



Day / Month / Year to Day / Month / Year

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 2010...

WHEN COMPLETING THIS RETURN

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

Grid for printing characters S, M, /, T, #, \$, T

- Print X in ALL applicable boxes.

Trust information

Tax file number (TFN) grid

Have you attached any 'other attachments'? Yes No

Name of trust

Name of trust grid

Australian business number (ABN) grid

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.

Previous name of trust grid

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.

Current postal address grid with labels: Suburb/town, State/territory, Postcode, Country if outside Australia

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.

Postal address on previous tax return grid with labels: 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: Mr  Mrs  Miss  Ms  Other

Surname or family name

First given name  Other given names

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

Name

ABN  Daytime contact phone number  Phone number (include area code)

**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 2009–10 income year write 2010).

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 2010*.

**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 2010* for each election.

If revoking an interposed entity election, print **R** and complete and attach the *Interposed entity election or revocation 2010*.

**Type of trust**

Print the code representing the **type** of trust.  Print **X** if also an item 1.5 charitable trust in section 50–5 of ITAA 1997.  If code **D**, write the date of death.  /  /

**Managed investment trusts**

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)**

It's faster and simpler to have your refund paid directly to your financial institution account.

Do you want your refund paid directly into your financial institution account? Refer to the instructions for more information.

Yes  You must complete your account details below. No  Read on.

BSB number must be six digits.  Account number

Account name – for example, JQ Citizen. Do not show the account type, such as cheque, savings, mortgage offset.

**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**

**4 Did you sell any goods or services using the internet?** **Q** Yes  No  **F**



# 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 <b>C</b>	<input type="text"/>	<b>D</b> <input type="text"/>	<input type="text"/>
Gross payments subject to foreign resident withholding <b>A</b>	<input type="text"/>	<b>B</b> <input type="text"/>	<input type="text"/>
Assessable government industry payments <b>E</b>	<input type="text"/> / <input type="text"/> Code	<b>F</b> <input type="text"/> / <input type="text"/> Code	<input type="text"/>
Other business income <b>G</b>	<input type="text"/> / <input type="text"/>	<b>H</b> <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> <b>F</b>
<b>Total business income</b>	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>
<b>Expenses</b>			
Foreign resident withholding expenses	<input type="text"/>	<input type="text"/>	<b>P</b> <input type="text"/>
Contractor, sub-contractor and commission expenses	<input type="text"/>	<input type="text"/>	<b>C</b> <input type="text"/>
Superannuation expenses	<input type="text"/>	<input type="text"/>	<b>D</b> <input type="text"/>
Cost of sales	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>	<b>E</b> <input type="text"/> / <input type="text"/>
Bad debts	<input type="text"/>	<input type="text"/>	<b>F</b> <input type="text"/>
Lease expenses	<input type="text"/>	<input type="text"/>	<b>G</b> <input type="text"/>
Rent expenses	<input type="text"/>	<input type="text"/>	<b>H</b> <input type="text"/>
Total interest expenses	<input type="text"/>	<input type="text"/>	<b>I</b> <input type="text"/>
Total royalty expenses	<input type="text"/>	<input type="text"/>	<b>J</b> <input type="text"/>
Depreciation expenses	<input type="text"/>	<input type="text"/>	<b>K</b> <input type="text"/>
Motor vehicle expenses	<input type="text"/>	<input type="text"/>	<b>L</b> <input type="text"/>
Repairs and maintenance	<input type="text"/>	<input type="text"/>	<b>M</b> <input type="text"/>
All other expenses	<input type="text"/>	<input type="text"/>	<b>N</b> <input type="text"/>
<b>Total expenses – labels P to N</b>	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>	<b>O</b> <input type="text"/> / <input type="text"/>
<b>Reconciliation items</b>			
Add: Income reconciliation adjustments	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>	<b>A</b> <input type="text"/> / <input type="text"/>
Add: Expense reconciliation adjustments	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>	<b>B</b> <input type="text"/> / <input type="text"/>
<b>Net income or loss from business</b>	<b>Q</b> <input type="text"/> / <input type="text"/>	<b>R</b> <input type="text"/> / <input type="text"/>	<b>S</b> <input type="text"/> / <input type="text"/>

