

Trust tax return**2021**

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

Trust information**Tax file number (TFN)***

859 637 334

Have you attached any 'other attachments'? Yes No

See the Privacy note in the Taxpayer's declaration.

Name of trust *

Steele Unit Trust

Australian business number (ABN)

47 030 786 564

Previous name of trustIf 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.

5 Beneve Court

Suburb or town *

Montrose

State/territory*

TAS

Postcode *

7010

Country if outside Australia

Postal address on previous tax returnIf 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

Country if outside Australia

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

Steele

First given name

Jane

Other given names

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

Name

ABN

**Daytime contact
telephone number**

Phone number (include area code)

03 62735986

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 2020-21 income year write 2021).

If revoking or varying a family trust election, print **R** for revoke or print **V** for variation and complete and attach the *Family trust election, revocation or variation 2021*.

Interposed entity election status

If the trustee has an existing election, write the earliest income year specified. If the trustee is making one or more elections this year, write the earliest income year being specified and complete an *Interposed entity election or revocation 2021* for each election.

If revoking an interposed entity election, print **R** and complete and attach the *Interposed entity election or revocation 2021*.

Type of trust*

Print the code representing the **type** of trust.

U

Print **X** if also an charity

If code **D**, write the date of death.

Day Month Year

Managed investment trusts

Is the trust a managed investment trust (MIT)? * Yes No

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

MIT type

CODE

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

Yes No

Is any tax payable by the trustee?

Yes No

Final tax return * Yes No

Electronic funds transfer (EFT)

We need your financial institution details to pay any refund owing to you, even if you have provided them to us before. Write the BSB number, account number and account name below. (See relevant instructions.)

BSB number (must be six digits)

037001

Account number

465431

Account name

Steele Unit Trust

1 Description of main business activity

Industry code

A

2 Status of business - print **X** at label **B1**, **B2** or **B3**, whichever is the first applicable option, or leave blank.

Multiple business **B1**

Ceased business **B2**

Commenced business **B3**

Consolidation status - print **X** at label **Z2** if applicable

Consolidated subsidiary member **Z2**

Significant global entity **G1**

Country by country reporting entity **G2**

Income excluding foreign income

5 Business income and expenses

WHOLE DOLLARS ONLY

Income	Primary production	Non-primary production	Totals
Gross payments where ABN not quoted C	<input type="text" value=".00"/>	D <input type="text" value=".00"/>	<input type="text" value=".00"/>
Gross payments subject to foreign resident withholding (excluding capital gains) B		<input type="text" value=".00"/>	<input type="text" value=".00"/>
Assessable government industry payments E	<input type="text" value=".00"/> / <input type="text" value=""/>	F <input type="text" value=".00"/> / <input type="text" value=""/>	<input type="text" value=".00"/>
Other business income G	<input type="text" value=".00"/> / <input type="text" value=""/>	H <input type="text" value=".00"/> / <input type="text" value=""/>	<input type="text" value=".00"/> / <input type="text" value=""/>
Total business income	<input type="text" value=".00"/> / <input type="text" value=""/>	<input type="text" value=".00"/> / <input type="text" value=""/>	<input type="text" value=".00"/> / <input type="text" value=""/>

Expenses

Foreign resident withholding expenses (excluding capital gains) P	<input type="text" value=".00"/>	<input type="text" value=".00"/>	<input type="text" value=".00"/>
Contractor, sub-contractor and commission expenses C	<input type="text" value=".00"/>	<input type="text" value=".00"/>	<input type="text" value=".00"/>
Superannuation expenses D	<input type="text" value=".00"/>	<input type="text" value=".00"/>	<input type="text" value=".00"/>
Cost of sales E	<input type="text" value=".00"/> / <input type="text" value=""/>	<input type="text" value=".00"/> / <input type="text" value=""/>	<input type="text" value=".00"/> / <input type="text" value=""/>
Bad debts F	<input type="text" value=".00"/>	<input type="text" value=".00"/>	<input type="text" value=".00"/>
Lease expenses G	<input type="text" value=".00"/>	<input type="text" value=".00"/>	<input type="text" value=".00"/>
Rent expenses H	<input type="text" value=".00"/>	<input type="text" value=".00"/>	<input type="text" value=".00"/>
Total interest expenses I	<input type="text" value=".00"/>	<input type="text" value=".00"/>	<input type="text" value=".00"/>
Total royalty expenses J	<input type="text" value=".00"/>	<input type="text" value=".00"/>	<input type="text" value=".00"/>
Depreciation expenses K	<input type="text" value=".00"/>	<input type="text" value=".00"/>	<input type="text" value=".00"/>
Motor vehicle expenses L	<input type="text" value=".00"/>	<input type="text" value=".00"/>	<input type="text" value=".00"/>
Repairs and maintenance M	<input type="text" value=".00"/>	<input type="text" value=".00"/>	<input type="text" value=".00"/>
All other expenses N	<input type="text" value=".00"/>	<input type="text" value=".00"/>	<input type="text" value=".00"/>
Total expenses - labels P to N	<input type="text" value=".00"/> / <input type="text" value=""/>	<input type="text" value=".00"/> / <input type="text" value=""/>	O <input type="text" value=".00"/> / <input type="text" value=""/>

