

2020 TAX RETURN SUBSTANTIATION DECLARATION

Tax returns are assessed on a Self-Assessment basis. This means that the ATO may not check whether the information you have submitted is correct. We will make every endeavour to ensure that your return is prepared accurately and correctly, however we rely on you to ensure that all relevant information is disclosed to us.

I, Andrew Graham, confirm that:

I have reviewed every page of the accompanying copy of the income tax return to which the attached Electronic Lodgment Declaration refers and confirm that all items are correct and that there are no omissions or misstatements.

Income:

If I am an Australian tax resident, you have advised me that I must declare income from all sources, in and out of Australia, including net capital gains received, for the year of income in my tax return.

Expenses:

You have advised me that to claim a work-related or other expense deduction I must demonstrate that I have incurred the expense for income producing purposes. In addition, you have advised me of the substantiation legislation that I must satisfy in relation to all deductible expenses, including car, travel, business, education and work-related expenses. You have informed me that I must OBTAIN ORIGINAL RECEIPTS and keep them for a minimum of five years from the date my return is lodged.

The receipts must contain the following details:

- name of supplier and amount of expense;
- nature of goods/services and date of the expenses (details I am able to personally record where not adequately noted by supplier);
- date of the document.

Apportionment:

Where items are used for both business/work-related and private purposes e.g. car, telephone, computer etc. I advise I have kept appropriate apportionment records to verify my business usage claim and that my employer will verify that it was necessary to incur such expenditure in earning my income. Further, I have instructed you to prepare the return based on my specific instructions on the understanding I will be able to produce such information to the satisfaction of the ATO in an audit situation.

Audits:

I further confirm that:

- I am aware that the procedures to follow if a document is lost or destroyed is to obtain a copy from the supplier;
- I may be required to substantiate or verify any income or expense item declared or claimed in my tax return in the event of an ATO audit;

I declare that:

- I have read and understood the tax return that has been prepared for me;
- I have disclosed and you have returned all my assessable income for the current income tax year;
- I have all receipts or documentation necessary to substantiate my work-related and other claims, and I will make them available if required by the Tax Office;
- All income declared, claims for deductions and tax offsets/rebates included in my return are based upon my specific instructions;
- You have explained what written income and expense evidence will typically be required during an audit and that penalties, interest and possible legal action may be applied if incorrect income or claims are identified by an audit.

Terms and Conditions:

- I acknowledge that an invoice will be issued for your services and I agree to pay this invoice in full.
- I acknowledge that further action may be taken to secure payment of overdue/outstanding accounts.

Signature	Date
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Individual Tax Return

2020

1 Jul 2019—30 Jun 2020

TFN Recorded

PART A ELECTRONIC LODGMENT DECLARATION (FORM I)

This declaration is to be completed where a taxpayer elects to use the Electronic Lodgment Service. 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	Name	Year
TFN Recorded	Graham, Andrew	2020

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 D TAX AGENTS CERTIFICATE (SHARED FACILITIES USERS ONLY)

Client Ref	Agent Ref No.	Contact Name	Contact No.
GRAD01	24805968	HFB Accounting Pty Ltd	0732861322

Declaration — I declare that:

- I have prepared this tax return in accordance with the information supplied by the taxpayer
- I have received a declaration made by the taxpayer that the information provided to me for the preparation of this document is true and correct, and
- I am authorised by the taxpayer to lodge this tax return and any applicable schedules that are attached.

Agent's Signature	Date
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Individual Tax Return

2020

1 Jul 2019—30 Jun 2020

TFN Recorded

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 the electronic lodgment service (ELS).

This 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, including any family tax benefit, will be made to the account specified.

Agent Ref No.

24805968

Account Name

A & D Graham

Authorisation

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

Signature	Date

Individual Tax Return**2020**

1 Jul 2019—30 Jun 2020

TFN Recorded

Taxable income

Total income	\$148,100.00	
Less total deductions and applied losses (L1)	\$0.00	
Taxable income		\$148,100.00
Tax on taxable income		\$42,294.00
Less refundable tax offsets	Calculated	Used
Assessed tax payable		\$42,294.00
Plus Other Liabilities	Calculated	Used
Medicare levy	\$2,962.00	
Medicare Liability		\$2,962.00
Excess private health insurance entitlement		\$400.97
Total other liabilities		\$3,362.97
Total PAYG credits and other entitlements		\$45,732.00

Amount refundable	\$75.03
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Disclaimer

This estimate is only a guide and should not be taken as taxation, financial or investment advice. Our calculation is based on the information you have supplied and current legislation, proposals and information provided by the Australian Tax Office.