**6 Tax withheld** Tax withheld where ABN not quoted **T** , , . ~~X~~

Credit for tax withheld – foreign resident withholding **U** , , . ~~X~~

**7 Credit for interest on early payments** – amount of interest **W** , , .



## 8 Partnerships and trusts

### Primary production

Distribution from partnerships **A** , , , .XX /

Distribution from trusts **Z** , , , .XX /

Deductions relating to distribution in labels **A** and **Z** **S** , , , .XX

Net primary production distribution , , .XX /

### Non-primary production

Distribution from partnerships, less foreign income **B** , , , .XX /

Distribution from trusts, less net capital gain and foreign income **R** , , , .XX /

Deductions relating to distribution in labels **B** and **R** **T** , , , .XX

Net non-primary production distribution , , .XX /

Distributions of net capital gains (including net foreign capital gains) must be included at item **21**.  
Distributions 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** , , .XX

Share of franking credit from franked dividends **D** , , .

Share of credit for TFN amounts withheld from interest, dividends and unit trust distributions **E** , , .

Share of credit for tax withheld from foreign resident withholding **U** , , .XX

## 9 Rent

Gross rent **F** , , .XX

Interest deductions **G** , , .XX

Capital works deductions **X** , , .XX

Other rental deductions **H** , , .XX

Net rent , .XX /

## 10 Forestry managed investment scheme income

**Q** , .XX

## 11 Gross interest – including Australian Government loan interest

**J** , .XX

TFN amounts withheld from gross interest **I** , , .

## 12 Dividends

Unfranked amount **K** , .XX

Franked amount **L** , .XX

Franking credit **M** , .XX

TFN amounts withheld from dividends **N** , , .

## 13 Superannuation lump sums and employment termination payments

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

Taxed element **V** , .XX

Untaxed element **W** , .XX

Death benefit employment termination payment where the beneficiary is a dependant

Taxable component **X** , .XX

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

Taxable component **Y** , .XX





Trust TFN

**14 Other Australian income – give details**

Type of income  Exceeded net income .  
   /

**15 Total of items 5 to 14**

Add the  boxes. . /

**Deductions**

**16 Deductions relating to Australian investment income**

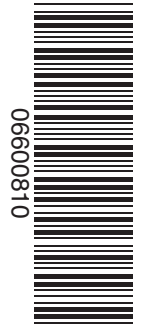
**P** .

**17 Forestry managed investment scheme deduction**

**D** .

Product or private ruling information

**A**  **B**  / **C**



**18 Other deductions – show only deductions not claimable at any other item**

Name of each item of deduction

Amount

.  
. **Q** .

**19 Total of items 16 to 18**

.

**20 Net Australian income or loss**  
– other than capital gains

Subtract item 19 from item 15. **\$** . /  **F**

**21 Capital gains**

Do you need to complete a *Capital gains tax (CGT) schedule 2010?*

Did you have a CGT event during the year?

**G** Yes  No

Answer Yes at **G** if the trust received a distribution of a capital gain from a trust.

Did this CGT event relate to a forestry managed investment scheme interest that you held other than as an initial participant?

**H** Yes  No

Net capital gain **A** .



# Foreign income

## 22 Attributed foreign income

Did you have either a direct or indirect interest in a foreign trust, controlled foreign company or transferor trust?

**S** Yes  No

Did you have an interest in a foreign investment fund (FIF) or a foreign life assurance policy (FLP)?

**T** Yes  No

Listed country **M** , ,  · ~~X~~

Section 404 country **U** , ,  · ~~X~~

Unlisted country **X** , ,  · ~~X~~

FIF/FLP income **Y** , ,  · ~~X~~

If you answered **Yes** at label **S** or **T**, complete and attach a *Schedule 25A 2010*. Do you need to complete a *Losses schedule 2010*?

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

Do you need to complete a *Losses schedule 2010*?

Gross **B** , , ,  · ~~X~~ Net **V** , ,  · ~~X~~ /

Foreign income tax offset **Z** , ,  ·

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

Australian franking credits from a New Zealand company **D** , ,  · ~~X~~

## 24 Total of items 20 to 23

Add the  boxes , , ,  · ~~X~~ /

## 25 Tax losses deducted

**C** , ,  · ~~X~~

## 26 Total net income or loss

Subtract item 25 from item 24. , , ,  · ~~X~~ /  **F**

## 27 Losses information

A *Losses schedule 2010* must also be completed and attached if the sum of labels **U** and **V** is greater than \$100,000 or if the trust has a foreign loss 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** , ,  · ~~X~~

Net capital losses carried forward to later income years **V** , ,  · ~~X~~

## 28 Landcare and water facility tax offset

Landcare and water facility tax offset brought forward from prior years **G** , ,  · ~~X~~





## 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 \$1 million?

**W** Yes  No

If you answered **Yes** at label **W**, complete and attach a *Schedule 25A 2010*.

