

Brenda Wishey

Elliot Street Property Trust
Profit and Loss Statement
For the period 1 July 2022 to 30 June 2023

	Note	2023 \$	2022 \$
Income			
Investment Gains			
Increase in Market Value	4A	500,000	-
Investment Income			
Rent	3A	393,800	378,654
		893,800	378,654
Expenses			
Other Expenses			
Accountancy Fee		2,510	2,291
ASIC Annual Lodgement Fee		59	276
Property Expenses		28,650	57,906
		31,219	60,473
Net Profit/(Loss)		862,581	318,181
Transfer To/(From) Asset Revaluation Reserve		(500,000)	0
Total Available for Distribution (Loss)		362,581	318,181
Distribution to Beneficiaries:			
Lassen Unit Trust 8.34%		30,215	26,515
Leystan Superannuation Fund 22.22%		80,574	70,707
Mr John Atherden 8.34%		30,215	26,515
S J ELECTRIC SUPERANNUATION FUND 16.66%		60,430	53,030
Stanley Family Superannuation Fund 22.22%		80,574	70,707
Stanley Superannuation Fund 22.22%		80,574	70,707
Total Distribution		362,581	318,181
Retained Profits (Accumulated Losses) at the end of the Period		-	-

*The accompanying notes form part of these unaudited financial statements.
This report should be read in conjunction with the accompanying compilation report.*

2023

Trust tax return

Day Month Year Day Month Year
 01/07/2022 to 30/06/2023

or specify period if part year or approved substitute period.

! Notes to help you prepare this tax return are provided in the *Trust tax return instructions 2023* (the instructions), available on our website ato.gov.au

When completing this return

- Print clearly, using a black or blue pen.
- Use BLOCK LETTERS and print one character in each box.

S M I T H S T

- Place ☒ in all applicable boxes.

Trust information

Tax file number (TFN) *****

See the Privacy note in the Taxpayer's declaration.

Have you attached any 'other attachments'? Yes ☐ No ☐

Name of trust

Elliot Street Property Trust

Australian business number (ABN) 41 878 573 152

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.

1454 Logan Road

Suburb/town

Mount Gravatt

Country if outside Australia

State/territory

QLD

Postcode

4122

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.

Suburb/town

State/territory

Postcode

Country if outside Australia

Full name of the trustee to whom notices should be sent

If the trustee is an individual, print details here.

Title:

Surname or family name

First given name

Other given names

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

Name

19 Elliot Street Pty Ltd

ABN

**Daytime contact
phone number**

Phone number (include area code)

Family trust election statusIf 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 2022–23 income year write 2023).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 2023*.**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 2023* for each election.If revoking an interposed entity election, print **R** and complete and attach the *Interposed entity election or revocation 2023*.**Type of trust**Print the code representing the **type** of trust.Print **X** if also a charity If code **D**, write the date of death.

Day

Month

Year

CCIV sub-fund trustsDo you own shares that are referable to a sub-fund within the same CCIV as you? Yes No Must be completed if **Type of trust** is **V****Managed investment trusts**Is the trust a managed investment trust (MIT)? Yes No Must be completed if **Type of trust** is either **F, M, U, P** or **Q**MIT type If the trust is a managed investment trust, has the trustee made an election into capital account treatment? Yes No **Is any tax payable by the trustee?**Yes No **Final tax return**Yes No **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 applicableConsolidated subsidiary member **Z2**

Entity status

Significant global entity **G1** Country by country reporting entity **G2**

Trust TFN *****

Income excluding foreign income**5 Business income and expenses**

WHOLE DOLLARS ONLY

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

Total business income	<input type="text"/> <input type="checkbox"/>	<input type="text"/> <input type="checkbox"/>	<input type="text"/> <input type="checkbox"/>
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Expenses

