RN: 100102

Australian Taxation Office

Strata title body corporate tax return 2002

1 July 2001 to 30 June 2002

Day Month Year to Day Month Year

or specify period if part year or **approved** substitute period

Notes to assist in the preparation of this tax return are provided in the attached *Strata title body corporate tax return instructions* and also the publication *Company tax return 2002 instructions* which is available from the Australian Taxation Office.

Is a payment due? Print **Y** for yes or **N** for no.

Is a refund due? Print **Y** for yes or **N** for no.

Print neatly in BLOCK LETTERS with a black or blue ballpoint pen only. Print one letter or number in each box.

Tax file number

Name of entity

Australian Business Number (ABN)

Current postal address
If the address has not changed, print it **exactly** as shown on the last tax return lodged.

Suburb or town

State Postcode

Postal address on previous tax return
If the address has changed, print it **exactly** as shown on the last tax return lodged.

Suburb or town

State Postcode

Location of strata title body corporate

Suburb or town

State Postcode

Final tax return

2 Description of main business activity BODY CORPORATE

Industry code B 7 7 2 0 0

3 Status of company Resident C1 X Strata title D4 X

Strata title body corporate tax return 2002

TFN

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6 Calculation of total profit or loss

Income

Gross interest F ·00

Gross rent and other leasing and hiring income G ·00

Other gross income R ·00/

Total income S ·00/ F

Expenses

Expenses in earning income S ·00

Total expenses Q ·00/

Operating profit or loss—subtract **Total expenses** from **Total income** R ·00/

Total profit or loss—equal to **Operating profit or loss** T ·00/ F

7 Reconciliation to taxable income or loss

G N

Taxable income or loss T ·00/ F

8 T N F F 11 N N F 18 X N 19 Y N 20 Z N 21 O N 22 P N F

Calculation statement

Taxable income A ·00

Gross tax B ·

Instalments paid T ·

Tax withheld from interest/investments Y ·

Less: **Total of labels T and Y** R ·

Tax payable ·

Total amount of tax payable (+) or refundable (–) S · F

Hours taken to prepare and complete this tax return J F

Declaration

I declare that the information in this tax return is true and correct.

Public officer's signature

Date Day Month Year

Public officer's name

Daytime contact telephone number Area code F Number F

IN-CONFIDENCE—when completed