

Trust tax return**2018**

Day Month Year to Day Month Year

	to	
--	----	--

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 2018 (the instructions), available from the website www.ato.gov.au

Tax file number (TFN)

993 550 729

Have you attached any
'other attachments'?

No

See the Privacy note in the Taxpayer's declaration.

Name of trust

367 TRUST

Australian business number (ABN)

94 421 189 922

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.

CLEAVE ACCOUNTING PTY LTD

PO Box 165

VIRGINIA BC

QLD

4014

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

0466

Telephone number

000444

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 2017-18 income year write 2018).

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 2018.

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 2018 for each election.

If revoking an interposed entity election, print **R** and complete and attach the Interposed entity election or revocation 2018.

Type of trust

Print the code representing the type of trust.

Print X if also a charity

If code D, write the date of death.

Day Month Year

Managed Investment trusts

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

NON-RESIDENTIAL PROPERTY OPERATORS

Industry code **A** 67120

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**

Entity status - print X at label **G1** if applicable

Significant global entity **G1**

Income excluding foreign income

5 Business income and expenses

Income

	Primary production	Non-primary production	Totals
Gross payments where ABN not quoted C	<input type="text"/>	D <input type="text"/>	<input type="text"/>
Gross payments subject to foreign resident withholding (excluding capital gains) B		<input type="text"/>	<input type="text" value="0"/>
Assessable government industry payments E / <input type="text" value="CODE"/>	<input type="text"/>	F <input type="text"/>	<input type="text"/>
Other business income G / <input type="text"/>	<input type="text"/>	H 179,893 / <input type="text"/>	179,893 / <input type="text"/>
Total business income	0 / <input type="text"/>	179,893 / <input type="text"/>	179,893 / <input type="text"/>

Expenses

Foreign resident withholding expenses (excluding capital gains) P	<input type="text"/>	<input type="text"/>	<input type="text" value="0"/>
Contractor, sub-contractor and commission expenses C	<input type="text"/>	<input type="text"/>	<input type="text"/>
Superannuation expenses D	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cost of sales E / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bad debts F	<input type="text"/>	<input type="text"/>	<input type="text"/>
Lease expenses G	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rent expenses H	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total interest expenses I	<input type="text"/>	120,364	120,364
Total royalty expenses J	<input type="text"/>	<input type="text"/>	<input type="text"/>
Depreciation expenses K	<input type="text"/>	106,541	106,541
Motor vehicle expenses L	<input type="text"/>	<input type="text"/>	<input type="text"/>
Repairs and maintenance M	<input type="text"/>	68,541	68,541
All other expenses N	<input type="text"/>	43,044	43,044
Total expenses - labels P to N	<input type="text"/>	338,490 / <input type="text"/>	338,490 / <input type="text"/>

Reconciliation items

Add: Income reconciliation adjustments A	<input type="text"/>	<input type="text"/>	<input type="text"/>
Add: Expense reconciliation adjustments B	<input type="text"/>	<input type="text"/>	<input type="text"/>
Net income or loss from business Q	<input type="text"/>	158,597 / <input type="text"/>	158,597 / <input type="text"/>

Net small business income **V**

Taxpayer eligible for Small Business income tax offset (Y/N) ? **Y**

	Total amount in return	
Add :		
Item 5 Label S - Net income or loss from business	158,597	L
Foreign source business income from item 22 or 23		
Business interest income	0	
Business dividend income	0	
Business income not already shown at this item		
Less :		
Business deductions not already claimed at this item		

6 Tax withheld

Tax withheld where ABN not quoted **T**

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

8 Partnerships and trusts

Primary production

Distribution from partnerships **A** /

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

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

Net primary production amount /

Non-primary production

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

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

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

Franked distributions from trusts **F**

Deductions relating to franked distributions from trusts in label **F** **G**

Net non-primary production amount /

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**

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

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

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

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

15 Total of items 5 to 14 Add the boxes 158,597 / **L**

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 **\$** 158,597 / **L**

21 Capital gains

Do you need to complete a Capital gains tax (CGT) Schedule 2018?

Did you have a CGT event during the year? G N Answer yes at G if the trust had an amount of capital gains from another trust.

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

Net capital gain A

Credit for foreign resident capital gains withholding amounts B

Net capital losses brought forward from prior years Net capital losses carried forward to later income years

Non-Collectables Collectables

24 Total of items 20 to 23

Add the boxes 158,597 /L

26 Total net income or loss

Subtract item 25 from item 24. 158,597 /L

27 Losses information

A Losses Schedule 2018 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 203,914 Net capital losses carried forward to later income years V

PP NPP 203,914

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 2018

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.