Foreign resident withholding expenses (excluding capital gains)		<input type="text"/>	P <input type="text"/>
Contractor, sub-contractor and commission expenses	<input type="text"/>	<input type="text"/>	C <input type="text"/>
Superannuation expenses	<input type="text"/>	<input type="text"/>	D <input type="text"/>
Cost of sales	<input type="text"/> <input type="checkbox"/>	<input type="text"/> <input type="checkbox"/>	E <input type="text"/> <input type="checkbox"/>
Bad debts	<input type="text"/>	<input type="text"/>	F <input type="text"/>
Lease expenses	<input type="text"/>	<input type="text"/>	G <input type="text"/>
Rent expenses	<input type="text"/>	<input type="text"/>	H <input type="text"/>
Total interest expenses	<input type="text"/>	<input type="text"/>	I <input type="text"/>
Total royalty expenses	<input type="text"/>	<input type="text"/>	J <input type="text"/>
Depreciation expenses	<input type="text"/>	<input type="text"/>	K <input type="text"/>
Motor vehicle expenses	<input type="text"/>	<input type="text"/>	L <input type="text"/>
Repairs and maintenance	<input type="text"/>	<input type="text"/>	M <input type="text"/>
All other expenses	<input type="text"/>	<input type="text"/>	N <input type="text"/>

Total expenses – labels P to N	<input type="text"/> <input type="checkbox"/>	<input type="text"/> <input type="checkbox"/>	O <input type="text"/> <input type="checkbox"/>
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Reconciliation items

Add: Income reconciliation adjustments	<input type="text"/> <input type="checkbox"/>	<input type="text"/> <input type="checkbox"/>	A <input type="text"/> <input type="checkbox"/>
Add: Expense reconciliation adjustments	<input type="text"/> <input type="checkbox"/>	<input type="text"/> <input type="checkbox"/>	B <input type="text"/> <input type="checkbox"/>

Net income or loss from business	Q <input type="text"/> <input type="checkbox"/>	R <input type="text"/> <input type="checkbox"/>	S <input type="text"/> <input type="checkbox"/>
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Net small business income **V** ☐

6 Tax withheldTax withheld where ABN not quoted **T** ☐Credit for tax withheld – foreign resident withholding (excluding capital gains) **U** ☐

Trust TFN

8 Partnerships and trusts**Primary production**Distribution from partnerships **A** ~~·~~~~00~~ / Share of net income from trusts **Z** ~~·~~~~00~~ / Deductions relating to
amounts shown at **A** and **Z** **S** ~~·~~~~00~~Net primary production amount 0 ~~·~~~~00~~ / **Non-primary production**Distribution from partnerships,
less foreign income **B** ~~·~~~~00~~ / Share of net income from trusts,
less capital gains, foreign income
and franked distributions **R** 0 ~~·~~~~00~~ / Deductions relating to
amounts shown at **B** and **R** **T** ~~·~~~~00~~Franked distributions from trusts **F** 0 ~~·~~~~00~~Deductions relating to franked
distributions from trusts in label **F** **G** ~~·~~~~00~~Net non-primary production amount 0 ~~·~~~~00~~ / 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** ~~·~~~~00~~Share of franking credits from
franked distributions **D** 0Share of credit for TFN amounts
withheld from interest, dividends
and unit trust distributions **E** 0Credit for TFN amounts withheld from
payments from closely held trusts **O** Share of credit for tax withheld
– foreign resident withholding
(excluding capital gains) **U** 0 ~~·~~~~00~~**9 Rent**Gross rent **F** 393800 ~~·~~~~00~~Interest deductions **G** ~~·~~~~00~~Capital works deductions **X** 0 ~~·~~~~00~~Other rental deductions **H** 28649 ~~·~~~~00~~Net rent 365151 ~~·~~~~00~~ / **10 Forestry managed investment scheme income****Q** ~~·~~~~00~~**11 Gross interest – including Australian Government loan interest****J** 0 ~~·~~~~00~~TFN amounts withheld
from gross interest **I** 0**12 Dividends**Unfranked amount **K** 0 ~~·~~~~00~~Franked amount **L** 0 ~~·~~~~00~~Franking credit **M** 0 ~~·~~~~00~~TFN amounts withheld
from dividends **N** 0

Trust TFN

13 Superannuation lump sums and employment termination payments

Death benefit superannuation lump sum where the beneficiary is a non-dependant

Taxed element

V 00

Untaxed element

W 00

Death benefit employment termination payment where the beneficiary is a dependant

Taxable component

X 00

Death benefit employment termination payment where the beneficiary is a non-dependant

Taxable component

Y 00**14 Other Australian income – give details**Type of income Excepted net income 00 00 / **15 Total of items 5 to 14**

Add the boxes.