Reconciliation Items

Add: Income reconciliation adjustments A	<input type="text" value=".00"/> / <input type="text" value=""/>	<input type="text" value=".00"/> / <input type="text" value=""/>	<input type="text" value=".00"/> / <input type="text" value=""/>
Add: Expense reconciliation adjustments B	<input type="text" value=".00"/> / <input type="text" value=""/>	<input type="text" value=".00"/> / <input type="text" value=""/>	<input type="text" value=".00"/> / <input type="text" value=""/>
Net income or loss from business Q	<input type="text" value=".00"/> / <input type="text" value=""/>	R <input type="text" value=".00"/> / <input type="text" value=""/>	S <input type="text" value=".00"/> / <input type="text" value=""/>

Net small business income **V**

6 Tax withheld

Tax withheld where ABN not quoted **T**

Credit for tax withheld - foreign resident withholding (excluding capital gains) **U**

7 Credit for interest on early payments
- amount of interest

W

8 Partnerships and trusts

Primary production

Distribution from partnerships **A** .00 /

Share of net income from trusts **Z** .00 /

Deductions relating to amounts shown at **A** and **Z** **S** .00

Net primary production amount .00 /

Non-primary production

Distribution from partnerships,
less foreign income **B** .00 /

Share of net income from trusts, less capital
gains, foreign income and franked distributions **R** .00 /

Deductions relating to amounts shown at **B** and **R** **T** .00

Franked distributions from trusts **F** .00

Deductions related to franked
distributions from trusts in label **F** **G** .00

Net non-primary production amount .00 /

Capital gains from another trust and net foreign capital gains need to be included at item **21**.
Distributions 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** .00

Share of franking credits
from franked distributions **D**

Share of credit for TFN amounts withheld from
interest, dividends and unit trust distributions **E**

Credit for TFN amounts withheld from
payments from closely held trusts **O**

Share of credit for tax withheld
from foreign resident withholding
(excluding capital gains) **U** .00

9 Rent

Gross rent **F** 21241.00

Interest deductions **G** 0.00

Capital works deductions **X** 0.00

Other rental deductions **H** 5547.00

Net rent 15694.00 /

10 Forestry managed investment scheme income

Q .00

11 Gross interest - including Australian Government loan interest

J .00

TFN amounts withheld from gross interest **I**

12 Dividends

Unfranked amount **K** .00

Franked amount **L** .00

Franking credit **M** .00

TFN amounts withheld from dividends **N**

13 Superannuation lump sums and employment termination payments

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

Taxed element **V**

Untaxed element **W**

Death benefit employment termination payment where the beneficiary is a dependant

Taxable component **X**

Death benefit employment termination payment where the beneficiary is a non-dependant

Taxable component **Y**

14 Other Australian income - give details

Excepted net income

Type of income

O

15 Total of items 5 to 14

Add the boxes

Deductions

16 Deductions relating to:

Australian investment income **P**

Deductions related to franked distributions should **not** include deductions included at **G** item 8.

Franked distributions **R**

17 Forestry managed investment scheme deduction

D

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

Name of each item of deduction

Amount

accounting

620.00

bank fees

20.00

Q

19 Total of items 16 to 18

20 Net Australian income or loss - other than capital gains

Subtract item 19 from item 15. **\$**

21 Capital gains

Do you need to complete a *Capital gains tax (CGT) schedule 2021*?

Did you have a CGT event during the year? **G** Yes No Answer **Yes** at **G** if the trust had an amount of capital gains from another trust.

