

Trust tax return

2019

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 2019 (the instructions), available from the website www.ato.gov.au

Return year 2019

Tax file number (TFN)

978 796 206

Have you attached any 'other attachments'?

No

See the Privacy note in the Taxpayer's declaration.

Name of trust

7 Wharf Street Unit Trust

Australian business number (ABN)

17 862 935 335


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.

PO Box 247

EVERTON PARK

QLD

4053

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.

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

Title—for example, Mr, Mrs, Ms, Miss

Mr

Surname or family name

Washbourne

Given names

Brian

Name

ABN

Daytime contact phone number

Area code

07

Telephone number

33553990

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 2018-19 income year write 2019).

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 2019.

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 2019 for each election.

If revoking an interposed entity election, print **R** and complete and attach the Interposed entity election or revocation 2019.

Type of trust

Print the code representing the type of trust.

U

Print X if also a charity

If code D, write the date of death.

Day Month Year

Managed Investment trusts

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

Print Y for yes or N for no.

Is any tax payable by the trustee?

N

Print Y for yes or N for no.

Final tax return

N

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 text box for description of main business activity]

Industry code **A** [Empty text box]

6 Tax withheld

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

8 Partnerships and trusts

Primary production

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

Non-primary production

Distribution from partnerships, less foreign income **B** [Empty text box] / [Empty text box]
Share of net income from trusts, less capital gains, foreign income and franked distributions **R** [Empty text box] / [Empty text box]
Deductions relating to amounts shown at **B** and **R** **T** [Empty text box]
Franked distributions from trusts **F** [Empty text box]
Deductions relating to franked distributions from trusts in label **F** **G** [Empty text box]
Net non-primary production amount [Empty text box] / [Empty text 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 text box]
Share of franking credit from franked distributions **D** [Empty text box]
Share of credit for TFN amounts withheld from interest, dividends and unit trust distributions **E** [Empty text box]
Credit for TFN amounts withheld from payments from closely held trusts **O** [Empty text box]
Share of credit for tax withheld - foreign resident withholding (excluding capital gains) **U** [Empty text box]

9 Rent

Gross rent **F** [Empty text box] 34,767
Interest deductions **G** [Empty text box] 12,753
Capital works deductions **X** [Empty text box] 6,576
Other rental deductions **H** [Empty text box] 25,452

Net rent [Empty text box] 10,014 / **L** [Empty text box]

11 Gross interest - including Australian Government loan interest

J [Empty text box] 2

TFN amounts withheld from gross interest **I** [Empty text box] 0.00

Bank

CBA 10695202

TFN amt

Gross amt

2

15 Total of items 5 to 14

Add the boxes [Empty text box] 10,012 / **L** [Empty text box]

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

Franked distributions **R** [Empty text box]

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

Name of each item of deduction	Amount
Accounting fees	1,980

Q	1,980
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19 Total of items 16 to 18

1,980

20 Net Australian income or loss - other than capital gains

Subtract item 19 from item 15

\$	11,992	L
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21 Capital gainsDo you need to complete a *Capital gains tax (CGT) Schedule 2019*?

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	
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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 23Add the **L** boxes

11,992	L
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26 Total net income or loss

Subtract item 25 from item 24.

11,992	L
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27 Losses information

A *Losses Schedule 2019* 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	23,222	L
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Net capital losses carried forward to later income years

V	
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PP

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NPP

23,222

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

Interest expenses overseas

D	
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Royalty expenses overseas

E	
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If you answered Yes at label W or O or completed D or E, complete and attach the International dealings schedule 2019

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.
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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.
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30 Personal services incomeDoes your income include an individual's personal services income? **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** **Key financial information****32 All current assets** **F** **33 Total assets** **G** **34 All current liabilities** **I** **35 Total liabilities** **J** **52 Non-refundable carry forward tax offsets**Early stage venture capital limited partnership tax offset **H** Early stage investor tax offset **I** **54 Income of the trust estate** **A** **55 Statement of distribution****Distribution details**

Complete the distribution details on the following pages for BENEFICIARY 1 to 5 if required, and for Income to which no beneficiary is presently entitled and in which no beneficiary has an indefeasible vested interest, and the trustee's share of credit for tax deducted, if it applies.