365151 00 / **Deductions****16 Deductions relating to:**Australian investment income P 00Franked distributions R 00Deductions relating to franked distributions should **not** include deductions included at **G** item 8.**17 Forestry managed investment scheme deduction**D 00**18 Other deductions – show only deductions not claimable at any other item**

Name of each item of deduction

Other Deductions

Amount

 00 00Q 2569 00**19 Total of items 16 to 18**

2569 00

20 Net Australian income or loss – other than capital gains

Subtract item 19 from item 15.

\$ 362582 00 / **Capital gains****21 Capital gains**Do you need to complete a *Capital gains tax (CGT) schedule 2023?*

Did you have a CGT event during the year?

G Yes ☐ No ☒Answer Yes at **G** if the trust had an amount of capital gains from another trust.

Have you applied an exemption or rollover?

M Yes ☐ No ☒ CODE Net capital gain A 00

Credit for foreign resident capital gains withholding amounts

B

Trust TFN

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 Yes ☐ No ☒

Listed country

M ~~0~~

Unlisted country

X ~~0~~

If you answered **Yes** at label **S**, complete and attach an *International dealings schedule 2023*.
Do you need to complete a *Losses schedule 2023*?

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

Gross **B** ~~0~~ Net **V** ~~0~~ /

Foreign income tax offset **Z** ~~0~~

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

Australian franking credits from a New Zealand franking company

D ~~0~~

24 Total of items 20 to 23

Add the boxes

362582 ~~0~~ /

Tax losses deducted

25 Tax losses deducted

C ~~0~~

26 Total net income or loss

Subtract item 25 from item 24.

362582 ~~0~~ /

Losses information

27 Losses information

A *Losses schedule 2023* 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 ~~0~~

Net capital losses carried forward to later income years

V ~~0~~

Landcare and water facility tax offset

28 Landcare and water facility tax offset

Landcare and water facility tax offset brought forward from prior years

G ~~0~~

Trust TFN

Overseas transactions

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 Yes ☐ No ☒

Did the thin capitalisation provisions affect you? **O** Yes ☐ 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 2023*.

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 Yes ☐ 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 Yes ☐ No ☒

Personal services income

30 Personal services income

Does your income include an individual's personal services income (PSI)? **N** Yes ☐ 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** Yes ☐ No ☐

Do you hold a personal services business (PSB) determination in respect of any individual? **D** Yes ☐ 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** ☒

Trust TFN

Non-concessional MIT income

32 Non-concessional MIT income (NCMI)

Business income

Primary production

Non-concessional MIT income (NCMI) **A** .00Excluded from NCMI **B** .00Amounts shown at **A** and **B** must also be included at **5G PP – Other business income**.

Non-primary production

Non-concessional MIT income (NCMI) **C** .00Excluded from NCMI **D** .00Amounts shown at **C** and **D** must also be included at **5H Non-PP – Other business income**.

Partnerships and trusts

Primary production

Non-concessional MIT income (NCMI) **E** .00Excluded from NCMI **F** .00Amounts shown at **E** and **F** must also be included at **8A Distribution from partnerships**.Non-concessional MIT income (NCMI) **G** .00Excluded from NCMI **H** .00Amounts shown at **G** and **H** must also be included at **8Z Share of net income from trusts**.

Non-primary production

Non-concessional MIT income (NCMI) **I** .00Excluded from NCMI **J** .00Amounts shown at **I** and **J** must also be included at **8B Distribution from partnerships, less foreign income**.Non-concessional MIT income (NCMI) **K** .00Excluded from NCMI **L** .00Amounts shown at **K** and **L** must also be included at **8R Share of net income from trusts, less capital gains, foreign income and franked distributions**.

Capital gains

NCMI **X** .00Excluded from NCMI **Z** .00The amounts shown at labels **X** and **Z** must be included in the calculation of the amount at **21A Net capital gain**.