Have you applied an exemption or rollover? **M** Yes No CODE

Net capital gain **A**

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

Foreign Income

22 Attributed foreign income

Did you have overseas branch operations or a direct or indirect interest in a foreign trust, foreign company, controlled foreign entity or transferor trust?

S Yes No

Listed country **M** .00

Unlisted country **X** .00

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

23 Other assessable foreign source income

- other than income shown at item 22

Gross **B** .00 Net **V** .00 /

Foreign income tax offset **Z**

Also include at label **D** Australian franking credits from a New Zealand franking company that you have received indirectly through a partnership or trust.

Australian franking credits from a New Zealand franking company **D** .00

24 Total of items 20 to 23

Add the **B** boxes 15054.00 /

25 Tax losses deducted

C .00

26 Total net income or loss

Subtract item 25 from item 24. 15054.00 /

27 Losses information

A *Losses schedule 2021* must also be completed and attached if the sum of labels **U** and **V** is greater than \$100,000 or if the trust is a listed widely held trust and failed the majority ownership test for a loss.

Tax losses carried forward to later income years **U** .00

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

28 Landcare and water facility tax offset

Landcare and water facility tax offset brought forward from prior years **G** .00

Overseas transactions / thin capitalisation

29 Overseas transactions

Was the aggregate amount of your transactions or dealings with international related parties (including the value of any property/service transferred or the balance of any loans) greater than \$2 million?

W Yes No

Did the thin capitalisation provisions affect you? **O** Yes No

Interest expenses overseas **D** .00

Royalty expenses overseas **E** .00

If you printed **Yes** at label **W** or **O** or completed **D** or **E**, complete and attach the *International dealings schedule 2021*.

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

A Yes No

If you printed **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 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** ~~.00~~

Total amount of deductions against PSI included at item 5 expense labels **B** ~~.00~~

Did you satisfy the results test in respect of any individual? **C** Yes No

Do you hold a personal services business (PSB) determination in respect of any individual? **D** Yes No

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

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

Taxation of financial arrangements

31 Taxation of financial arrangements (TOFA)

Total TOFA gains **M** ~~.00~~

Total TOFA losses **N** ~~.00~~

32 Non-concessional MIT income (NCMI)

Business income

Primary production

Non-concessional MIT income (NCMI) **A**

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 net capital gain for amounts shown at labels **X** and **Z** (in respect of agricultural land for rent and residential dwelling assets) must be included at **21A** Net capital gain.

Key financial information

33 All current assets **F**

34 Total assets **G**

35 All current liabilities **I**

36 Total liabilities **J**

Business and professional items

The following information must be filled in for all trusts carrying on a business.

37 Business name of main business

38 Business address of main business

			A
Suburb or town	State	Postcode	

39 Opening stock	C	<input type="text" value="0.00"/>	44 Total salary and wage expenses	L	<input type="text" value="0.00"/>	<input type="text" value=""/>
40 Purchases and other costs	B	<input type="text" value="0.00"/>	45 Payments to associated persons	M	<input type="text" value="0.00"/>	
41 Closing stock	D	<input type="text" value="0.00"/>	46 Fringe benefit employee contributions	T	<input type="text" value="0.00"/>	<input type="text" value=""/>
42 Trade debtors	E	<input type="text" value="0.00"/>	47 Unpaid present entitlement to a private company	Y	<input type="text" value="0.00"/>	<input type="text" value=""/>
43 Trade creditors	H	<input type="text" value="0.00"/>	48 Trading stock election	Yes	<input type="checkbox"/>	No
			49 Aggregated Turnover			
			Select your aggregated turnover range	P	<input type="text" value=""/>	
			Aggregated turnover	Q	<input type="text" value="0.00"/>	