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.

Amount of tax spared foreign income tax offset

**Q** ,,,.X

#### 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

There is not a schedule to be completed for 'Transactions with specified countries'.

#### Interest

Section 128FA exempt interest paid

**D** ,,,.X

Interest to financial institution exempt from withholding under a DTA

**I** ,,,.X

DTA country

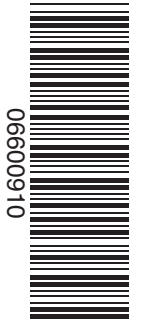
**Y**

### 30 Personal services income

If you answered **Yes** at label **N**, complete and attach a *Personal services income schedule 2010*.

Does your income include an individual's personal services income?

**N** Yes  No



## Taxation of financial arrangements

### 31 Taxation of financial arrangements (TOFA)

Did you make a gain, loss or transitional balancing adjustment from a financial arrangement subject to the TOFA rules?

**L** Yes  No

Total TOFA gains

**M** ,,,.X

Total TOFA losses

**N** ,,,.X

TOFA transitional balancing adjustment

**O** ,,,.X /

TOFA gains from unrealised movements in the value of financial arrangements

**P** ,,,.X

## Key financial information

### 32 All current assets

**F** ,,,.X

### 33 Total assets

**G** ,,,.X

### 34 All current liabilities

**I** ,,,.X

### 35 Total liabilities

**J** ,,,.X

### 36 Proprietors' funds

**K** ,,,.X /



# Business and professional items

The following information must be filled in for all trusts carrying on a business

### 37 Business name of main business

### 38 Business address of main business

Suburb/town

State/territory

Postcode

**A**

- |  |          |   |   |   |   |
|--|----------|---|---|---|---|
| 39 Opening stock                                       | <b>C</b> | <input type="text" value="-X"/>                     | 50 Deduction for project pool   | <b>P</b>  | <input type="text" value="-X"/>                     |
| 40 Purchases and other costs                           | <b>B</b> | <input type="text" value="-X"/>                     | 51 Section 40-880 deduction   | <b>X</b>  | <input type="text" value="-X"/>                     |
| 41 Closing stock                                       | <b>D</b> | <input type="text" value="-X"/> <small>CODE</small> | 52 Small business and general business tax break                            | <b>F</b>  | <input type="text" value="-X"/>                     |
| 42 Trade debtors                                       | <b>E</b> | <input type="text" value="-X"/>                     | 53 Fringe benefit employee contributions                                    | <b>T</b>  | <input type="text" value="-X"/>                     |
| 43 Trade creditors                                     | <b>H</b> | <input type="text" value="-X"/>                     | 54 Interest expenses overseas   | <b>Q</b>  | <input type="text" value="-X"/>                     |
| 44 Total salary and wage expenses                      | <b>L</b> | <input type="text" value="-X"/> <small>CODE</small> | 55 Royalty expenses overseas  | <b>R</b>  | <input type="text" value="-X"/>                     |
| 45 Payments to associated persons                      | <b>M</b> | <input type="text" value="-X"/>                     | 56 Landcare operations and deduction for decline in value of water facility | <b>S</b>  | <input type="text" value="-X"/>                     |
| 46 Intangible depreciating assets first deducted       | <b>N</b> | <input type="text" value="-X"/>                     | 57 Deduction for environmental protection expenses                          | <b>V</b>  | <input type="text" value="-X"/>                     |
| 47 Other depreciating assets first deducted            | <b>U</b> | <input type="text" value="-X"/>                     | 58 Unpaid present entitlement to a private company                          | <b>Y</b>  | <input type="text" value="-X"/> <small>CODE</small> |
| 48 Termination value of intangible depreciating assets | <b>O</b> | <input type="text" value="-X"/>                     | 59 Trading stock election   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <b>F</b>  |
| 49 Termination value of other depreciating assets      | <b>W</b> | <input type="text" value="-X"/>                     |   |   |   |







**60 Small business entity depreciating assets**

For completion by small business entities only. Small business entities using this concession are not required to complete a *Capital allowances schedule 2010*.