30 Personal services income

Does 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

Business and professional items**36 Business name of main business**

270 ROBINSON ROAD

37 Business address of main business

SUITE 1 270 ROBINSON ROAD EAST

GEEBUNG

QLD

A

4034

38 Opening stock C

43 Total salary and wage expenses L CODE

39 Purchases and other costs B

44 Payments to associated persons M

40 Closing stock D CODE

45 Fringe benefit employee contributions T

41 Trade debtors E

46 Unpaid present entitlement to a private company Y CODE

42 Trade creditors H

47 Trading stock election Print Y for yes or leave blank.

49 Small business entity simplified depreciation

Deduction for certain assets A

Deduction for general small business pool B

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 <input style="width: 50px;" type="text" value="V"/>		Capital gains <input style="width: 50px;" type="text" value="F"/>
Share of income of the trust estate <input style="width: 50px;" type="text" value="W"/>		Share of credit for foreign resident capital gains withholding amounts <input style="width: 50px;" type="text" value="Z"/>
Share of credit for tax withheld – foreign resident withholding (excluding capital gains) <input style="width: 50px;" type="text" value="L"/>		Attributed foreign income <input style="width: 50px;" type="text" value="G"/>
Australian franking credits from a New Zealand franking company <input style="width: 50px;" type="text" value="N"/>		Other assessable foreign source income <input style="width: 50px;" type="text" value="H"/>
Share of income Primary production <input style="width: 50px;" type="text" value="A"/>	<input style="width: 20px;" type="text"/>	Foreign income tax offset <input style="width: 50px;" type="text" value="I"/>
Non-primary production <input style="width: 50px;" type="text" value="B"/>	<input style="width: 20px;" type="text"/>	Share of National rental affordability scheme tax offset <input style="width: 50px;" type="text" value="R"/>
Credit for tax withheld where ABN not quoted <input style="width: 50px;" type="text" value="C"/>		Share of other refundable tax offsets <input style="width: 50px;" type="text" value="X"/>
Franked distributions <input style="width: 50px;" type="text" value="U"/>		Early stage venture capital limited partnership tax offset <input style="width: 50px;" type="text" value="T"/>
Franking credit <input style="width: 50px;" type="text" value="D"/>		Early stage venture capital limited partnership tax offset carried forward from previous year <input style="width: 50px;" type="text" value="K"/>
TFN amounts withheld <input style="width: 50px;" type="text" value="E"/>		Early stage investor tax offset <input style="width: 50px;" type="text" value="J"/>
Share of credit for TFN amounts withheld from payments from closely held trusts <input style="width: 50px;" type="text" value="O"/>		Early stage investor tax offset carried forward from previous year <input style="width: 50px;" type="text" value="M"/>

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

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

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 2018, also presently entitled to a share of the income of another trust?

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? 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

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

Agent's phone number (include area code)

Area code

Telephone number

Agent's reference number

Office use only

Losses schedule

Companies and trusts that do not join consolidated groups should complete and attach this schedule to their 2018 tax return.

Superannuation funds should complete and attach this schedule to their 2018 tax return.

2018

Refer to *Losses schedule instructions 2018*, available on our website www.ato.gov.au for instructions on how to complete this schedule.

Tax file number (TFN)

993 550 729

Name of entity

367 TRUST

Australian business number (ABN)

94 421 189 922

Part A Losses carried forward to the 2018-19 income year - excludes film losses

1 Tax losses carried forward to later income years

Year of loss		
2017-18	B	158,597
2016-17	C	45,317
2015-16	D	
2014-15	E	
2013-14	F	
2012-13 and earlier income years	G	
Total	U	203,914

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

Part B Ownership and business continuity test - company and listed widely held trust only

Complete item 3 of **Part B** if a loss is being carried forward to later income years and the business continuity test has to be satisfied in relation to that loss.

Do not complete items 1, 2 of **Part B** if, in the 2017-18 income year, no loss has been claimed as a deduction, applied against a net capital gain or, in the case of companies, losses have not been transferred in or out.

1 Whether continuity of majority ownership test passed

Year of loss Print **Y** for yes or **N** for no.

2017-18 **A**

2016-17 **B**

2015-16 **C**

2014-15 **D**

2013-14 **E**

2012-2013 and earlier income years **F**

Note: If the entity has deducted, applied, transferred in or transferred out (as applicable) in the 2017-18 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.

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 Year Name of partnership, trust, fund or entity

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