50 Capital allowances

Depreciating assets first deducted in this income year

Intangible depreciating assets first deducted	A	<input type="text" value="0.00"/>
Other depreciating assets first deducted	B	<input type="text" value="0.00"/>
Are you making a choice to opt out of temporary full expensing for some or all of your eligible assets?	P	<input type="checkbox"/> A - Some eligible assets; B - All eligible assets
Number of assets you are opting out for	Q	<input type="text" value=""/>
Value of assets you are opting out for	R	<input type="text" value="0.00"/>
Temporary full expensing deductions	S	<input type="text" value="0.00"/>
Number of assets you are Claiming for	T	<input type="text" value=""/>
Are you making a choice to opt out of Backing business investment for some or all of your eligible assets?	V	<input type="checkbox"/> A - Some eligible assets; B - All eligible assets
Number of assets you are opting out for	W	<input type="text" value=""/>
Value of assets you are opting out for	X	<input type="text" value="0.00"/>
First year accelerated depreciation deduction for assets using backing business investment	M	<input type="text" value="0.00"/>
Instant asset write-off deduction for non-small business entities	O	<input type="text" value="0.00"/>
Have you self-assessed the effective life of any of these assets?	C	Yes <input type="checkbox"/> No <input type="checkbox"/>
For all depreciating assets		
Did you recalculate the effective life for any of your assets this income year?	D	Yes <input type="checkbox"/> No <input type="checkbox"/>
Total adjustable values at end of income year	E	<input type="text" value="0.00"/>
Assessable balancing adjustments on the disposal of intangible depreciating assets	F	<input type="text" value="0.00"/>
Deductible balancing adjustments on the disposal of intangible depreciating assets	G	<input type="text" value="0.00"/>
Termination value of intangible depreciating assets	H	<input type="text" value="0.00"/>

Termination value of other depreciating assets **I** .00

Subsequent year accelerated depreciation deduction for assets using backing business investment **N** .00

Deduction for project pool **J** .00

Section 40-880 deduction **K** .00

Landcare operations and deduction for decline in value of water facility, fencing asset and fodder storage asset **L** .00

51 Small business entity simplified depreciation

Deduction for certain assets **A** .00

Deduction for general small business pool **B** .00

52 National rental affordability scheme

National rental affordability scheme tax offset entitlement **F**

53 Other refundable tax offsets

G / CODE

54 Non-refundable carry-forward tax offsets

Early stage venture capital limited partnership tax offset **H**

Early stage investor tax offset **I**

55 Medicare levy reduction or exemption

Spouse's 2020-21 taxable income - if nil show '0' **A** .00

Full Medicare levy exemption - number of days **C** / CODE

Number of dependent children and students **B**

Half Medicare levy exemption - number of days **D**

Medicare levy surcharge and private health insurance tax offset

If the trust is liable for the Medicare levy surcharge or entitled to the private health insurance tax offset, refer to the instructions.

56 Income of the trust estate

A .00

Statement of distribution

57 Statement of distribution

Distribution details

Complete the distribution details on the following pages for **BENEFICIARY 1 to 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 Office to correctly identify each beneficiary's tax records. The Tax Office 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	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" value="00"/>	Capital gains	F	<input type="text" value="00"/>	
Credit for tax withheld - foreign resident withholding (excluding capital gains)	L	<input type="text" value="00"/>	NCMI capital gains	F1	<input type="text" value="00"/>	
Australian franking credits from a New Zealand franking company	N	<input type="text" value="00"/>	Excluded from NCMI capital gains	F2	<input type="text" value="00"/>	
Share of income	Primary production	A	<input type="text" value="00"/>	Share of credit for amounts withheld from foreign resident capital gains withholding	Z	<input type="text" value="00"/>
	PP - NCMI		<input type="text" value="00"/>	Attributed foreign income	G	<input type="text" value="00"/>
	PP - Excluded from NCMI		<input type="text" value="00"/>	Other assessable foreign source income	H	<input type="text" value="00"/>
	Non-primary production	B	<input type="text" value="00"/>	Foreign income tax offsets	I	<input type="text"/>
	Non - PP NCMI		<input type="text" value="00"/>	Share of national rental affordability scheme tax offset	R	<input type="text"/>
	Non - PP Excluded from NCMI		<input type="text" value="00"/>	Share of other refundable tax offsets	X	<input type="text"/>
Credit for tax withheld where ABN not quoted	C	<input type="text" value="00"/>	Early stage venture capital limited partnership tax offset	T	<input type="text"/>	
Franked distributions	U	<input type="text"/>	Early stage venture capital limited partnership tax offset carried forward from previous year	K	<input type="text"/>	
Franking credit	D	<input type="text"/>	Early stage investor tax offset	J	<input type="text"/>	
TFN amounts withheld	E	<input type="text"/>	Exploration credits distributed	M	<input type="text"/>	

58 Choice for resident trustee to be assessed to capital gains on behalf of beneficiaries

Assessment calculation code **X**

Amount of capital gains on which the trustee has chosen to be assessed on behalf of beneficiaries **Y**

Items 58 and 59 must be answered for all trusts - if you answer yes to any of these questions, answer Yes in the 'other attachments' question on page 1 of this tax return

59 Beneficiary under legal disability who is presently entitled to income from another trust

Was any beneficiary in this trust, who was under a legal disability on 30 June 2021, also presently entitled to a share of the income of another trust?