Deduction for low-cost assets (less than \$1,000) **A** , , .XX  
Deduction for general pool assets (less than 25 years) **B** , , .XX  
Deduction for long-life pool assets (25 years or more) **C** , , .XX

**61 Entrepreneurs tax offset**

Small business entity aggregated turnover **D** , , .XX  
Net small business entity income **E** , , .XX **F**

**62 National rental affordability scheme**

National rental affordability scheme tax offset entitlement **F** , , .  **F**

**63 Medicare levy reduction or exemption**

Spouse's 2009–10 taxable income – if nil write '0' **A** , .XX  
Number of dependent children and students **B**

Full 1.5% levy exemption – number of days **C** /  <sup>CODE</sup>  
Half 1.5% levy exemption – number of days **D**  **F**

**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.

**Statement of distribution**

**65 Statement of distribution**

Is the trust making the distribution a closely held trust? **W** Yes  No

If yes, you will need to make a trustee beneficiary (TB) statement for each trustee beneficiary, unless otherwise excluded by legislation. To make a TB statement complete the **TB statement information** section. See the instructions for more information.

**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 Office to correctly identify each beneficiary's tax records. The Tax Office 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 TB statement you must quote the TFN of a resident trustee beneficiary of a closely held trust.



65 Statement of distribution (continued)

BENEFICIARY 1

INDIVIDUAL NAME

Title: Mr Mrs Miss Ms Other

Surname or family name

First given name Other given names

OR

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

Name fields

Postal address

Postal address line 1

Postal address line 2

Suburb/town State/territory Postcode

Country if outside Australia

Tax file number (TFN) Date of birth

Assessment calculation code V, Credit for tax withheld L, Australian franking credits N, Share of income A/B, Credit for tax withheld C, Franking credit D, TFN amounts withheld E, Net capital gain F, Attributed foreign income G, Other assessable foreign source income H, Foreign income tax offset I, Share of National rental affordability scheme tax offset R.

Entrepreneurs tax offset information

Share of net small business entity income M

Non-resident beneficiary additional information

s98(3) assessable amount J, s98(4) assessable amount K

TB statement information (complete only for trustee beneficiaries of a closely held trust) 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

To make a correct TB statement you must also quote the TFN for a resident trustee beneficiary in the Beneficiary name and address section above.



**65 Statement of distribution (continued)**

**BENEFICIARY 2**

**INDIVIDUAL NAME**

Title: Mr  Mrs  Miss  Ms  Other

Surname or family name

First given name  Other given names

**OR**

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

**Postal address**

Suburb/town  State/territory  Postcode   
(Australia only) (Australia only)

Country if outside Australia

Tax file number (TFN)    Date of birth  /  /

Assessment calculation code	<b>V</b>	<input type="text"/>		
Credit for tax withheld – foreign resident withholding	<b>L</b>	<input type="text"/>	<input checked="" type="checkbox"/>	TFN amounts withheld
Australian franking credits from a New Zealand company	<b>N</b>	<input type="text"/>	<input checked="" type="checkbox"/>	<b>E</b> <input type="text"/>
Share of income	Primary production	<b>A</b>	<input type="text"/>	<input checked="" type="checkbox"/>
	Non-primary production	<b>B</b>	<input type="text"/>	<input checked="" type="checkbox"/>
	Credit for tax withheld where ABN not quoted	<b>C</b>	<input type="text"/>	<input checked="" type="checkbox"/>
	Franking credit	<b>D</b>	<input type="text"/>	<input type="text"/>
				Net capital gain
				<b>F</b> <input type="text"/>
				Attributed foreign income
				<b>G</b> <input type="text"/>
				Other assessable foreign source income
				<b>H</b> <input type="text"/>
				Foreign income tax offset
				<b>I</b> <input type="text"/>
				Share of National rental affordability scheme tax offset
				<b>R</b> <input type="text"/>

**Entrepreneurs tax offset information**

Share of net small business entity income **M**

**Non-resident beneficiary additional information**

s98(3) assessable amount **J**

s98(4) assessable amount **K**

**TB statement information** (complete only for trustee beneficiaries of a closely held trust)  
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**

To make a correct TB statement you must also quote the TFN for a resident trustee beneficiary in the Beneficiary name and address section above.







