

TOTAL SUPPLEMENT INCOME OR LOSS Items 13 to 24 - add up the boxes for income amounts and deduct any loss amounts in the boxes

Transfer this amount to **I** on page 3

27,643 / LOSS

D12 Personal superannuation contributions **H** 15,000

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

randhawa super fund ABN:51 806 637 857 1 15000 Yes

TOTAL SUPPLEMENT DEDUCTIONS Items D11 to D15—add up the boxes and transfer this amount to **D**

15,000

TOTAL SUPPLEMENT TAX OFFSETS Items T3 to T10 - add up the boxes

Transfer this amount to **T**

Business and professional items section

P1 Personal services income (PSI)

Print X in the appropriate box.

Did you receive any personal services income?

YES Read on.

NO Go to item P2.

Part A

Did you satisfy the results test?

NO Read on.

YES Go to item P2.

P2 Description of main business or professional activity

Taxi Service Operation

Industry code **A** 46231

P3 Number of business activities

B 1

P5 Business name of main business and Australian business number (ABN)

Taxi

ABN

P6 Business address of main business

23 Keppel Street

Boondall Suburb QLD State **D** 4034 Postcode

P8 Business income and expenses

Income	Primary production	Non-primary production	Totals
Gross payments where Australian Business Number not quoted	C <input type="checkbox"/>	D <input type="checkbox"/>	<input type="checkbox"/>
Gross pmts subject to foreign resident withholding (excluding capital gains)		B <input type="checkbox"/>	<input type="checkbox"/>
Gross payments - voluntary agreement	E <input type="checkbox"/>	F <input type="checkbox"/>	<input type="checkbox"/>
Gross payments - labour hire or other specified payments	N <input type="checkbox"/>	O <input type="checkbox"/>	<input type="checkbox"/>
Assessable government industry payments	G <input type="checkbox"/> / <input type="checkbox"/>	H <input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/>
Other business income	I <input type="checkbox"/> / <input type="checkbox"/>	J 3,150 / <input type="checkbox"/>	3,150 / <input type="checkbox"/>
Total business income	<input type="checkbox"/> / <input type="checkbox"/>	3,150 / <input type="checkbox"/>	3,150 / <input type="checkbox"/>