Yes No

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

60 Non-resident trust

Is the trust a non-resident trust? Yes No

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

\$

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

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

Hamilton Accounting Services

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

Date

Day	Month	Year
-----	-------	------

Client's reference

STEELEU

Contact name*

John W Hamilton

Agent's telephone number*

Area code
03

Telephone number
62251081

Agent's reference number*

57669007

Office use only

57 Statement of distribution - continued

BENEFICIARY

Tax file number (TFN)

858 309 297

Entity code

U S

INDIVIDUAL NAME

Surname or family name

First given name

Other given names

OR

NON-INDIVIDUAL NAME (company, partnership, trust etc.)

Steele Family Superannuation Fund

Postal address

5 Beneve court

Suburb or town

Montrose

State/territory

TAS

(Australia only)

Postcode

7010

(Australia only)

Country if outside Australia

Date of birth

Day Month Year

Assessment calculator code	V	35	
Share of income of the trust estate	W		.00
Credit for tax withheld - foreign resident withholding (excluding capital gains)	L		.00
Australian franking credits from a New Zealand franking company	N		.00
Share of income	Primary production	A	.00 / <input type="text"/> LOSS
	PP - NCMI		.00
	PP - Excluded from NCMI		.00
	Non-primary production	B	15054.00 / <input type="text"/> LOSS
	Non - PP NCMI		.00
Non - PP Excluded from NCMI		.00	
Credit for tax withheld where ABN not quoted	C		.00
Franked distributions	U		.00
Franking credit	D		
TFN amounts withheld	E		

Small business income tax offset information

Share of net small business income M .00

Share of credit for TFN amounts withheld from payments from closely held trusts	O		
Capital gains	F		.00
NCMI capital gains	F1		.00
Excluded from NCMI capital gains	F2		.00
Share of credit for amounts withheld from foreign resident capital gains withholding	Z		.00
Attributed foreign income	G		.00
Other assessable foreign source income	H		.00 / <input type="text"/> LOSS
Foreign income tax offsets	I		
Share of national rental affordability scheme tax offset	R		
Exploration credits distributed	M		.00
Early stage venture capital limited partnership tax offset	T		.00
Early stage investor tax offset	J		.00
Div 6AA Eligible income			.00

Non-resident beneficiary additional information

s98(3) assessable amount J .00
s98(4) assessable amount K .00

TB statement information (complete only for trustee beneficiaries of a closely held trust)

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

TB statement? Yes No

Tax preferred amount P .00

Untaxed part of share of net income Q .00

Annual Trustee Payment report information (only to be completed by closely held trusts including family trusts)

Distribution from ordinary or statutory income during income year S .00

Total TFN amounts withheld from payment T .00

57 Statement of distribution - continued

BENEFICIARY

Tax file number (TFN)

161 065 653

Entity code

U I

INDIVIDUAL NAME

Surname or family name

Steele

First given name

Mathew

Other given names

Ernest

OR

NON-INDIVIDUAL NAME (company, partnership, trust etc.)

Postal address

5 Beneve Court

Suburb or town

Montrose

State/territory

TAS

(Australia only)

Postcode

7010

(Australia only)

Country if outside Australia

Date of birth Day Month Year

05/07/1971

Assessment calculator code V 27

Share of income of the trust estate W .00

Credit for tax withheld - foreign resident withholding (excluding capital gains) L .00

Australian franking credits from a New Zealand franking company N .00

Primary production A .00 / LOSS

PP - NCMI .00

Share of income PP - Excluded from NCMI .00

Non-primary production B 0.00 / LOSS

Non - PP NCMI .00

Non - PP Excluded from NCMI .00

Credit for tax withheld where ABN not quoted C .00

Franked distributions U .00

Franking credit D

TFN amounts withheld E

Small business income tax offset information

Share of net small business income M .00

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

Capital gains F .00

NCMI capital gains F1 .00

Excluded from NCMI capital gains F2 .00

Share of credit for amounts withheld from foreign resident capital gains withholding Z .00