Trust TFN

Key financial information

- 33 All current assets **F**
- 34 Total assets **G**
- 35 All current liabilities **I**
- 36 Total liabilities **J**

Business and professional items

37 Business name of main business

38 Business address of main business

Suburb/town

State/territory

Postcode

- | | |
|--|---|
| 39 Opening stock C <input type="text"/> | 45 Payments to associated persons M <input type="text"/> |
| 40 Purchases and other costs B <input type="text"/> | 46 Fringe benefit employee contributions T <input type="text"/> |
| 41 Closing stock D <input type="text"/> / <input type="text"/> <small>CODE</small> | 47 Unpaid present entitlement to a private company Y <input type="text"/> / <input type="text"/> <small>CODE</small> |
| 42 Trade debtors E <input type="text"/> | 48 Trading stock election <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 43 Trade creditors H <input type="text"/> | 49 Aggregated turnover
Select your aggregated turnover range |
| 44 Total salary and wage expenses L <input type="text"/> / <input type="text"/> <small>CODE</small> | P <input type="text"/> (select range A to P) |
| | Aggregated turnover Q <input type="text"/> |

Trust TFN

50 Capital allowances**Depreciating assets first deducted in this income year**Intangible depreciating assets first deducted **A** \$ -∞Other depreciating assets first deducted **B** \$ -∞Have you self-assessed the effective life of any of these assets? **C** Yes ☐ No ☐Are you making a choice to opt out of temporary full expensing for some or all of your eligible assets? **P** ☐ (A – Some eligible assets; B – All eligible assets)Number of assets you are opting out for **Q**

If you complete **S** and **T**, you must also complete item **49P** Select your aggregated turnover range.

Value of assets you are opting out for **R** \$ -∞Temporary full expensing deductions **S** \$ -∞Number of assets you are claiming for **T** **For all depreciating assets**Did you recalculate the effective life for any of your assets this income year? **D** Yes ☐ No ☒Total adjustable values at end of income year **E** \$ -∞Assessable balancing adjustments on the disposal of intangible depreciating assets **F** \$ -∞Deductible balancing adjustments on the disposal of intangible depreciating assets **G** \$ -∞Termination value of intangible depreciating assets **H** \$ -∞Termination value of other depreciating assets **I** \$ -∞Subsequent year accelerated depreciation deductions for assets using Backing business investment **N** \$ -∞Deduction for project pool **J** \$ -∞Section 40-880 deduction **K** \$ -∞Landcare operations and deduction for decline in value of water facility, fencing asset and fodder storage asset **L** \$ -∞**51 Small business entity simplified depreciation**Deduction for certain assets **A** -∞Deduction for general small business pool **B** -∞**52 Small business boost**Small business skills and training boost **A** -∞Small business technology investment boost **B** -∞

Trust TFN *****

Tax offsets

53 National rental affordability scheme

National rental affordability scheme tax offset entitlement

F

54 Other refundable tax offsets

G / CODE

55 Non-refundable carry forward tax offsets

Early stage venture capital limited partnership tax offset

H


Early stage investor tax offset

I

Medicare levy reduction or exemption

56 Medicare levy reduction or exemption

Spouse's 2022–23 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.

Income of the trust estate

57 Income of the trust estate A 362582 

Statement of distribution

58 Statement of distribution

Distribution details

Complete the distribution details on the following pages for **BENEFICIARY 1 to 3** 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 three 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 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.

58 Statement of distribution – continued

BENEFICIARY Tax file number (TFN) ***** Entity code U I

See the Privacy note in the Taxpayer's declaration.

INDIVIDUAL NAME

Title: Mr

Surname or family name

Atherden 8.34%

First given name

John

Other given names

Leonard

OR

NON-INDIVIDUAL NAME (company, partnership, trust etc.)

