="checkbox"/>
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 Print Y for yes or N for no.

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

<b>D</b>	<input type="checkbox"/>
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 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 tests - print **X** in the appropriate box(es).

Unrelated clients test 

<b>E1</b>	<input type="checkbox"/>
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 Employment test 

<b>E2</b>	<input type="checkbox"/>
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 Business premises test 

<b>E3</b>	<input type="checkbox"/>
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**32 Non-Concessional MIT Income (NCMI)****Business income****Primary production**Non-concessional MIT Income (NCMI) **A** Excluded from NCMI **B** 

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

**Non-Primary production**Non-concessional MIT Income (NCMI) **C** Excluded from NCMI **D** 

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** Excluded from NCMI **F** 

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

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

Amounts 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** Excluded from NCMI **J** 

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

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

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 gains**NCMI **X** Excluded from NCMI **Z** 

The 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**  34,61234 Total assets **G**  530,06235 All current liabilities **I**  15,18736 Total liabilities **J**  15,187

<b>39 Opening stock</b> <b>C</b> <input type="text"/> <b>40 Purchases and other costs</b> <b>B</b> <input type="text"/> <b>41 Closing stock</b> <b>D</b> <input type="text"/> <small>CODE</small> <input type="text"/> <b>42 Trade debtors</b> <b>E</b> <input type="text" value="2,575"/> <b>43 Trade creditors</b> <b>H</b> <input type="text"/> <b>44 Total salary and wage expenses</b> <b>L</b> <input type="text"/> <small>CODE</small> <input type="text"/>	<b>45 Payments to associated persons</b> <b>M</b> <input type="text"/> <b>46 Fringe benefit employee contributions</b> <b>T</b> <input type="text"/> <b>47 Unpaid present entitlement to a private company</b> <b>Y</b> <input type="text"/> <small>CODE</small> <input type="text"/> <b>48 Trading stock election</b> <input type="checkbox"/> <small>Print Y for yes or leave blank.</small> <b>49 Aggregated turnover</b> Select your aggregated turnover range <b>P</b> <input type="text"/> <small>(select range A to P)</small> Aggregated turnover <b>Q</b> <input type="text"/>
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**54 Non-refundable carry forward tax offsets**

Early stage venture capital limited partnership tax offset

**H** 

Early stage investor tax offset

**I** **56 Income of the trust estate****A** **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 Tax 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**

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

**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.

## 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](http://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

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### TAX AGENT'S DECLARATION

I, 

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

Contact name

Date

Day Month Year

Agent's phone number (include area code)

Area code

Telephone number

Agent's reference number

Office use only

## Losses schedule

2022

Companies and trusts that do not join consolidated groups should complete and attach this schedule to their 2022 tax return.  
Superannuation funds should complete and attach this schedule to their 2022 tax return.

Refer to *Losses schedule instructions 2022*, available on our website [ato.gov.au](http://ato.gov.au) for instructions on how to complete this schedule.

Tax file number (TFN)

XXX XXX 855

Name of entity

BROOME UNIT TRUST

Australian business number (ABN)

83 504 267 965

**Part A Losses carried forward to the 2022-23 income year** - excludes film losses

**1 Tax losses carried forward to later income years**

Year of loss	
2021-22	<b>B</b> <input type="text"/>
2020-21	<b>C</b> <input type="text"/>
2019-20	<b>D</b> <input type="text" value="7,014"/>
2018-19	<b>E</b> <input type="text" value="10,319"/>
2017-18	<b>F</b> <input type="text" value="13,720"/>
2016-17 and earlier income years	<b>G</b> <input type="text" value="19,346"/>
<b>Total</b>	<b>U</b> <input type="text" value="50,399"/>

Transfer the amount at **U** to the Tax 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 2021-22 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**
Year of loss Print **Y** for yes or **N** for no.2021-22 **A** 2020-21 **B** 2019-20 **C** 2018-19 **D** 2017-18 **E** 2016-2017 and earlier income years **F** 

**Note:** If the entity has deducted, applied, transferred in or transferred out (as applicable) in the 2021-22 income year a 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.

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

Part F Tax losses reconciliation statement

Balance of tax losses brought forward from the prior income year	A	70 , 733
ADD Uplift of tax losses of designated infrastructure project entities	B	
SUBTRACT Net forgiven amount of debt	C	
ADD Tax loss incurred (if any) during current year	D	
ADD Tax loss amount from conversion of excess franking offsets	E	
SUBTRACT Net exempt income	F	
SUBTRACT Tax losses forgone	G	
SUBTRACT Tax losses deducted	H	20 , 334
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	
Total tax losses carried forward to later income years	J	50 , 399

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](http://ato.gov.au/privacy)

**Taxpayer's declaration**  
I declare that the information on this form is true and correct.

Signature	Date	
Contact person	Daytime contact number	
	Area code	Number

**Rental Property Schedule 2022****Trust**

Name of Property			
Address of Rental Property	LOT 182		
	11 ORYX ROAD CABLE BEACH		
	BROOME SANCTUARY RESORT	WA	6725
Date property first earned rental income	01/05/2010		
Number of weeks property was rented this year	52		
Private Use %			
Number of weeks property was available for rent this year	52		
What is the entity's % ownership of the property?	100		
Date property was purchased	01/05/2010		
Purchase price of property	270,000		
Date property was sold (if property disposed of during year)			
Sale price of property			
Capital gain/loss on sale of this property			
Value of capital allowances (depreciation on plant) recouped on the sale			
Value of capital works deductions (special building write-off) recouped			
Has the loan for the property been renegotiated this year?	N		

**Ownership****% owned**

BROOM UNIT TRUST		BROOUT	100.00
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**Income****Return**

<b>Gross rental income</b>	56,186	56,186
<b>Other rental related income</b>		
<b>Gross Rent</b>	56,186	56,186

**Expenses****Total****Prv %****Return**

V Electricity		2,388		2,388
P Property agent fees/commission		11,838		11,838
Q Repairs and maintenance		121		121
E Body corporate fees		14,603		14,603
H Council Rates		5,019		5,019
G Cleaning		1,885		1,885
V Sundry rental expenses				0

**Total expenses**

35,854

35,854

**Net Rent**

20,332

20,332