

Daniel Shalala
Probiz Accounting Solutions
C/- DS Accounting & Business Solutions,
Level 35, 100 Barangaroo Avenue
SYDNEY NSW 2000
0404025028

31 August 2020

Mrs Rejani Rajan
90C Fairfield Road
GUILDFORD WEST NSW 2161

Dear Rejani,

Following this letter is a copy of your completed income tax return for the year ending **30 June 2020**. You will need to retain a copy of this return for the next five years.

Please review every page of the accompanying income tax return to confirm that all items are true and correct and then **sign, date and send** the declarations that are enclosed at the front of the tax return.

Our tax estimate shows an amount refundable of **\$1,005.85** . This has been calculated based on a taxable income of **\$65,881.00** and the information you have supplied to us. This is an estimate only.

Your tax return will be lodged electronically once we have received the signed and dated declarations.

A Notice of Assessment will be issued by the ATO confirming your taxable income and your income tax refund amount. Your income tax refund (if any) will be deposited into your nominated bank account by the ATO.

If you have any questions or require further information then please do not hesitate to contact Daniel Shalala on 0404025028.

Yours sincerely,

Daniel Shalala

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, Rejani Rajan, 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  Rejani Rajan (Aug 31, 2020 23:12 GMT+10)	Date Aug 31, 2020
--	-----------------------------

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	Rajan, Rejani	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
 Rejani Rajan (Aug 31, 2020 23:12 GMT+10)	Aug 31, 2020

PART D TAX AGENTS CERTIFICATE (SHARED FACILITIES USERS ONLY)

Client Ref	Agent Ref No.	Contact Name	Contact No.
RAJREJ	78600007	Daniel Shalala	0404025028

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

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.

78600007

Account Name

Mrs Rejani Rajan

Authorisation

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

Signature <i>Rejani Rajan</i> Rejani Rajan (Aug 31, 2020 23:12 GMT+10)	Date Aug 31, 2020
---	-----------------------------

Individual Tax Return**2020**

1 Jul 2019—30 Jun 2020

TFN Recorded

Total income	\$66,053.00	
Less total deductions and applied losses (L1)	\$172.00	
Taxable income		\$65,881.00
Tax on taxable income		\$12,958.32
Less non-refundable tax offsets used	\$1,091.79	
Assessed tax payable		\$11,866.53
Plus Other Liabilities		
Medicare levy	\$1,317.62	
Compulsory HELP, VSL, SFSS, TSL and SSL repayment	\$230.00	
Total other liabilities		\$1,547.62
Less PAYG credits and other entitlements		
Tax withheld	\$14,420.00	
Total PAYG credits and other entitlements		\$14,420.00
Amount refundable		\$1,005.85

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
MRS	Rejani	Rajan	

Suffix	Date of Birth
	28/02/1975

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

90C Fairfield Road
GUILDFORD WEST

State	Postcode
NSW	2161

YOUR HOME ADDRESS

90C Fairfield Road
GUILDFORD WEST

State	Postcode
NSW	2161

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
	04 04025028	

YOUR BANKING INFORMATION (EFT DETAILS)

Deduct fee from refund
No

BSB Number	Account Number	Account Name	Financial Institution Name
732076	682208	Mrs Rejani Rajan	

CONTACT NAME

Full Name
Daniel Shalala

TAX AGENT CONTACT DETAILS

Tax Contact	Agent Ref Number	Contact Number
Daniel Shalala	78600007	0404025028

Income

1	SALARY OR WAGES			
Your main salary and wage occupation			Manager - general	
Occupation Code			X	111211
Payer's ABN	Name	Tax withheld	Income	
36 433 875 185	DEPARTMENT OF COMMUNITIES AND JUSTICE	\$9,760.00 C	\$44,083.00	S
80 597 369 676	DEPARTMENT OF FAMILY AND COMMUNITY SER	\$4,660.00 D	\$21,970.00	S

WORKSHEET

ABN	Tax Withheld	Gross	Type
36433875185	\$9,760.00	\$44,083.00	S
80597369676	\$4,660.00	\$21,970.00	S

3	EMPLOYER LUMP SUM PAYMENTS	Amount A in lump sum R	
		Amount B in lump sum	\$0.00

TOTAL TAX WITHHELD	\$14,420.00
TOTAL SUPPLEMENT INCOME	
TOTAL INCOME	\$66,053.00

Deductions

D5	OTHER WORK-RELATED EXPENSES	E	\$172.00
	Other expenses		\$172.00

WORKSHEET

Description	Expense	Percentage	Claim Amount
WFH 215 hrs x 80c	\$172.00	100%	\$172.00
Total	\$172.00		\$172.00

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

D10	COST OF MANAGING TAX AFFAIRS		
	Other expenses incurred in managing your tax affairs	M	\$0.00