There are numerous factors that may affect the accuracy of this assessment including but not limited to:

- changes in tax legislation and Australian Tax Office practices and rulings;
- any prior year tax assessments that may be applicable; and
- adjustments relating to other Government Departments eg the Department of Human Services.

Do not rely on this estimate to make any decisions until you have received a notice of assessment from the ATO and/or obtained professional advice.

Individual Tax Return**2020**

1 Jul 2019—30 Jun 2020

TFN Recorded

YOUR NAME

Title	Given Name	Family Name	Other Name
MR	Andrew	Graham	Charles

Suffix	Date of Birth
	04/11/1966

Are you an Australian Resident?	Australian residency start date	Australian residency end date
Yes		

Has part of your name changed since completing your last tax return?
No

YOUR POSTAL ADDRESS

PO Box 24 Cleveland	
State	Postcode
QLD	4163

YOUR HOME ADDRESS

3 Darcelle Place ORMISTON	
State	Postcode
QLD	4160

Country — if not Australia	Country — if not Australia

Has your postal address changed since completing your last tax return?

YOUR CONTACT DETAILS

Mobile number	Day time contact number	Email address
	07 32861322	

YOUR BANKING INFORMATION (EFT DETAILS)

Deduct fee from refund
No

BSB Number	Account Number	Account Name	Financial Institution Name
73400	679187	A & D Graham	

CONTACT NAME

Full Name
HFB Accounting

TAX AGENT CONTACT DETAILS

Tax Contact	Agent Ref Number	Contact Number
HFB Accounting Pty Ltd	24805968	0732861322

Income

1 SALARY OR WAGES

Your main salary and wage occupation Manager - customer service

Occupation Code **X** 149212

Payer's ABN	Name	Tax withheld	Income
89 099 299 340	AKILA PTY. LTD.	\$45,732.00 C	\$139,100.00 S

2 ALLOWANCES, EARNINGS, TIPS, DIRECTORS FEES ETC **K** \$9,000.00

TOTAL TAX WITHHELD **\$45,732.00**

10 GROSS INTEREST

Tax file number amounts withheld from gross interest **M** \$0.00 Gross interest **L**

TOTAL SUPPLEMENT INCOME

TOTAL INCOME **\$148,100.00**

Deductions

D5 OTHER WORK-RELATED EXPENSES **E** \$0.00

D9 GIFTS OR DONATIONS **J** \$0.00

TOTAL SUPPLEMENT DEDUCTIONS Items D11 to D15

TOTAL DEDUCTIONS **\$0.00**

SUBTOTAL **TOTAL INCOME less TOTAL DEDUCTIONS** **\$148,100.00**

Taxable income **\$148,100.00**

Income tests

IT1 TOTAL REPORTABLE FRINGE BENEFITS

Employers exempt from FBT under section 57A of the FBTAA 1986 **N** \$0.00

Employers not exempt from FBT under section 57A of the FBTAA 1986 **W** \$0.00

IT2 REPORTABLE EMPLOYER SUPERANNUATION **T** \$0.00

IT3 TAX-FREE GOVERNMENT PENSIONS **U** \$0.00

IT4 TARGET FOREIGN INCOME **V** \$0.00

IT5 NET FINANCIAL INVESTMENT LOSS **X** \$0.00

IT6 NET RENTAL PROPERTY LOSS **Y** \$0.00

IT7 CHILD SUPPORT YOU PAID **Z** \$0.00

IT8 NUMBER OF DEPENDENT CHILDREN **D** 3

Medicare levy related items

M1 MEDICARE LEVY REDUCTION OR EXEMPTION

Reduction based on family income

Number of dependent children and students **Y** 3

Exemption categories

Full 2.0% levy exemption - number of days **V**

Half 2.0% levy exemption - number of days **W**

M2 MEDICARE LEVY SURCHARGE

For the **whole** period 1 July 2019 to 30 June 2020, were **you** and **all** your dependents including your spouse—if you had any—covered by private patient HOSPITAL cover? **E** Yes

