

Trust tax return**2019**

Day Month Year to Day Month Year

	to	
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or specify period if part year or approved substitute period

RN: 100017663ET

Notes to help you prepare this tax return are provided in the Trust tax return instructions 2019 (the instructions), available from the website www.ato.gov.au

Tax file number (TFN)

46 975 265

Have you attached any
'other attachments'?

No

See the Privacy note in the Taxpayer's declaration.

Name of trust

P & V UNIT TRUST

Australian business number (ABN)

21 481 150 860

Previous name of trust

If 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.

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

MR

Surname or family name

BUCHANAN

Given names

PAUL ROBERT

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

Name

ABN

Daytime contact phone number

Area code 07

Telephone number 33532408

Family trust election status

If the trustee has made, or is making, a family trust election, write the four-digit **income year specified** of the election (for example, for the 2018-19 income year write 2019).

If revoking or varying a family trust election, print **R** for revoke or print **V** for variation and complete and attach the Family trust election, revocation or variation 2019.

Interposed entity election status

If the trustee has an existing election, write the earliest income year specified. If the trustee is making one or more elections this year, write the earliest income year being specified and complete an Interposed entity election or revocation 2019 for each election.

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

Type of trust

Print the code representing the type of trust.

U

Print X if also a charity

If code D, write the date of death.

Day Month Year

Managed Investment trusts

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

Print Y for yes or N for no.

Is any tax payable by the trustee?

N Print Y for yes or N for no.

Final tax return

N

Electronic funds transfer (EFT)

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

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**

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

Significant global entity **G1**

4 Did you sell any goods or services using the internet?

Q Print Y for yes or N for no.

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"/> 0
Assessable government industry payments E	<input type="text"/> / <input type="text"/> <small>CODE</small>	F <input type="text"/> / <input type="text"/> <small>CODE</small>	<input type="text"/>
Other business income G	<input type="text"/> / <input type="text"/>	H <input type="text"/> / <input type="text"/>	<input type="text"/> 0 / <input type="text"/>
Total business income	<input type="text"/> 0 / <input type="text"/>	<input type="text"/> 0 / <input type="text"/>	<input type="text"/> 0 / <input type="text"/>

Expenses	Primary production	Non-primary production	Totals
Foreign resident withholding expenses (excluding capital gains) P	<input type="text"/>	<input type="text"/>	<input type="text"/> 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"/>	<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"/>	<input type="text"/>	<input type="text"/>
Total royalty expenses J	<input type="text"/>	<input type="text"/>	<input type="text"/>
Depreciation expenses K	<input type="text"/>	<input type="text"/>	<input type="text"/>
Motor vehicle expenses L	<input type="text"/>	<input type="text"/>	<input type="text"/>
Repairs and maintenance M	<input type="text"/>	<input type="text"/>	<input type="text"/>
All other expenses N	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total expenses - labels P to N	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>	O <input type="text"/> 0 / <input type="text"/>

Reconciliation items	Primary production	Non-primary production	Totals
Add: Income reconciliation adjustments A	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>
Add: Expense reconciliation adjustments B	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>
Net income or loss from business Q	<input type="text"/> / <input type="text"/>	R <input type="text"/> / <input type="text"/>	S <input type="text"/> 0 / <input type="text"/>
Net small business income V	<input type="text"/>		

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 interestW **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 **9 Rent**Gross rent F Interest deductions G Capital works deductions X Other rental deductions H Net rent / **10 Forestry managed investment scheme income**Q **11 Gross interest** - including Australian Government loan interestJ TFN amounts withheld from gross interest I **12 Dividends**Unfranked amount K Franked amount L Franking credit M TFN amounts withheld from dividends N

Sensitive (when completed)

13 Superannuation lump sums and employment termination payments

Death benefit superannuation lump sum where the beneficiary is a non-dependant	Taxed element	<input type="checkbox"/> V	<input type="text"/>
	Untaxed element	<input type="checkbox"/> W	<input type="text"/>
Death benefit employment termination payment where the beneficiary is a dependant	Taxable component	<input type="checkbox"/> X	<input type="text"/>
Death benefit employment termination payment where the beneficiary is a non-dependant	Taxable component	<input type="checkbox"/> Y	<input type="text"/>

14 Other Australian income - give details

Type of income **Excepted net income**

O /

15 Total of items 5 to 14

Add the boxes /

Deductions

16 Deductions relating to:

Australian investment income P

Deductions relating 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

Q

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

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 2019*?

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

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

Net capital gain A

Credit for foreign resident capital gains withholding amounts 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 N Print Y for yes or N for no.

Listed country M

Unlisted country X

If you answered Yes at label S complete and attach an *International dealings schedule 2019*.
Do you need to complete a *Losses schedule 2019*?

23 Other assessable foreign source income - other than income shown at item 22

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

Gross B Net V /
Foreign income tax offset Z

Australian franking credits from a New Zealand franking company D

24 Total of items 20 to 23

Add the boxes 12,800 /

25 Tax losses deducted

C

26 Total net income or loss

Subtract item 25 from item 24. 12,800 /

27 Losses information

A *Losses Schedule 2019* must also be completed and attached if the sum of labels U and V is greater than \$100,000 or if the trust is a listed widely held trust and failed the majority ownership test for a loss.

Tax losses carried forward to later income years U
Net capital losses carried forward to later income years V

28 Landcare and water facility tax offset

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

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 2019*

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

A N Print Y for yes or N for no.