WORKSHEET

Description	Amount
Tax Agent Fees	\$0.00
Total	\$0.00

TOTAL SUPPLEMENT DEDUCTIONS	Items D11 to D15	\$0.00
TOTAL DEDUCTIONS		\$172.00
SUBTOTAL	TOTAL INCOME less TOTAL DEDUCTIONS	\$65,881.00

Taxable income	\$65,881.00
-----------------------	--------------------

Income tests

IT1	TOTAL REPORTABLE FRINGE BENEFITS		
	Employers exempt from FBT under section 57A of the FBTA 1986	N	\$0.00
	Employers not exempt from FBT under section 57A of the FBTA 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	0

Study and Training Support Loans information

Accumulated HECS-HELP debt — for calculation purpose only	\$230.00
---	----------

WORKSHEET

Description	Amount
Repayable HELP debt	\$230.00
Total	\$230.00

Medicare levy related items

M1	MEDICARE LEVY REDUCTION OR EXEMPTION	M2	MEDICARE LEVY SURCHARGE
	Reduction based on family income		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?
	Number of dependent children and students	Y	E Yes
	Exemption categories		Number of days NOT liable for surcharge
	Full 2.0% levy exemption – number of days	V	A 366
	Half 2.0% levy exemption – number of days	W	

Private health insurance policy details

PROVIDER INFORMATION 1

Health insurer ID	B	BUP	Membership number	C	57062721
Your rebatable component	J	\$431.00	Your Australian Government rebate received	K	\$108.00
Benefit code	L	31	Tax claim code		C

PROVIDER INFORMATION 2

Health insurer ID	B	BUP	Membership number	C	57062721
Your rebatable component	J	\$801.00	Your Australian Government rebate received	K	\$201.00
Benefit code	L	30	Tax claim code		C

PROVIDER INFORMATION 3

Health insurer ID	B	GMH	Membership number	C	65501
Your rebatable component	J	\$1,100.00	Your Australian Government rebate received	K	\$276.00
Benefit code	L	30	Tax claim code		C

Spouse details – married or de facto**YOUR SPOUSE'S NAME**

First given name					Hulio
Other given names					
Surname or family name					Gash
Date of birth				K	1 Dec 1974
Your spouse's gender					Male
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?					

THIS INFORMATION RELATES TO YOUR SPOUSE'S INCOME

Your spouse's taxable income (excluding FHSS released amounts)				O	\$0.00
Your spouse's taxable income					\$0.00
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	
Employers not exempt from FBT under section 57A of the FBTA 1986				S	
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	
Spouse reportable employer superannuation contributions					
Spouse deductible personal superannuation contributions					

Your spouse's tax-free government pensions	B	
Your spouse's target foreign income	C	
Your spouse's foreign income		
Your spouse's exempt foreign employment income		
Your spouse's net investment loss	D	
Your spouse's net financial investment loss		
Your spouse's net rental property loss		
Child support your spouse paid	E	
Your spouse's taxed element of a SLS zero tax rate	F	
Your spouse's total ATI amount		\$0.00
Your spouse's rebate income		
Your spouse's assessable income		

18 CAPITAL GAINS

Did you have a capital gains tax event during the year?	G	No
Losses carried forward		
Net capital losses from collectables		\$0.00
Other net capital losses		\$0.00

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**D15 OTHER DEDUCTIONS**

Other deductions	J	\$0.00
------------------	----------	--------

TOTAL SUPPLEMENT DEDUCTIONS	Items D11 to D15	\$0.00
------------------------------------	-------------------------	---------------

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	DEPARTMENT OF COMMUNITIES AND JUSTICE			
Single Touch Payroll finalised	Yes			
ABN	36433875185			
		Tax Withheld	Gross	Type
Salary and wages	Item 1	\$9,760.00	\$44,083.00	S

PAYMENT SUMMARY WORKSHEET - AUSTRALIAN

Payer's name	DEPARTMENT OF FAMILY AND COMMUNITY SER			
Single Touch Payroll finalised	Yes			
ABN	80597369676			
		Tax Withheld	Gross	Type
Salary and wages	Item 1	\$4,660.00	\$21,970.00	S

Worksheets

D5 OTHER WORK-RELATED EXPENSES

Description	Expense	Percentage	Claim Amount
WFH 215 hrs x 80c	\$172.00	100%	\$172.00
Total	\$172.00		\$172.00

D10 OTHER EXPENSES INCURRED IN MANAGING YOUR TAX AFFAIRS

Description	Amount
Tax Agent Fees	\$0.00
Total	\$0.00

D15 OTHER DEDUCTIONS

OTHER		
Description	Expense Code	Amount
Income protection	P	\$0.00
Total		\$0.00

ACCUMULATED HECS-HELP DEBT - FOR CALCULATION PURPOSE ONLY

Description	Amount
Repayable HELP debt	\$230.00
Total	\$230.00