

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

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

Privacy

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 However, you cannot lodge your tax return electronically if you do not quote your TFN.

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

The Australian Business Register

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

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

Electronic funds transfer - direct debit

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

Tax file number 917 226 957

Year 2023

Name of partnership,
trust, fund or entity Burgundy Forty 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**2023**

Day Month Year to Day Month Year

	to	
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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 2023 (the instructions), available on our website www.ato.gov.au

Return year

2023

Tax file number (TFN)

917 226 957

Have you attached any
'other attachments'?

Yes

See the Privacy note in the Taxpayer's declaration.

Name of trust

Burgundy Forty Unit Trust

Australian business number (ABN)

62 605 408 462

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.

C/- Walker Partners (Aust) Pty Ltd

P O Box 706

Heidelberg

VIC

3084

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

Surname or family name

Given names

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

Name

ABN

Daytime contact phone number

Area code Telephone number

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 2022-23 income year write 2023).

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 2023.

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 2023 for each election.

If revoking an interposed entity election, print **R** and complete and attach the Interposed entity election or revocation 2023.

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.

CCIV sub-fund trusts

Do you own shares that are referable to a sub-fund within the same CCIV as you? Print Y for yes or N for no.

Managed investment trusts

Is the trust a managed investment trust (MIT)? Print Y for yes or N for no.

MIT type

If the trust is a managed investment trust, has the trustee made an election into capital account treatment? Print Y for yes or N for no.

Is any tax payable by the trustee?

Print Y for yes or N for no.

Final tax return

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

[Empty box for description of main business activity]

Industry code **A** [Empty box]

6 Tax withheld

Tax withheld where ABN not quoted **T** [Empty box]
Credit for tax withheld - foreign resident withholding (excluding capital gains) **U** [Empty box]

8 Partnerships and trusts

Primary production

Distribution from partnerships **A** [Empty box] / [Empty box]
Share of net income from trusts **Z** [Empty box] / [Empty box]
Deductions relating to amounts shown at **A** and **Z** **S** [Empty box]
Net primary production amount [Empty box] / [Empty box]

Non-primary production

Distribution from partnerships, less foreign income **B** [Empty box] / [Empty box]
Share of net income from trusts, less capital gains, foreign income and franked distributions **R** [Empty box] / [Empty box]
Deductions relating to amounts shown at **B** and **R** **T** [Empty box]
Franked distributions from trusts **F** [Empty box]
Deductions relating to franked distributions from trusts in label **F** **G** [Empty box]
Net non-primary production amount [Empty box] / [Empty box]

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** [Empty box]
Share of franking credit from franked distributions **D** [Empty box]
Share of credit for TFN amounts withheld from interest, dividends and unit trust distributions **E** [Empty box]
Credit for TFN amounts withheld from payments from closely held trusts **O** [Empty box]
Share of credit for tax withheld - foreign resident withholding (excluding capital gains) **U** [Empty box]

TFN [Empty box] Auto [Empty box] P/T [Empty box] P [Empty box] Trust Code [Empty box]
Name [Empty box]

Table with 2 columns: Income type (PP Income, NPP Income, Franked Dist From T, ABN Credit) and Amount. Also includes Franking Credit, TFN Credit, TFN Trust, FRW Credit, and Net Small Business Income.

9 Rent

Gross rent **F** 60,000
Interest deductions **G** 20,621
Capital works deductions **X** 0
Other rental deductions **H** 26,173

Net rent [Empty box] 13,206 / [Empty box]

11 Gross interest - including Australian Government loan interest

J [] 2

TFN amounts withheld from gross interest I [] 0.00

Bank	TFN amt	Gross amt
interest		2

15 Total of items 5 to 14 Add the [] boxes [] 13,208 / []

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

Franked distributions R []

19 Total of items 16 to 18 []

20 Net Australian income or loss - other than capital gains Subtract item 19 from item 15. \$ [] 13,208 / []

Capital gains

21 Capital gains Do you need to complete a Capital gains tax (CGT) Schedule 2023?

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 or Code

Have you applied an exemption or rollover? M [] Type Y for yes N for no. []

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	[] 0		[] 0
Collectables	[] 0		[] 0

24 Total of items 20 to 23 Add the [] boxes [] 13,208 / []

26 Total net income or loss Subtract item 25 from item 24. [] 13,208 / []

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 2023.

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

A N Print Y for yes or N for no.

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

Transactions with specified countries

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

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

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

Personal services income

30 Personal services income

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

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

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** Print Y for yes or N for no.

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

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

Unrelated clients test **E1** Employment test **E2** Business premises test **E3**

Non-concessional MIT income**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 productionNon-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 productionNon-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 gainsNCMI **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 information33 All current assets **F** 34 Total assets **G** 35 All current liabilities **I** 36 Total liabilities **J** **55 Non-refundable carry forward tax offsets**Early stage venture capital limited partnership tax offset **H** Early stage investor tax offset **I** **Income of the trust estate**57 Income of the trust estate **A**

Statement of distribution

58 Statement of distribution

Distribution details

Complete the distribution details on the following pages for BENEFCIARY 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.