Residential address for individuals or business address for non individuals

7 Valley View Court

Suburb/town

SAMSONVALE

State/territory

QLD

Postcode

4520

Country if outside Australia

Australia

Date of birth 03/05/1960

Assessment calculation code

V 30

Share of income of the trust estate

W 30215 -

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

L 0 -

Australian franking credits from a New Zealand franking company

N 0 -

Primary production

A - / LOSS

PP – NCMI

A1 -

PP – Excluded from NCMI

A2 -

Non-primary production

B 30215 - / LOSS

Non – PP NCMI

B1 -

Non – PP Excluded from NCMI

B2 -

Credit for tax withheld where ABN not quoted

C -

Franked distributions

U 0 -

Franking credit

D 0

TFN amounts withheld

E 0

Share of credit for TFN amounts withheld from payments from closely held trusts

O

Capital gains

F 0 -

NCMI capital gains

F1 -

Excluded from NCMI capital gains

F2 -

Share of credit for foreign resident capital gains withholding amounts

Z

Attributed foreign income

G -

Other assessable foreign source income

H 0 - / LOSS

Foreign income tax offset

I 0

Share of National rental affordability scheme tax offset

R

Exploration credits distributed

M -

Early stage venture capital limited partnership tax offset

T

Early stage investor tax offset

J

Div 6AA Eligible income

C1 -00

58 Statement of distribution – continued

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?** Yes ☐ 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**



58 Statement of distribution – continued

BENEFICIARY Tax file number (TFN) ***** Entity code U S

See the Privacy note in the Taxpayer's declaration.

INDIVIDUAL NAME

Title:

Surname or family name

First given name

Other given names

OR

NON-INDIVIDUAL NAME (company, partnership, trust etc.)

Stanley Family Superannuation Fund 22.22%

Residential address for individuals or business address for non individuals

9/182 Nepean Highway

Suburb/town

ASPENDALE

State/territory

VIC

Postcode

3195

Country if outside Australia

Australia

Date of birth Day Month Year

Assessment calculation code

V 35

Share of income of the trust estate

W 80574 -

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

L 0 -

Australian franking credits from a New Zealand franking company

N 0 -

Primary production

A - / LOSS

PP – NCMI

A1 -

PP – Excluded from NCMI

A2 -

Non-primary production

B 80574 - / LOSS

Non – PP NCMI

B1 -

Non – PP Excluded from NCMI

B2 -

Credit for tax withheld where ABN not quoted

C -

Franked distributions

U 0 -

Franking credit

D 0

TFN amounts withheld

E 0

Share of credit for TFN amounts withheld from payments from closely held trusts

O

Capital gains

F 0 -

NCMI capital gains

F1 -

Excluded from NCMI capital gains

F2 -

Share of credit for foreign resident capital gains withholding amounts

Z

Attributed foreign income

G -

Other assessable foreign source income

H 0 - / LOSS

Foreign income tax offset

I 0

Share of National rental affordability scheme tax offset

R

Exploration credits distributed

M -

Early stage venture capital limited partnership tax offset

T

Early stage investor tax offset

J

Div 6AA Eligible income

C1 -00

58 Statement of distribution – continued

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?** Yes ☐ 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**



58 Statement of distribution – continued

BENEFICIARY Tax file number (TFN) ***** Entity code U S

See the Privacy note in the Taxpayer's declaration.

INDIVIDUAL NAME

Title:

Surname or family name

First given name

Other given names

OR

NON-INDIVIDUAL NAME (company, partnership, trust etc.)

S J ELECTRIC SUPERANNUATION FUND 16.66%

Residential address for individuals or business address for non individuals

1 Merchant Avenue

Suburb/town

THOMASTOWN

State/territory

VIC

Postcode

3074

Country if outside Australia

Australia

Date of birth

Day Month Year

Assessment calculation code

V 35

Share of income of the trust estate

W 60430 -

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

L 0 -

Australian franking credits from a New Zealand franking company

N 0 -

Primary production

A - / LOSS

PP – NCMI

A1 -

PP – Excluded from NCMI

A2 -

Non-primary production

B 60430 - / LOSS

Non – PP NCMI

B1 -

Non – PP Excluded from NCMI

B2 -

Credit for tax withheld where ABN not quoted

C -

Franked distributions

U 0 -

Franking credit

D 0

TFN amounts withheld

E 0

Share of credit for TFN amounts withheld from payments from closely held trusts

O

Capital gains

F 0 -

NCMI capital gains

F1 -

Excluded from NCMI capital gains

F2 -

Share of credit for foreign resident capital gains withholding amounts

Z

Attributed foreign income

G -

Other assessable foreign source income

H 0 - / LOSS

Foreign income tax offset

I 0

Share of National rental affordability scheme tax offset

R

Exploration credits distributed

M -

Early stage venture capital limited partnership tax offset

T

Early stage investor tax offset

J

Div 6AA Eligible income

C1 -00

58 Statement of distribution – continued

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?** Yes ☐ 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**



58 Statement of distribution – continued

BENEFICIARY Tax file number (TFN) ***** Entity code U S

See the Privacy note in the Taxpayer's declaration.

