

PART A Electronic Lodgment Declaration (Form I)

This declaration is to be completed where a taxpayer elects to use 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 your tax file number (TFN). We will use your TFN to identify you in our records. It is not an offence not to provide your TFN. However, you cannot lodge your income tax form electronically if you do not quote your TFN.

Taxation law authorises the ATO to collect information and to disclose it to other government agencies. For information about your 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	XXX XXX XXX	Year	2023
Name	Mr Bill Cassarino		

Declaration

I declare that:

- the information provided to my registered tax 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.

Important: The tax law imposes heavy penalties for giving false or misleading information.

Signature		Date	
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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 lodgment channel .

The declaration must be signed by the taxpayer 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.

Agent's reference number	
Account Name:	BILL CASSARINO

I authorise the refund to be deposited directly to the specified account as above.

Signature		Date	
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Amendment [1]

Individual tax return

1 July 2022 to 30 June 2023

2023

Your tax file number (TFN)

XXX XXX XXX

Return year

2023

See the Privacy note in the Taxpayer's declaration on page 16 of this return.

Are you an Australian resident?

 Y Print Y for yes
or N for no.

Have you included any attachments?

 N Print Y for yes
or N for no.

If NO please enter residency dates

From To

Your name

Title - for example,
Mr, Mrs, Ms, Miss

Mr

Surname or family name

Cassarino

Given names

Bill

Has any part of your name
changed since completing
your last tax return?
 N Print Y for yes
or N for no.
To find out how to update your name on our records, go to ato.gov.au/updatedetails
or phone 13 28 61.

Your postal address

C/- Walker Partners (Aust) Pty Ltd

P O Box 706

Has your postal address
changed since completing
your last tax return?
 Print Y for yes
or N for no.

HEIDELBERG

VIC

3084

Your home address

If the same as your current
postal address, print AS
ABOVE.

4 Ivan Street

STRATHMORE

VIC

3041

Your mobile phone number

Your daytime phone number
(if different from your mobile phone
number above)Area
codePhone
number

Your email address

Your contact details may be used by the ATO:

- to advise you of tax return lodgment options
- to correspond with you with regards to your taxation and superannuation affairs
- to issue notices to you, or
- to conduct research and marketing.

Your date of birth

If you were under 18 years of age on
30 June 2023 you must complete
item A1 on page 5 of this tax return.

13/05/1970

Final tax return

 N
If you know this is your final
tax return, print FINAL.

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.BSB number
(must be six digits)

013377

Account
number

181868094

Use Agent Trust Account?

 N
Account name (for example, JQ Citizen. Do not show the account type,
such as cheque, savings, mortgage offset)

BILL CASSARINO

Income

1 Salary or wages

Your main salary and wage occupation

Transport company manager

Occupation code **X** 149413

Payer's Australian business number 68 120 907 502

Payer's Name ALLWORLD LOGISTICS PTY. LTD.

	Tax withheld	17,420	TYPE
	Gross payment	78,000	<input type="checkbox"/>
Allowances			RFBA <input type="checkbox"/>
Lump A			RESC 16,810
Lump B			CDEP
Lump D			

Total tax withheld Add up the boxes. \$ 17,420

10 Gross interest

Gross interest **L** 312

Tax file number amounts withheld from gross interest **M**

Bank	Branch	Account Number	A/C holders
ANZ BANKING GROUP LTD			1

	Total
TFN amounts withheld	0.00
Gross interest	312.16

Interest adjustment reason code

Interest adjustment reason description

ATO prefill certainty indicator

11 Dividends

Unfranked amount **S** 0

Franked amount **T** 676

Tax file number amounts withheld from dividends **V** 0.00

Franking credit **U** 289

Payer's name	Reference number	A/C holders	Country	Business?
PILBARA MINERALS LIMITED	*****250	1		

	Total
Unfranked amount	
Franked amount	676.50
Franking credit	289.93
TFN amounts withheld	
Exploration credits	
Listed investment company capital gain deduction	

TOTAL INCOME OR LOSS Add up the income amounts and deduct any loss amount in the boxes. 79,277 / LOSS

Deductions

D5 Other work-related expenses

E 405

Printing and stationery	295
Work equip	110

D Only used by taxpayers completing the supplementary section

Transfer the amount from TOTAL SUPPLEMENT DEDUCTIONS

TOTAL DEDUCTIONS Items D1 to **D** - add up the boxes.