Attributed foreign income G .00

Other assessable foreign source income H .00 / LOSS

Foreign income tax offsets I

Share of national rental affordability scheme tax offset R

Exploration credits distributed M .00

Early stage venture capital limited partnership tax offset T .00

Early stage investor tax offset J .00

Div 6AA Eligible income .00

Non-resident beneficiary additional information

s98(3) assessable amount J .00

s98(4) assessable amount K .00

TB statement information (complete only for trustee beneficiaries of a closely held trust)

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

TB statement? Yes No

Tax preferred amount P .00

Untaxed part of share of net income Q .00

Annual Trustee Payment report information (only to be completed by closely held trusts including family trusts)

Distribution from ordinary or statutory income during income year S .00

Total TFN amounts withheld from payment T .00

57 Statement of distribution - continued

BENEFICIARY

Tax file number (TFN)

180 769 363

Entity code

U I

INDIVIDUAL NAME

Surname or family name

Steele

First given name

Jane

Other given names

Louise

OR

NON-INDIVIDUAL NAME (company, partnership, trust etc.)

[Empty box for non-individual name]

Postal address

5 Beneve Court

[Empty box for postal address]

Suburb or town

Montrose

State/territory

TAS

(Australia only)

Postcode

7010

(Australia only)

Country if outside Australia

[Empty box for country]

Date of birth Day Month Year
23/05/1973

Assessment calculator code V 27

Share of income of the trust estate W .00

Credit for tax withheld - foreign resident withholding (excluding capital gains) L .00

Australian franking credits from a New Zealand franking company N .00

Primary production A .00 / LOSS

PP - NCMI .00

Share of income PP - Excluded from NCMI .00

Non-primary production B 0.00 / LOSS

Non - PP NCMI .00

Non - PP Excluded from NCMI .00

Credit for tax withheld where ABN not quoted C .00

Franked distributions U .00

Franking credit D

TFN amounts withheld E

Small business income tax offset information

Share of net small business income M .00

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

Capital gains F .00

NCMI capital gains F1 .00

Excluded from NCMI capital gains F2 .00

Share of credit for amounts withheld from foreign resident capital gains withholding Z .00

Attributed foreign income G .00

Other assessable foreign source income H .00 / LOSS

Foreign income tax offsets I

Share of national rental affordability scheme tax offset R

Exploration credits distributed M .00

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Untaxed part of share of net income Q .00

Annual Trustee Payment report information (only to be completed by closely held trusts including family trusts)

Distribution from ordinary or statutory income during income year S .00

Total TFN amounts withheld from payment T .00

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

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	<input type="text" value="859 637 334"/>	Year	<input type="text" value="2021"/>		
Name of Partnership, Trust, Fund or Entity	<input type="text" value="Steele Unit Trust"/>				
Total Income or Loss	<input type="text" value="15694"/>	Total Deductions	<input type="text" value="640"/>	Taxable Income or Loss	<input type="text" value="15054"/>

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	<input type="text"/>	Date	<input type="text"/>
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Part B ELECTRONIC FUNDS TRANSFER CONSENT

This declaration is to be completed when an electronic funds transfer (EFT) of a refund is requested and the tax return is being lodged through an approved ATO electronic channel.

This declaration must be signed by the partner, trustee, director or public officer prior to the EFT details being transmitted to the Tax Office. If you elect for an EFT, all details below must be completed.

Important: Care should be taken when completing EFT details as the payment of any refund will be made to the account specified.

EFT Account	<input type="text" value="037 001"/>	-	<input type="text" value="465 431"/>	<input type="text" value="Steele Unit Trust"/>
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I authorise the refund to be deposited directly to the specified account.

Agent's reference number	<input type="text" value="57669007"/>	Signature	<input type="text"/>	Date	<input type="text"/>
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Part D Tax agent's certificate (shared facilities only)

I declare that:

- I have prepared this tax return in accordance with the information supplied by the partner, trustee, director or public officer
- I have received a declaration made by the entity that the information provided to me for the preparation of this tax return is true and correct, and
- I am authorised by the partner, trustee, director or public officer to lodge this tax return, including any applicable schedules.