INDIVIDUAL NAME

Title:

Surname or family name

First given name

Other given names

OR

NON-INDIVIDUAL NAME (company, partnership, trust etc.)

Stanley Superannuation Fund 22.22%

Residential address for individuals or business address for non individuals

130/37 Harbour Road

Suburb/town

HAMILTON

State/territory

QLD

Postcode

4007

Country if outside Australia

Australia

Date of birth Day Month Year

Assessment calculation code

V 35

Share of income of the trust estate

W 80574 -

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

L 0 -

Australian franking credits from a New Zealand franking company

N 0 -

Primary production

A - / LOSS

PP – NCMI

A1 -

PP – Excluded from NCMI

A2 -

Non-primary production

B 80574 - / LOSS

Non – PP NCMI

B1 -

Non – PP Excluded from NCMI

B2 -

Credit for tax withheld where ABN not quoted

C -

Franked distributions

U 0 -

Franking credit

D 0

TFN amounts withheld

E 0

Share of credit for TFN amounts withheld from payments from closely held trusts

O

Capital gains

F 0 -

NCMI capital gains

F1 -

Excluded from NCMI capital gains

F2 -

Share of credit for foreign resident capital gains withholding amounts

Z

Attributed foreign income

G -

Other assessable foreign source income

H 0 - / LOSS

Foreign income tax offset

I 0

Share of National rental affordability scheme tax offset

R

Exploration credits distributed

M -

Early stage venture capital limited partnership tax offset

T

Early stage investor tax offset

J

Div 6AA Eligible income

C1 -00

58 Statement of distribution – continued

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?** Yes ☐ 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**



58 Statement of distribution – continued

BENEFICIARY Tax file number (TFN) ***** Entity code U T

See the Privacy note in the Taxpayer's declaration.

INDIVIDUAL NAME

Title:

Surname or family name

First given name

Other given names

OR

NON-INDIVIDUAL NAME (company, partnership, trust etc.)

Lassen Unit Trust 8.34%

Residential address for individuals or business address for non individuals

22 Curlew Lane

Suburb/town

BUDERIM

State/territory

QLD

Postcode

4556

Country if outside Australia

Australia

Date of birth

Day Month Year

Assessment calculation code

V 35

Share of income of the trust estate

W 30215 -

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

L 0 -

Australian franking credits from a New Zealand franking company

N 0 -

Primary production

A - / LOSS

PP – NCMI

A1 -

PP – Excluded from NCMI

A2 -

Non-primary production

B 30215 - / LOSS

Non – PP NCMI

B1 -

Non – PP Excluded from NCMI

B2 -

Credit for tax withheld where ABN not quoted

C -

Franked distributions

U 0 -

Franking credit

D 0

TFN amounts withheld

E 0

Share of credit for TFN amounts withheld from payments from closely held trusts

O

Capital gains

F 0 -

NCMI capital gains

F1 -

Excluded from NCMI capital gains

F2 -

Share of credit for foreign resident capital gains withholding amounts

Z

Attributed foreign income

G -

Other assessable foreign source income

H 0 - / LOSS

Foreign income tax offset

I 0

Share of National rental affordability scheme tax offset

R

Exploration credits distributed

M -

Early stage venture capital limited partnership tax offset

T

Early stage investor tax offset

J

Div 6AA Eligible income

C1 -00

58 Statement of distribution – continued

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?** Yes ☐ 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**



58 Statement of distribution – continued

BENEFICIARY Tax file number (TFN) ***** Entity code U S

See the Privacy note in the Taxpayer's declaration.

INDIVIDUAL NAME

Title:

Surname or family name

First given name

Other given names

OR

NON-INDIVIDUAL NAME (company, partnership, trust etc.)