SUBTOTAL **TOTAL INCOME OR LOSS** less **TOTAL DEDUCTIONS** /

TAXABLE INCOME OR LOSS Subtract amounts at **F** and **Z** item L1 from amount at SUBTOTAL. /

TOTAL TAX OFFSETS Items T2 and **T** -add up the boxes.

M2 Medicare levy surcharge (MLS)

THIS ITEM IS COMPULSORY.

If you do not complete this item you may be charged the full Medicare levy surcharge.

For the whole period 1 July 2022 to 30 June 2023, were you and all your dependants (including your spouse) - if you had any - covered by private patient HOSPITAL cover? Print Y for yes or N for no.

Number of days NOT liable for surcharge

Private health insurance policy details

You must read Private health insurance policy details in the instructions before completing this item. Fill all the labels below unless directed in the instructions.

Health insurer ID Membership number
Your premiums eligible for Australian Government rebate Your Australian Government rebate received
Benefit code Tax claim code. Read the instructions.

Health insurer ID Membership number
Your premiums eligible for Australian Government rebate Your Australian Government rebate received
Benefit code Tax claim code. Read the instructions.

Income tests

You must complete this section.

If you had a spouse during 2022-23 you must also complete Spouse details – married or de facto on page 7.

IT1 Total reportable fringe benefits amounts

Total reportable fringe benefits amounts (for ATO validation only)

Employers exempt from FBT under section 57A of the FBTA 1986

Employers not exempt from FBT under section 57A of the FBTA 1986

IT2 Reportable employer superannuation contributions

IT3 Tax-free government pensions

IT4 Target foreign income

IT5 Net financial investment loss

IT6 Net rental property loss

IT7 Child support you paid

(For ATO validation only)

Adjusted taxable income

95,682

Estimated total income

96,087

Estimated eligible income

94,810

Non-resident foreign income

Period you had a spouse - married or de facto

Did you have a spouse for the full year - 1 July 2022 to 30 June 2023?

L No X Yes

From

M

N to

If you did not have a spouse for the full year, write the dates you had a spouse between 1 July 2022 and 30 June 2023.

Did your spouse die during the year?

Yes No

18 Capital gains

Did you have a capital gains tax event during the year?

G N

Print Y for yes or N for no.

You must print Y at G if you had an amount of a capital gain from a trust.

Have you applied an exemption, rollover or additional discount?

M

CODE

Print Y for yes or N for no.

Total current year capital gains

H

Net capital gain

A

Net capital losses carried forward to later income years

V

4,158

Credit for foreign resident capital gains withholding amounts

X

Net capital losses brought forward from prior years

Net capital losses carried forward to later income years

Table with 2 columns: Category (Non-Collectables, Collectables) and Amount (0, 0)

Table with 2 columns: Category (Non-Collectables, Collectables) and Amount (4,158, 0)

19 Foreign entities

Non-resident trust name

Trustee or Trustees name

Did you have either a direct or indirect interest in a controlled foreign company (CFC)?

I N

Print Y for yes or N for no.

CFC income

K

Non-managed fund amounts

Have you ever, either directly or indirectly, caused the transfer of property-including money-or services to a non-resident trust estate?

W N

Print Y for yes or N for no.

Transferor trust income

B

Non-managed fund amounts

20 Foreign source income and foreign assets or property

During the year did you own, or have an interest in, assets located outside Australia which had a total value of AUD\$50,000 or more?

P N

Print Y for yes or N for no.

D12 Personal superannuation contributions

H

2,500

Did you provide your fund (including a retirement savings account) with a notice of intent to claim a deduction for personal superannuation contributions, and receive an acknowledgement from your fund?

Fund name / TFN / ABN

Account no

Y/N

XXXX XXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXX
XXXXXXXX XXX XXX XXX XXXXXXXX XXX XXX

1

2500

Yes

TOTAL SUPPLEMENT DEDUCTIONS

Items D11 to D15-add up the boxes and transfer this amount to

D

2,500

TOTAL SUPPLEMENT TAX OFFSETS

Items T3 to T9 - add up the boxes.

Transfer this amount to

T

Taxpayer's declaration

Read and sign the declaration after completing your tax return, including the Supplementary section, Business and professional items section and other schedules if applicable.

I declare that:

- the information provided to my registered tax agent for the preparation of this tax return is true and correct, and
- I authorise my registered tax agent to lodge this tax return.

**Taxpayer's
Signature**

Date

Day Month Year

Important: The tax law imposes heavy penalties for giving false or misleading information.

The ATO will issue your assessment based on your tax return. However, the ATO has some time to review your tax return, and issue an amended assessment if a review shows inaccuracies that change the assessment. The standard review period is two years but for some taxpayers it is four years.