Number of days **NOT** liable for surcharge **A** 366

Private health insurance policy details

PROVIDER INFORMATION 1

Health insurer ID **B** HCF Membership number **C** K01741

Your rebatable component **J** \$602.00 Your Australian Government rebate received **K** \$150.00

Benefit code **L** 31 Tax claim code C

PROVIDER INFORMATION 2

Health insurer ID **B** HCF Membership number **C** K01741

Your rebatable component **J** \$1,805.00 Your Australian Government rebate received **K** \$452.00

Benefit code **L** 30 Tax claim code C

Spouse details – married or de facto

YOUR SPOUSE'S NAME

First given name Debra

Other given names Caron

Surname or family name Graham

Date of birth **K** 10 Jul 1967

Your spouse's gender Female

Your spouse has residency

PERIOD YOU HAD A SPOUSE – MARRIED OR DE FACTO

Did you have a spouse for the full year **L** Yes

Did your spouse die during the year? No

THIS INFORMATION RELATES TO YOUR SPOUSE'S INCOME

Your spouse's taxable income (excluding FHSS released amounts) **O** \$69,962.00

Your spouse's taxable income \$69,962.00

Your spouse's assessable FHSS released amounts

Your spouse's section 98 trust income – not included in spouse's taxable income **T**

Distributions to your spouse on which family trust distribution tax has been paid **U**

Your spouse's total reportable fringe benefits amount

Employers exempt from FBT under section 57A of the FBTA 1986	R	\$0.00
Employers not exempt from FBT under section 57A of the FBTA 1986	S	\$0.00
Amount of any Australian Government pensions and allowances received by your spouse in the year of the return	P	
Amount of any exempt pension income received by your spouse in the year of the return	Q	
Spouse reportable superannuation contributions	A	\$0.00
Spouse reportable employer superannuation contributions		\$0.00
Spouse deductible personal superannuation contributions		
Your spouse's tax-free government pensions	B	\$0.00
Your spouse's target foreign income	C	\$0.00
Your spouse's foreign income		
Your spouse's exempt foreign employment income		\$0.00
Your spouse's net investment loss	D	\$0.00
Your spouse's net financial investment loss		\$0.00
Your spouse's net rental property loss		\$0.00
Child support your spouse paid	E	\$0.00
Your spouse's taxed element of a SLS zero tax rate	F	
Your spouse's total ATI amount		\$69,962.00
Your spouse's rebate income		\$69,962.00
Your spouse's assessable income		\$69,962.00

18 CAPITAL GAINS

Did you have a capital gains tax event during the year?	G	No
Prior year losses brought forward		
Net capital losses from collectables		\$0.00
Other net capital losses		\$71,616.00
Losses carried forward		
Net capital losses from collectables		\$0.00
Other net capital losses		\$71,616.00
Net capital losses carried forward to later income years	V	\$71,616.00

19 FOREIGN ENTITIES

Did you have either a direct or indirect interest in a controlled foreign company CFC?	I	No
Have you ever, either directly or indirectly, caused the transfer of property—including money—or services to a non-resident trust estate?	W	No

20 FOREIGN SOURCE INCOME AND FOREIGN ASSETS OR PROPERTY

Exempt foreign employment income **N** \$0.00

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** No

TOTAL SUPPLEMENT INCOME Items 13 to 24

Deductions

TOTAL SUPPLEMENT DEDUCTIONS Items D11 to D15

Tax offsets

TOTAL SUPPLEMENT TAX OFFSETS Items T3, T4, T6, T7, T8, T9 and T10

Payment summary worksheet**PAYMENT SUMMARY WORKSHEET - AUSTRALIAN**

Payer's name AKILA PTY. LTD.

Single Touch Payroll finalised No

ABN 89099299340

		Tax Withheld	Gross	Type
Salary and wages	Item 1	\$45,732.00	\$139,100.00	S
Allowances, earning, tips, directors fees etc	Item 2		\$9,000.00	