Leystan Superannuation Fund 22.22%

Residential address for individuals or business address for non individuals

1 Cowrie Parade

Suburb/town

ALBANY CREEK

State/territory

QLD

Postcode

4035

Country if outside Australia

Australia

Date of birth

Day Month Year

Assessment calculation code	V	35	Share of credit for TFN amounts withheld from payments from closely held trusts	O	
Share of income of the trust estate	W	80574	Capital gains	F	0
Share of credit for tax withheld – foreign resident withholding (excluding capital gains)	L	0	NCMI capital gains	F1	
Australian franking credits from a New Zealand franking company	N	0	Excluded from NCMI capital gains	F2	
Share of income	Primary production	A	Share of credit for foreign resident capital gains withholding amounts	Z	
	PP – NCMI	A1	Attributed foreign income	G	
	PP – Excluded from NCMI	A2	Other assessable foreign source income	H	0
	Non-primary production	B	Foreign income tax offset	I	0
	Non – PP NCMI	B1	Share of National rental affordability scheme tax offset	R	
Non – PP Excluded from NCMI	B2	Exploration credits distributed	M		
Credit for tax withheld where ABN not quoted	C		Early stage venture capital limited partnership tax offset	T	
Franked distributions	U	0	Early stage investor tax offset	J	
Franking credit	D	0	Div 6AA Eligible income	C1	-00
TFN amounts withheld	E	0			

58 Statement of distribution – continued

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?** Yes ☐ 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**



Trust TFN

58 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"/>	Share of credit for TFN amounts withheld from payments from closely held trusts	O	<input type="text"/>	
Share of income of the trust estate	W	<input type="text"/> - <input type="text"/>	Capital gains	F	<input type="text"/> - <input type="text"/>	
Share of credit for tax withheld – foreign resident withholding (excluding capital gains)	L	<input type="text"/> - <input type="text"/>	NCMI capital gains	F1	<input type="text"/> - <input type="text"/>	
Australian franking credits from a New Zealand franking company	N	<input type="text"/> - <input type="text"/>	Excluded from NCMI capital gains	F2	<input type="text"/> - <input type="text"/>	
Share of income	Primary production	A	<input type="text"/> - <input type="text"/> / <input type="text"/> LOSS	Share of credit for foreign resident capital gains withholding amounts	Z	<input type="text"/>
	PP – NCMI	A1	<input type="text"/> - <input type="text"/>	Attributed foreign income	G	<input type="text"/> - <input type="text"/>
	PP – Excluded from NCMI	A2	<input type="text"/> - <input type="text"/>	Other assessable foreign source income	H	<input type="text"/> - <input type="text"/> / <input type="text"/> LOSS
	Non-primary production	B	<input type="text"/> - <input type="text"/> 00 / <input type="text"/> LOSS	Foreign income tax offset	I	<input type="text"/>
	Non – PP NCMI	B1	<input type="text"/> - <input type="text"/>	Share of National rental affordability scheme tax offset	R	<input type="text"/>
Non – PP Excluded from NCMI	B2	<input type="text"/> - <input type="text"/>	Share of other refundable tax offsets	X	<input type="text"/>	
Credit for tax withheld where ABN not quoted	C	<input type="text"/> - <input type="text"/>	Early stage venture capital limited partnership tax offset	T	<input type="text"/>	
Franked distributions	U	<input type="text"/> - <input type="text"/>	Early stage venture capital limited partnership tax offset carried forward from previous year	K	<input type="text"/>	
Franking credit	D	<input type="text"/>	Early stage investor tax offset	J	<input type="text"/>	
TFN amounts withheld	E	<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.

59 Choice for resident trustee to be assessed to capital gains on behalf of beneficiaries

Assessment calculation code **X**

Amount of capital gains on which the trustee has chosen to be assessed on behalf of beneficiaries **Y** -

Items 60 and 61 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.

60 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 2023, also presently entitled to a share of the income of another trust?

Yes ☐ No ☒

If yes, or the answer is not known, furnish the information requested in the instructions.

61 Non-resident trust

Is the trust a non-resident trust?

Yes ☐ No ☒

If yes, state the amount of income derived outside Australia to which no beneficiary is presently entitled. Print **NIL** if applicable.

\$ -

Trust TFN

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

Date

Day	Month	Year
29/06/2023		

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
STA20TR1
Date

Day	Month	Year

Contact name

Agent's phone number (include area code)

Agent's reference number

Office use only
Indics X

Rental property schedule

100017303B

Do not use correction fluid or tape. Please print neatly in **BLOCK LETTERS** with a black or blue ballpoint pen only. Print one letter or number in each box.

