

<h2 style="margin: 0;">Trust tax return</h2> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; padding: 2px;">Day   Month   Year</div> <span style="font-size: 24px; margin: 0 10px;">to</span> <div style="border: 1px solid black; padding: 2px;">Day   Month   Year</div> </div> <p style="margin: 5px 0 0 0;">or specify period if part year or approved substitute period</p>	2019
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Notes to help you prepare this tax return are provided in the *Trust tax returns instructions 2019* (the instructions), available on our website [www.ato.gov.au](http://www.ato.gov.au)

**Trust information**

Tax file number (TFN) 499 086 900

Have you attached any 'other attachments'? Yes  No

See the Privacy note in the Taxpayer's declaration.

**Name of trust**

CBD 2000 2017 Unit Trust

Australian business number (ABN) 33 435 947 206

**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.

GPO Box 4534

Suburb or town	State/territory	Postcode
<span style="border: 1px solid black; padding: 2px;">SYDNEY</span>	<span style="border: 1px solid black; padding: 2px;">NSW</span>	<span style="border: 1px solid black; padding: 2px;">2001</span>

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
<span style="border: 1px solid black; height: 15px; width: 100%;"></span>	<span style="border: 1px solid black; height: 15px; width: 100%;"></span>	<span style="border: 1px solid black; height: 15px; width: 100%;"></span>

Country if outside Australia

**Part A**

**Electronic lodgment declaration (Form T)**

This declaration is to be completed where the tax return is to be lodged via the Tax Office electronically.

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, lodgments cannot be accepted electronically if the TFN is not quoted.

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)

**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	499 086 900	Year	2019
Name of Partnership, Trust, Fund or Entity	CBD 2000 2017 Unit Trust		
Total Income or Loss	3417	Total Deductions	263
		Taxable Income or Loss	

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

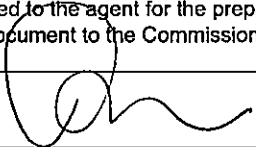
**Important**

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:

- All of the information I have provided to the agent for the preparation of this document is true and correct.
- I authorise the agent to give this document to the Commissioner of Taxation.

Signature of Partner, Trustee or Director



Date

22-10-2019

**Partnerships, Trusts, Company, Funds and Notification  
of a Formation of a Consolidated Group (P, T, C, 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 the Tax Office's practitioner's lodgment service (PLS).

**About this declaration**

The declaration is divided into four parts:

**PART A (Compulsory)** - Taxpayer's declaration relating to the PLS component of lodgment of a tax return

As your tax return or request for amendment is to be lodged via the PLS, you are required to complete Part A of this declaration. This gives your tax agent the authority to lodge via the PLS 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 your anticipated tax refund is to be deposited by EFT to a specific account, you must complete Part B of this declaration. You may nominate the financial account of your choice. (Include only the name of the account on this form. BSB and account number details are to be included on the tax return. If the account is your tax agent's account include the agent reference number.)

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

**PART C (Optional)** - Taxpayers 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 the PLS by completing Part A of this declaration, and you (the tax agent) are registered and lodging with the PLS 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.**

# Trust tax return

# 2019

Day Month Year to Day Month Year

or specify period if part year or approved substitute period

## Trust information

Tax file number (TFN)

499 086 900

Have you attached any 'other attachments'?

Yes  No

## Name of trust

CBD 2000 2017 Unit Trust

Australian business number (ABN)

33 435 947 206

## 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.

GPO Box 4534

Suburb or town

SYDNEY

State/territory

NSW

Postcode

2001

Country if outside Australia

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

Name

Bowral St Nominees Number One Pty Ltd

ABN

Daytime contact telephone number

Phone number (include area code)

## Type of trust

Print the code representing the type of trust.

U

Print X if also an charity

If code D, write the date of death.

Day Month Year

Is any tax payable by the trustee?

Yes  No

Final tax return

Yes  No

4 Did you sell any goods or services using the Internet?

Q Yes  No

## 9 Rent

Gross rent

F 17186.00

Interest deductions

G .00

Capital works deductions

X .00

Other rental deductions

H 13786.00

Net rent 3400.00

11 Gross interest - including Australian Government loan interest

J 8.00

TFN amounts withheld from gross interest

I

14 Other Australian income - give details

Excepted net income

.00

Type of income

See worksheet for details

O 9.00

15 Total of items 5 to 14

Add the boxes

3417.00

Sensitive (when completed)

**Deductions**

**18 Other deductions** - show only deductions not claimable at any other item

Name of each item of deduction	Amount		
Filing fees	263.00	<b>Q</b>	263.00
	.00		

**19 Total of items 16 to 18** 263.00

**20 Net Australian income or loss** - other than capital gains Subtract item 19 from item 15. **\$** 3154.00 / **F**

**21 Capital gains**

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? **H** Yes  No  CODE

Net capital gain **A** .00

Credit for amounts withheld from foreign resident capital gains withholding **B** .00