**65 Statement of distribution (continued)**

**BENEFICIARY 4**

**INDIVIDUAL NAME**

Title: Mr  Mrs  Miss  Ms  Other

Surname or family name

First given name  Other given names

**OR**

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

**Postal address**

Suburb/town  State/territory  Postcode   
(Australia only) (Australia only)

Country if outside Australia

Tax file number (TFN)    Date of birth Day  / Month  / Year

Assessment calculation code **V**

Credit for tax withheld – foreign resident withholding **L**

Australian franking credits from a New Zealand company **N**

Share of income: Primary production **A**    LOSS  
 Non-primary production **B**    LOSS

Credit for tax withheld where ABN not quoted **C**

Franking credit **D**

TFN amounts withheld **E**

Net capital gain **F**

Attributed foreign income **G**

Other assessable foreign source income **H**     LOSS

Foreign income tax offset **I**

Share of National rental affordability scheme tax offset **R**

**Entrepreneurs tax offset information**

Share of net small business entity income **M**

**Non-resident beneficiary additional information**

s98(3) assessable amount **J**

s98(4) assessable amount **K**

**TB statement information** (complete only for trustee beneficiaries of a closely held trust)

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**

To make a correct TB statement you must also quote the TFN for a resident trustee beneficiary in the Beneficiary name and address section above.





**65 Statement of distribution (continued)**

**BENEFICIARY 5**

**INDIVIDUAL NAME**

Title: Mr  Mrs  Miss  Ms  Other

Surname or family name

First given name  Other given names

**OR**

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

**Postal address**

Suburb/town  State/territory  Postcode

Country if outside Australia  (Australia only)  (Australia only)

Tax file number (TFN)    Date of birth  /  /

Assessment calculation code	<b>V</b>	<input type="text"/>		
Credit for tax withheld – foreign resident withholding	<b>L</b>	<input type="text"/>	<input checked="" type="checkbox"/>	TFN amounts withheld
Australian franking credits from a New Zealand company	<b>N</b>	<input type="text"/>	<input checked="" type="checkbox"/>	<b>E</b>
Share of income	Primary production	<b>A</b>	<input type="text"/>	<input checked="" type="checkbox"/>
	Non-primary production	<b>B</b>	<input type="text"/>	<input checked="" type="checkbox"/>
	Credit for tax withheld where ABN not quoted	<b>C</b>	<input type="text"/>	<input checked="" type="checkbox"/>
	Franking credit	<b>D</b>	<input type="text"/>	<input type="text"/>
				Net capital gain
				<b>F</b>
				Attributed foreign income
				<b>G</b>
				Other assessable foreign source income
				<b>H</b>
				Foreign income tax offset
				<b>I</b>
				Share of National rental affordability scheme tax offset
				<b>R</b>

**Entrepreneurs tax offset information**

Share of net small business entity income **M**

**Non-resident beneficiary additional information**

s98(3) assessable amount **J**

s98(4) assessable amount **K**

**TB statement information (complete only for trustee beneficiaries of a closely held trust)**

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**

To make a correct TB statement you must also quote the TFN for a resident trustee beneficiary in the Beneficiary name and address section above.





**65 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	<b>V</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
Credit for tax withheld – foreign resident withholding	<b>L</b>	<input type="text"/>	<input checked="" type="checkbox"/>		TFN amounts withheld	<b>E</b>	<input type="text"/>	
Australian franking credits from a New Zealand company	<b>N</b>	<input type="text"/>	<input checked="" type="checkbox"/>		Net capital gain	<b>F</b>	<input type="text"/>	
Share of income	Primary production	<b>A</b>	<input type="text"/>	<input checked="" type="checkbox"/>	/ <input type="text"/>	Attributed foreign income	<b>G</b>	<input type="text"/>
	Non-primary production	<b>B</b>	<input type="text"/>	<input checked="" type="checkbox"/>		/ <input type="text"/>	Other assessable foreign source income	<b>H</b>
	Credit for tax withheld where ABN not quoted	<b>C</b>	<input type="text"/>	<input checked="" type="checkbox"/>		Foreign income tax offset	<b>I</b>	<input type="text"/>
	Franking credit	<b>D</b>	<input type="text"/>	<input type="checkbox"/>		Share of National rental affordability scheme tax offset	<b>R</b>	<input type="text"/>

**Entrepreneurs tax offset information**

Share of net small business entity income	<b>M</b>	<input type="text"/>	<input checked="" type="checkbox"/>		<b>F</b>
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**Items 66 and 67 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.

**66 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 2010, also presently entitled to a share of the income of another trust? Yes  No  **F**

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

**67 Non-resident trust**

Is the trust a non-resident trust? Yes  No  **F**

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