58 Statement of distribution - continued

Beneficiary's name and tax file number or postal address

Distribution Fraction 2 %

Tax file number 916 457 521

Entity code U S

Date of birth

See the Privacy note in the Taxpayer's declaration.

Name LBLC Superannuation Fund

Address PO Box 706

Heidelberg

VIC 3084

Assessment calculation code V 35

Entity code U S

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

O

Share of income of the trust estate W 6,604

Capital gains F

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

L

NCMI capital gains F1

Australian franking credits from a New Zealand franking company

N

Excluded from NCMI capital gains F2

Primary production A

LOSS

Share of credit for foreign resident capital gains withholding amounts Z

PP-NCMI A1

Attributed foreign income G

PP-Excluded from NCMI A2

Other assessable foreign source income H

Share of income

Non-primary production B 6,604

LOSS

Foreign income tax offsets I

Invest

Share of National rental affordability scheme tax offset R

Other 6,604

Exploration credits distributed M

Non-PP-NCMI B1

Early stage venture capital limited partnership tax offset T

Non-PP-Excluded from NCMI B2

Early stage investor tax offset J

Credit for tax withheld where ABN not quoted C

Div 6AA Eligible income C1

Franked distributions U

Invest

Other

Franking credit D

TFN amounts withheld E

Small business income tax offset information

Share of net small business income Y

Non-resident beneficiary additional information

s98(3) assessable amount J

s98(4) assessable amount K

TB statement information

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

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

Tax preferred amounts P

Untaxed part of share of net income Q

Annual Trustee Payment report information

Distribution from ordinary or statutory income during income year S

Total TFN amounts withheld from payments T

58 Statement of distribution - continued

Beneficiary's name and tax file number or postal address

Distribution Fraction 2 %

Tax file number 29 481 211 Entity code US Date of birth

See the Privacy note in the Taxpayer's declaration.

Name Altavilla Super Fund

Address PO Box 706 Heidelberg VIC 3084

Assessment calculation code V 35 Entity code US Share of credit for TFN amounts withheld from payments from closely held trusts O

Share of income of the trust estate W 6,604 Capital gains F

Share of credit for tax withheld - foreign resident withholding (excluding capital gains) L NCM capital gains F1

Australian franking credits from a New Zealand franking company N Excluded from NCM capital gains F2

Primary production A / LOSS Share of credit for foreign resident capital gains withholding amounts Z

PP-NCMI A1 Attributed foreign income G

PP-Excluded from NCM A2 Other assessable foreign source income H / LOSS

Non-primary production B 6,604 / LOSS Foreign income tax offsets I

Invest / Share of National rental affordability scheme tax offset R

Other 6,604 / Exploration credits distributed M

Non-PP-NCMI B1 Early stage venture capital limited partnership tax offset T

Non-PP-Excluded from NCM B2 Early stage investor tax offset J

Credit for tax withheld where ABN not quoted C Div 6AA Eligible income C1

Franked distributions U

Invest /

Other /

Franking credit D

TFN amounts withheld E

Small business income tax offset information

Share of net small business income Y

Non-resident beneficiary additional information

s98(3) assessable amount J s98(4) assessable amount K

TB statement information

For each trustee beneficiary, indicate whether you will be making a TB statement: TB statement? Print Y for yes or N for no.

Tax preferred amounts P Untaxed part of share of net income Q

Annual Trustee Payment report information

Distribution from ordinary or statutory income during income year S Total TFN amounts withheld from payments T

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

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

59 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**

Items 60 and 61 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.

60 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 2023, 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.

61 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

DECLARATION:

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

Signature

	Day	Month	Year
Date			

Hours taken to prepare and complete this tax return

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

	Day	Month	Year
Date			

Agent's phone number (include area code)

Area code	Telephone number
03	84146700

Agent's reference number

Office use only

Other Attachments

2023

Distribution Minute

Rental Property Schedule 2023**Trust**

Name of Property			
Address of Rental Property	109/40 Burgundy Street		
	HEIDELBERG	VIC	3084
Date property first earned rental income			11/07/2011
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			11/07/2011
Purchase price of property			905,822
Date property was sold (if property disposed of during year)			
Sale price of property			
Capital gain/loss on sale of this property			/ <input type="checkbox"/>
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?			<input type="checkbox"/> N

Ownership**% owned**

Burgundy Forty Unit Trust		BUR000A	100.00
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Income**Return**

Gross rental income	60,000	60,000
Other rental related income		
Gross Rent	60,000	60,000

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

V Bank Fees	60		60
I Capital allowances (depreciation)	20,021		20,021
L Interest on loans	20,621		20,621
V Professional Fees	1,620		1,620
M Land Tax	1,214		1,214
V Subscriptions & Registrations	276		276
H Council Rates	2,982		2,982
Total expenses	46,794		46,794

Net Rent13,206 / 13,206 /