**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

**24 Total of items 20 to 23** Add the **boxes** 3154.00 /

**25 Tax losses deducted** **C** 3154.00

**27 Losses information**

Tax losses carried forward to later income years **U** 3760.00

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

**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

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

**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** Yes  No

**30 Personal services income**

Does your income include an individual's personal services income? **N** Yes  No

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

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

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**

**Key financial information**

**32 All current assets** **F**

**33 Total assets** **G**

**DECLARATIONS**

**TAX PAYER'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**

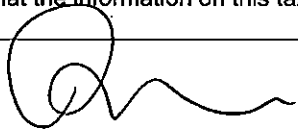
The ATO is authorised by the *Taxation Administration Act 1953* to request the provision of tax file numbers (TFNs). The ATO will use the TFNs to identify each beneficiary in our records. It is not an offence not to provide the TFNs. However, lodgments cannot be accepted electronically if the TFN is not quoted.

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, all attached schedules and any additional documents is true and correct.

Signature



Date

Day Month Year

Hours taken to prepare and complete this tax return

**TAX AGENT'S DECLARATION**

I, **Krunal Prajapati**

declare that this tax return has been prepared in accordance with information supplied by the taxpayer, that the taxpayer has given me a declaration stating that the information provided to me is true and correct and that the taxpayer has authorised me to lodge the tax return.

Agent's signature

Date

Day Month Year

Client's reference

**DECEMBE**

Contact name

**Krunal Prajapati**

Agent's telephone number

Area code **61**

Telephone number **0433933294**

Agent's reference number

**25711944**

Office use only

## Rental property schedule 2019

Name: CBD 2000 2017 Unit Trust

TFN: 499 086 900

I solemnly and sincerely declare that the information I have provided below is truthful and understand that I can be prosecuted for making a false statement to the Australian Taxation Office.

Signature: \_\_\_\_\_

▶ Address of property	37 Sheffield Street			
	Suburb or town	BOWRAL	State	NSW
	Postcode	2576		
▶ Acquired	Day	Month	Year	
	12/07/2017			
▶ Date property first earned income	Day	Month	Year	
	12/07/2017			
▶ Entity's ownership	100.00	%		
▶ Number of weeks property was rented	52			
▶ Number of weeks property was available for rent this year	52			
▶ Purchase price of property	873996	.00		
▶ Date property was sold (if property disposed of during year)	Day	Month	Year	
▶ Sale price of the property		.00		
▶ Capital gain/loss on sale of this property		.00		
▶ Allowances recouped on the sale of the property		.00		
▶ Capital works deductions recouped on the sale of the property		.00		
▶ Has the loan for the property been renegotiated this year?	N			

**Rental schedule 2019**  
for CBD 2000 2017 Unit Trust

TFN 499 086 900

► Address of property

37 Sheffield Street

Suburb or town BOWRAL

State NSW

Postcode 2576

Rental income **A**

Other rental related income **B**

**Gross rent** Add income amounts (A and B) **C \$**

Advertising for tenants **D**

Body corporate fees **E**

Borrowing expenses **F**

Cleaning **G**

Council rates **H**

Capital allowances **I**

Gardening / lawn mowing **J**

Insurance **K**

Interest on loan(s) **L**

Land tax **M**

Legal fees **N**

Pest control **O**

Property agent fees / commission **P**

Repairs and maintenance **Q**

Capital works deductions **R**

Stationery, telephone and postage **S**

Travel expenses **T**

Water charges **U**

Sundry rental expenses **V**

**Total expenses** Add expenses amounts (D to V) **W \$**

**NET RENT** Take W away from C **X \$**

Sensitive (when completed)



# Losses schedule

# 2019

Companies and trusts that do not join consolidated groups should complete and attach this schedule to their 2019 tax return.

Superannuation funds should complete and attach this schedule to their 2019 tax return.

Notes to help you prepare this schedule are provided in the *Losses schedule instructions 2019*, available from the Tax Office.