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

Note: It is not an offence not to quote a TFN for a beneficiary. However, TFNs help the 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

55 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"/>	Capital gains	F <input type="text"/>
Share of income of the trust estate	W <input type="text"/>	Share of credit for foreign resident capital gains withholding amounts	Z <input type="text"/>
Share of credit for tax withheld – foreign resident withholding (excluding capital gains)	L <input type="text"/>	Attributed foreign income	G <input type="text"/>
Australian franking credits from a New Zealand franking company	N <input type="text"/>	Other assessable foreign source income	H <input type="text"/>
Share of income	Primary production	A <input type="text"/>	Foreign income tax offset
	Non-primary production	B <input type="text"/>	Share of National rental affordability scheme tax offset
Credit for tax withheld where ABN not quoted	C <input type="text"/>	Share of other refundable tax offsets	X <input type="text"/>
Franked distributions	U <input type="text"/>	Early stage venture capital limited partnership tax offset	T <input type="text"/>
Franking credit	D <input type="text"/>	Early stage venture capital limited partnership tax offset carried forward from previous year	K <input type="text"/>
TFN amounts withheld	E <input type="text"/>	Early stage investor tax offset	J <input type="text"/>
Share of credit for TFN amounts withheld from payments from closely held trusts	O <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.

56 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 57 and 58 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.

57 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 2019, also presently entitled to a share of the income of another trust? N Y Print Y for yes or N for no.

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

58 Non-resident trust

Is the trust a non-resident trust? N Y 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



Date Day Month Year **6/9/19**

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

Date

Day Month Year

Agent's phone number (include area code)

Area code

Telephone number

Agent's reference number

Office use only

Indics X

Losses schedule

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.

2019

Refer to *Losses schedule instructions 2019*, available on our website www.ato.gov.au for instructions on how to complete this schedule.

Tax file number (TFN)

978 796 206

Name of entity

7 Wharf Street Unit Trust

Australian business number (ABN)

17 862 935 335

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	11,992
2017-18	C	2,350
2016-17	D	8,880
2015-16	E	0
2014-15	F	
2013-14 and earlier income years	G	
Total	U	23,222

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

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

If you printed **N** at label **L**, do not complete label **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 Print **Y** for yes or **N** for no.

If you printed **N** at label **M**, has the company determined it had an unrealised net loss at the changeover time?

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

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

O

Part F Tax losses reconciliation statement

Balance of tax losses brought forward from the prior income year	A	11,230
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	11,992
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	
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	23,222

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 more 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

[Handwritten signature]

Date

6/9/19

Contact person

[Empty box]

Daytime contact number

Area code Number [Empty boxes]

Rental Property Schedule 2019**Trust**

Address of Rental Property

98 Fountain Street

PIMPAMA

QLD

4209

Date property first earned rental income

09/12/2016

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

19/07/2016

Purchase price of property

552,618

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**

7 Wharf Street Unit Trust

WHA01

100.00

Income**Return**

Gross rental income

34,611

34,611

Other rental related income

156

156

Gross Rent

34,767

34,767

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

D Advertising for tenants

310

310

V AFSL fees - Bugwash

2,200

2,200

F Borrowing expenses

125

125

I Capital allowances (depreciation)

5,620

5,620

R Capital works-special build w/off

6,576

6,576

J Gardening/lawn mowing

100

100

K Insurance

1,397

1,397

L Interest on loans

12,753

12,753

P Letting fee

550

550

P Property agent fees/commission

2,847

2,847

V Management fee - Bugwash

1,720

1,720

O Pest control

300

300

S Stationery, telephone and postage

61

61

H Council Rates

2,114

2,114

U Water charges

2,008

2,008

Q Repairs and maintenance

817

817

V Profit share fees - Bugwash

5,283

5,283

Total expenses

44,781

44,781

Net Rent

10,014

/ L

10,014

/ L

Sensitive (when completed)

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

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

Privacy

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

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

The Australian Business Register

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

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

Electronic funds transfer - direct debit

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

Tax file number 978 796 206

Year 2019

Name of partnership, trust, fund or entity 7 Wharf Street 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

6/9/19