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**

Taxation of financial arrangements**31 Taxation of financial arrangements (TOFA)**

Total TOFA gains **M**

Total TOFA losses **N**

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**

37 Business address of main business

38 Opening stock <input type="checkbox"/> C <input style="width: 100px;" type="text"/>	43 Total salary and wage expenses <input type="checkbox"/> L <input style="width: 100px;" type="text"/> <small>CODE</small>	
39 Purchases and other costs <input type="checkbox"/> B <input style="width: 100px;" type="text"/>	44 Payments to associated persons <input type="checkbox"/> M <input style="width: 100px;" type="text"/>	
40 Closing stock <input type="checkbox"/> D <input style="width: 100px;" type="text"/> <small>CODE</small>	45 Fringe benefit employee contributions <input type="checkbox"/> T <input style="width: 100px;" type="text"/>	
41 Trade debtors <input type="checkbox"/> E <input style="width: 100px;" type="text"/>	46 Unpaid present entitlement to a private company <input type="checkbox"/> Y <input style="width: 100px;" type="text"/> <small>CODE</small>	
42 Trade creditors <input type="checkbox"/> H <input style="width: 100px;" type="text"/>	47 Trading stock election <input type="checkbox"/> <input style="width: 20px;" type="checkbox"/> <small>Print Y for yes or leave blank.</small>	

48 Capital allowances
Depreciating assets first deducted in this income year

Intangible depreciating assets first deducted	<input type="checkbox"/> A <input style="width: 100px;" type="text"/>
Other depreciating assets first deducted	<input type="checkbox"/> B <input style="width: 100px;" type="text"/>
Have you self-assessed the effective life of any of these assets?	<input type="checkbox"/> C <input style="width: 20px;" type="checkbox"/> <small>Print Y for yes or N for no.</small>

For all depreciating assets

Did you recalculate the effective life for any of your assets this income year?	<input type="checkbox"/> D <input style="width: 20px;" type="checkbox"/> <small>Print Y for yes or N for no.</small>
Total adjustable values at end of income year	<input type="checkbox"/> E <input style="width: 100px;" type="text"/>
Assessable balancing adjustments on the disposal of intangible depreciating assets	<input type="checkbox"/> F <input style="width: 100px;" type="text"/>
Deductible balancing adjustments on the disposal of intangible depreciating assets	<input type="checkbox"/> G <input style="width: 100px;" type="text"/>
Termination value of intangible depreciating assets	<input type="checkbox"/> H <input style="width: 100px;" type="text"/>
Termination value of other depreciating assets	<input type="checkbox"/> I <input style="width: 100px;" type="text"/>
Deduction for project pool	<input type="checkbox"/> J <input style="width: 100px;" type="text"/>
Section 40-880 deduction	<input type="checkbox"/> K <input style="width: 100px;" type="text"/>
Landcare operations and deduction for decline in value of water facility, fencing asset and fodder storage asset	<input type="checkbox"/> L <input style="width: 100px;" type="text"/>

49 Small business entity simplified depreciationDeduction for certain assets **A** Deduction for general
small business pool **B** **50 National rental
affordability scheme**National rental affordability
scheme tax offset entitlement **F** **51 Other refundable tax offsets****G** **52 Non-refundable carry forward tax offsets**Early stage venture capital limited partnership tax offset **H** Early stage investor tax offset **I** **53 Medicare levy reduction or exemption**Spouse's 2018-19 taxable
income - if nil write '0' **A** Number of dependent
children and students **B** Full Medicare levy exemption
- number of days **C** CODE 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.

54 Income of the trust estate**A** 0**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)

Beneficiary's name and tax file number or postal address

Distribution Fraction 1 %

Tax file number 44 655 414

Date of birth

See the Privacy note in the Taxpayer's declaration.

Name BUCHANAN SUPER FUND

Address 875 SOUTH PINE ROAD
EVERTON PARK QLD 4053

Assessment calculation code V 35 Entity code U S Share of credit for TFN amounts withheld from payments from closely held trusts O

Share of income of the trust estate W

Capital gains F

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

Share of credit for foreign resident capital gains withholding amounts Z

Australian franking credits from a New Zealand franking company N

Attributed foreign income G

Share of income [Primary production A / Non-primary production B 12,800 /

Other assessable foreign source income H /

Credit for tax withheld where ABN not quoted C

Foreign income tax offsets I

Franked distributions U

Share of National rental affordability scheme tax offset R

Franking credit D

Exploration credits distributed M

TFN amounts withheld E

Early stage venture capital limited partnership tax offset T

Early stage investor tax offset J

Small business income tax offset information

Share of net small business income Y

Non-resident beneficiary additional information

s98(3) assessable amount J

s98(4) assessable amount K

TB statement information

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

TB statement? Print Y for yes or N for no.

Tax preferred amounts P

Untaxed part of share of net income Q

Annual Trustee Payment report information

Distribution from ordinary or statutory income during income year S

Total TFN amounts withheld from payments T

55 Statement of distribution (continued)**Income to which no beneficiary is presently entitled and in which no beneficiary has an indefeasible vested interest, and the trustee's share of credit for tax deducted.**

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

If you completed labels T, K, J or M, attach the information requested in the instructions.

56 Choice for resident trustee to be assessed to capital gains on behalf of beneficiariesAssessment calculation code X Amount of capital gains on which the trustee has chosen to be assessed on behalf of beneficiaries Y **Items 57 and 58 must be answered for all trusts - if you answer yes to any of these questions, answer Yes to the 'other attachments' question on page 1 of this tax return.****57 Beneficiary under legal disability who is presently entitled to income from another trust**

Was any beneficiary in this trust, who was under a legal disability on 30 June 2019, also presently entitled to a share of the income of another trust?

N 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 trustIs the trust a non-resident trust? N 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

Day Month Year

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 Day Month Year

Agent's phone number (include area code)

Area code

Telephone number

Agent's reference number

Office use only

Indics