Tax file number (TFN)

499 086 900

Name of entity

CBD 2000 2017 Unit Trust

Australian business number (ABN)

33 435 947 206

## Part A Losses carried forward to the 2019-20 income year - excludes film losses

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

Year of loss		
2018-19	<b>B</b>	3760.00
2017-18	<b>C</b>	.00
2016-17	<b>D</b>	.00
2015-16	<b>E</b>	.00
2014-15	<b>F</b>	.00
2013-14 and earlier income years	<b>G</b>	.00
<b>Total</b>	<b>U</b>	3760.00

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		
2018-19	<b>H</b>	.00
2017-18	<b>I</b>	.00
2016-17	<b>J</b>	.00
2015-16	<b>K</b>	.00
2014-15	<b>L</b>	.00
2013-14 and earlier income years	<b>M</b>	.00
<b>Total</b>	<b>V</b>	.00

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

F

**Part B Ownership and same business 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 same business test has to be satisfied in relation to that loss.  
Do not complete items 1, 2 or 4 of Part B if, in the 2018-19 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, transferred in or transferred out (as applicable) in the 2018-19 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.

**Year of loss**

- |                                  |   |                                 |
|----------------------------------|---|---------------------------------|
| 2018-19                          | <b>A</b> Yes <input type="checkbox"/> No <input type="checkbox"/> | Print X in the appropriate box. |
| 2017-18                          | <b>B</b> Yes <input type="checkbox"/> No <input type="checkbox"/> | Print X in the appropriate box. |
| 2016-17                          | <b>C</b> Yes <input type="checkbox"/> No <input type="checkbox"/> | Print X in the appropriate box. |
| 2015-16                          | <b>D</b> Yes <input type="checkbox"/> No <input type="checkbox"/> | Print X in the appropriate box. |
| 2014-15                          | <b>E</b> Yes <input type="checkbox"/> No <input type="checkbox"/> | Print X in the appropriate box. |
| 2013-14 and earlier income years | <b>F</b> Yes <input type="checkbox"/> No <input type="checkbox"/> | Print X in the appropriate box. |

**2 Amount of losses deducted for which the continuity of majority ownership test is not passed but the same business test is satisfied - excludes film losses**

Tax losses **G**  .00

Net capital losses **H**  .00

**3 Losses carried forward for which the same business test must be satisfied before they can be deducted in later years - excludes film losses**

Tax losses **I**  .00

Net 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  Print X in the appropriate box.

**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 1.00 pm by legal time in the Australian Capital Territory on 11 November 1999?

**L** Yes  No  Print X in the appropriate box.

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  Print X in the appropriate box.

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  Print X in the appropriate box.

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

F

**Part E Controlled foreign company losses**

Current year CFC losses	<b>M</b>	<input type="text"/>	<input type="text" value="00"/>
CFC losses deducted	<b>N</b>	<input type="text"/>	<input type="text" value="00"/>
CFC losses carried forward	<b>O</b>	<input type="text"/>	<input type="text" value="00"/>

F

**Part F Tax losses reconciliation statement**

Balance of tax losses brought forward from the prior income year	<b>A</b>	<input type="text" value="6914"/>	<input type="text" value="00"/>
ADD Uplift of tax losses of designated infrastructure project entities	<b>B</b>	<input type="text"/>	<input type="text" value="00"/>
SUBTRACT Net forgiven amount of debt	<b>C</b>	<input type="text"/>	<input type="text" value="00"/>
ADD Tax losses incurred (if any) during current year	<b>D</b>	<input type="text"/>	<input type="text" value="00"/>
ADD Tax losses amount from conversion of excess franking offsets	<b>E</b>	<input type="text"/>	<input type="text" value="00"/>
SUBTRACT Net exempt income	<b>F</b>	<input type="text"/>	<input type="text" value="00"/>
SUBTRACT Tax losses forgone	<b>G</b>	<input type="text"/>	<input type="text" value="00"/>
SUBTRACT Tax losses deducted	<b>H</b>	<input type="text" value="3154"/>	<input type="text" value="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)	<b>I</b>	<input type="text"/>	<input type="text" value="00"/>
Total tax losses carried forward to later income years	<b>J</b>	<input type="text" value="3760"/>	<input type="text" value="00"/>

F

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 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.

**TAXPAYER'S DECLARATION**

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

Signature



Date

Day	Month	Year
22	10	2019

Contact person

Peter Wilson

Daytime contact number

Area code	Number
0408	440009

**Other Australian income**

**Australian pensions or annuities**

Payer	Amount
Rebate	9

Excepted net income  Government pensions or other allowances

Bonuses from life insurance companies and friendly societies

**Australian annuities and superannuation income stream**

Tax withheld

Taxable component - Taxed element

Taxable component - Untaxed element

Lump sum in arrears - Taxed element

Lump sum in arrears - Untaxed element

**Total Other Income**  9

Worksheets and Attachments

**Item 18. Other deductions**

Description  
Filing fees

**Totals:**

Amount  
263.00  
**263.00**

**Item 25. Tax losses deducted**

Description  
Tax Losses Dedcuted

**Totals:**

PP Losses	NPP Losses	Total losses
	3154	3154
<b>0</b>	<b>3154</b>	<b>3154</b>