For the period 1 July to 30 June



If you own more than one property, a separate *Rental property schedule* must be prepared for each property.

If you are a part-owner of a rental property, each *Rental property schedule* must record **your share** of rental property income and expenses for each property.

For further information, see the instructions for completing the rental property schedule.

Rental details

► Your tax file number (TFN)

► Name of trust

► Your date of birth

► Address of property

Suburb or town

State

Postcode

► Date property first earned rental income

► Number of weeks property was rented this year

► Number of weeks property was available for rent this year

► What is the entity's percentage ownership of the property?

► Date property was purchased

► Purchase price of property

► Has the loan for the property been renegotiated this year?

Yes
☐

No
☒

Trust's tax file number (TFN)

Income

Rental income **A** 393800.00Other rental related income **B** 0.00Gross rent Add income amounts (A and B) **C** \$ 393800.00Advertising for tenants **D** 0.00Body corporate fees **E** 0.00Borrowing expenses **F** 0.00Cleaning **G** 0.00Council rates **H** 0.00Capital allowances (depreciation on plant) **I** 0.00Gardening/lawn mowing **J** 0.00Insurance **K** 0.00Interest on loan(s) **L** 0.00Land tax **M** 28649.00Legal fees **N** 0.00Pest control **O** 0.00Property agent fees/commission **P** 0.00Repairs and maintenance **Q** 0.00Capital works deductions (special building write-off) **R** 0.00Stationery, telephone and postage **S** 0.00Travel expenses **T** 0.00Water charges **U** 0.00Sundry rental expenses **V** 0.00Total expenses Add expenses amounts (D to V) **W** \$ 28649.00NET RENT Take W away from C **X** \$ 365151.00 ☐

Electronic lodgment declaration (Form T)

(for Trust tax return)

Part A: Taxpayer's declaration

This declaration is to be completed where the tax return is to be lodged via 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 the provision of tax file numbers (TFNs). The ATO will use the TFNs to identify each partner or beneficiary or entity in our records. It is not an offence not to provide the TFNs. However, you cannot lodge your tax return electronically if you do not quote your TFN.

Taxation law authorises the ATO to collect information and disclose it to other government agencies, including personal information about the person authorised to sign the declaration. For information about privacy go to ato.gov.au/privacy

The Australian Business Register

The Commissioner of Taxation, as Registrar of the Australian Business Register, may use the ABN and business details which you provide on this tax return to maintain the integrity of the register.

Please refer to the privacy statement on the Australian Business Register (ABR) website (www.abr.gov.au) for further information – it outlines our commitment to safeguarding your details.

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

Fund name

Elliot Street Property Trust

Year of return

2023

I authorise my tax agent to electronically transmit this tax return via an approved ATO electronic channel.

Important: Before making this declaration please check to ensure that all income has been disclosed and the tax return 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 Tax Office. The tax law provides heavy penalties for false or misleading statements on tax returns.

Declaration

I declare that:

- all of the information I have provided to the agent for the preparation of this document is true and correct
- I authorise the agent to give this document to the Commissioner of Taxation

Signature of trustee or director

Date

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 channel.

This declaration must be signed by the partner, trustee, director or public officer 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

79673 007

Account name

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

Signature of trustee or director

Date

PART C: **Family trust election, revocation or variation**

I/We declare that:

- all the information required has been provided in this form and any attachments to this form,
- and that the information provided is true and correct in every detail,
- and that the trustee(s)/company/partners is/are making, varying or revoking a family trust election, the details of which are set out above, for the purposes of section 272-80 of Schedule 2F to ITAA 1936 and that
- the trustee(s) or, if the trustee is a company, the public officer of the corporate trustee is/are able to make, vary or revoke the election in accordance with that section.

**Signature of
trustee or
public officer**

Date

Part D: **Tax agent's certificate** (shared facility users only)

Declaration: I declare that:

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

**Signature of
tax agent**

Date

Agent's contact name

Agent's phone

Agent's reference

Client's reference

Mr David Tincknell

(07) 3349-1452

79673 007

STA20TR1