Agent's signature	<input type="text"/>	Date	<input type="text"/>	Client's reference	<input type="text" value="STEELEU"/>
Contact name	<input type="text" value="John W Hamilton"/>				
Agent's phone number	<input type="text" value="03"/>	<input type="text" value="62251081"/>	Agent's reference number	<input type="text" value="57669007"/>	

Rental property schedule 2021

Name: STEELE UNIT TRUST

TFN: 859 637 334

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	Jackson Street		
	Suburb or town	Glenorchy	State TAS Postcode 7010
▶ Acquired	Day	Month	Year
	28/02/2007		
▶ Date property first earned income	Day	Month	Year
	01/07/2007		
▶ Entity's ownership	100.00	%	
▶ Number of weeks property was rented	52		
▶ Number of weeks property was available for rent this year			
▶ Purchase price of property	190000	.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?	<input type="checkbox"/>		

**Rental schedule 2021
for STEELE UNIT TRUST**

TFN **859 637 334**

▶ Address of property	Jackson Street		
	Suburb or town	Glenorchy	State TAS Postcode 7010

Rental income	A	<input type="text" value="21241"/>	<input type="text" value="21241"/>
Other rental related income	B	<input type="text" value="0"/>	<input type="text" value="0"/>

Gross rent	Add income amounts (A and B)	C \$	<input type="text" value="21241"/>	<input type="text" value="21241"/>
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Advertising for tenants	D	<input type="text" value="0"/>	<input type="text" value="0"/>
Body corporate fees	E	<input type="text" value="0"/>	<input type="text" value="0"/>
Borrowing expenses	F	<input type="text" value="0"/>	<input type="text" value="0"/>
Cleaning	G	<input type="text" value="0"/>	<input type="text" value="0"/>
Council rates	H	<input type="text" value="1413"/>	<input type="text" value="1413"/>
Capital allowances	I	<input type="text" value="42"/>	<input type="text" value="42"/>
Gardening / lawn mowing	J	<input type="text" value="0"/>	<input type="text" value="0"/>
Insurance	K	<input type="text" value="1971"/>	<input type="text" value="1971"/>
Interest on loan(s)	L	<input type="text" value="0"/>	<input type="text" value="0"/>
Land tax	M	<input type="text" value="982"/>	<input type="text" value="982"/>
Legal fees	N	<input type="text" value="0"/>	<input type="text" value="0"/>
Pest control	O	<input type="text" value="0"/>	<input type="text" value="0"/>
Property agent fees / commission	P	<input type="text" value="0"/>	<input type="text" value="0"/>
Repairs and maintenance	Q	<input type="text" value="0"/>	<input type="text" value="0"/>
Capital works deductions	R	<input type="text" value="0"/>	<input type="text" value="0"/>
Stationery, telephone and postage	S	<input type="text" value="0"/>	<input type="text" value="0"/>
Travel expenses	T	<input type="text" value="0"/>	<input type="text" value="0"/>
Water charges	U	<input type="text" value="1139"/>	<input type="text" value="1139"/>
Sundry rental expenses	V	<input type="text" value="0"/>	<input type="text" value="0"/>

Total expenses	Add expenses amounts (D to V)	W \$	<input type="text" value="5547"/>	<input type="text" value="5547"/>
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NET RENT	Take W away from C	X \$	<input type="text" value="15694"/>	<input type="text" value="15694"/>
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Sensitive (when completed)

Depreciation worksheet Jackson Street , Glenorchy TAS 7010 2021
for STEELE UNIT TRUST

TFN 859 637 334

Depreciation worksheet Jackson Street , Glenorchy TAS 7010

Purchase Date	Description of each unit	Cost of plant	Opening written down value	Opening undeducted cost	Date	Disposals		Rate %	Decline in value		Taxable %	Deduction for decline in value in use	Closing written down value	Closing undeducted cost
						Termination value	Balancing adjustments Assessable Income		Diminishing value	Prime cost				
		1669	15900	15900				2.50	42		100	42	15858	15858
	Total of Buildings ▶	1669	15900	15900					42			42	15858	15858
									Amount to be returned as income ▶ (Do not deduct from Total deduction for decline in value)					
									Amount to be claimed as a deduction (Do not include in Total deduction for decline in value)			42 ◀	Total deduction for decline in value	

Worksheets and Attachments

Item 18. Other deductions

Description	Amount
accounting	620.00
bank fees	20.00
Totals:	640.00
Totals:	0.00

0 0 0

0.00 0.00