Privacy:

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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

Date

Day Month Year
20/07/2023

Client's reference

Contact name

Agent's telephone number

Area code

Telephonenumber

Agent's reference number

Position held

Capital gains tax (CGT) schedule

2023

Refer to the Guide to capital gains tax 2023 available on our website at ato.gov.au for instructions on how to complete this schedule.

Tax file number (TFN) **XXX XXX XXX**

! We are authorised by law to request your TFN. You do not have to quote your TFN. However, if you don't it could increase the chance of delay or error in processing your form.

Taxpayer's name **Mr Bill Cassarino**

Australian Business Number (ABN)

1 Current year capital gains and capital losses

	Capital gain
Shares in companies listed on an Australian securities exchange	A \$ <input type="text"/>
Other shares	B \$ <input type="text"/>
Units in unit trusts listed on an Australian securities exchange	C \$ <input type="text"/>
Other units	D \$ <input type="text"/>
Real estate situated in Australia	E \$ <input type="text"/>
Other real estate	F \$ <input type="text"/>
Amount of capital gains from a trust (including a managed fund)	G \$ <input type="text"/>
Collectables	H \$ <input type="text"/>
Other CGT assets and any other CGT events	I \$ <input type="text"/>
Amount of capital gain previously deferred under transitional CGT relief for superannuation funds	S \$ <input type="text"/>
Total current year capital gains	J \$ <input type="text" value="0"/>

	Capital loss
	K \$ <input type="text" value="4,158"/>
	L \$ <input type="text"/>
	M \$ <input type="text"/>
	N \$ <input type="text"/>
	O \$ <input type="text"/>
	P \$ <input type="text"/>
	Q \$ <input type="text"/>
	R \$ <input type="text"/>

Add the amounts at labels K to R and write the total in item 2 label A - Total current year capital losses.

2 Capital losses

Total current year capital losses	A \$ <input type="text" value="4,158"/>
Total current year net capital losses applied	B \$ <input type="text"/>
Total prior year net capital losses applied	C \$ <input type="text"/>
Total capital losses transferred in applied (only for transfers involving a foreign bank branch or permanent establishment of a foreign financial entity)	D \$ <input type="text"/>
Total capital losses applied	E \$ <input type="text"/>

Add amounts at B, C and D.

3 Unapplied net capital losses carried forward

Net capital losses from collectables carried forward to later income years	A \$ <input type="text"/>
Other net capital losses carried forward to later income years	B \$ <input type="text" value="4,158"/>

Add amounts at A and B and transfer the total to label V - Net capital losses carried forward to later income years on your tax return.

6 Net capital gain

Net capital gain

A \$

1J less 2E less 4A less 5D (cannot be less than zero). Transfer the amount at A to label A - Net capital gain on your tax return.

Taxpayer's declaration

! 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 information about your privacy go to ato.gov.au/privacy

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

Signature

Date

Contact person

Daytime contact number (include area code)

<input type="text"/>	<input type="text"/>
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Income Tax Return Tax Estimate**2023****Mr Bill Cassarino**

XXXXXXXXXXXXXXXX

Tax Payable for Individual

Taxable Income	76,372	
Tax Free Part	18,200	
Tax Payable on Taxable Income		15,287.90

Sub-Total \$ 15,287.90**Less Offsets:**

Offsets (T2 to T9)	0.00
Private Health Insurance Offset - Payable	-248.44
Seniors / Pension / Beneficiary Offset	0.00
Small business income offset	0.00
Low Income Offset	0.00
Lump Sum	0.00
Foreign Income Offset	0.00
Other Offsets	0.00
FHSS tax offset	0.00

Sub-Total \$ -248.44

15,536.34

Plus:

Medicare Levy	1,527.44
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Sub-Total \$ 1,527.44

17,063.78

Less Credits:

Tax withheld - salary & wage type income	17,420.00
Arrears tax withheld	0.00
Foreign Tax Credits	0.00
TFN Amounts (credits)	0.00
Franking Tax Offset (refundable)	289.00
Other Refundable Credits	0.00
Other Amounts withheld - ABN,Vol,Labour,Foreign	0.00
FHSS tax withheld	0.00
PAYG Income Tax Instalments	0.00

Sub-Total \$ 17,709.00**Estimated Tax Refund**

645.22

DISCLAIMER

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This estimate is provided without warranty of any kind.
It is subject to legislative changes and includes estimates of currently unknown rates.
WARNING : Amounts shown may be adjusted by amounts not included in this return.

Sensitive (when completed)