

**Taxation Estimate**  
For the year ended 30 June 2018

Return Code: DOBC003  
Client Code: DOBC003  
Name: CHRISTOPHER CHARLES DOBIE

Tax File Number  
144 097 218  
Date Prepared  
29th January 2019

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SUMMARY OF TAXABLE INCOME	\$ c	\$ c
Gross Salary and Wage Income	81,999.00	
	<hr/>	
	81,999.00	
Less: Deductions	2,724.00	
	<hr/>	
TAXABLE INCOME as per Return	79,275.00	
	<hr/>	
TAX PAYABLE		
Income at normal rates	17,311.37	
	<hr/>	
TAX ON TAXABLE INCOME	17,311.37	17,311.37
LESS NON-REFUNDABLE TAX OFFSETS:		
When limiting non-refundable offsets to gross tax payable, the Low Income Tax Offset takes priority in the order of applying these offsets.		
	<hr/>	
(Must not exceed tax payable)	0.00	0.00
		<hr/>
		17,311.37
Add:		
Medicare Levy		1,585.50
(Spouse's taxable income \$117,788.00)		
(Number of dependent children = 2)		
Excess private health Insurance reduction		227.96
		<hr/>
		19,124.83
LESS CREDITS FOR PRE-PAID TAXES:		
PAYG Withholding Credits	19,860.00	
	<hr/>	
<b>Total credits</b>	19,860.00	19,860.00
LESS:		
	<hr/>	
	0.00	0.00
		<hr/>
<b>ESTIMATE OF AMOUNT REFUNDABLE ON ASSESSMENT</b>		<b>735.17</b>
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Please note that this is our estimate of your assessment which may be subject to Tax Office adjustment for HECS-HELP, spouse's FTB overpayment or exceeding your concessional or non-concessional superannuation contributions cap in 2016 or 2017 (if applicable). A Notice of Assessment from the Australian Taxation Office will be forwarded to you at a later date.

WOLLONGONG TAXATION SERVICE

**PART A****Electronic Lodgment Declaration (Form I)**

This declaration is to be completed where a taxpayer elects to use 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.

Tax File Number Year of return Name 

DOBIE
CHRISTOPHER CHARLES

Total Income or Loss	<input type="text" value="81999"/>	Total Deductions	<input type="text" value="2724"/>
Total Tax Withheld	<input type="text" value="19860.00"/>	Total Tax Offsets	<input type="text" value="0"/>
Total Credits	<input type="text" value="0.00"/>	Taxable Income	<input type="text" value="79275"/>

**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](http://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.

**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

**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.

The 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 will be made to the account specified.

Account name:

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

Signature

Date

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**PART D**                      **Tax Agent's Certificate (shared facility users only)**

We, MICHELE DUNN declare that:

- \* We have prepared this tax return in accordance with the information supplied by the taxpayer
- \* We have received a declaration made by the taxpayer that the information provided to us for the preparation of this document is true and correct, and
- \* We are authorised by the taxpayer to lodge this tax return and any applicable schedules that are attached.

Agent's Signature	<div></div>	Date	<div></div>
Agent's phone	<div>02 42265333</div>	Client's reference	<div>DOBC003</div>
Agent's Contact Name	<div>Michele Dunn</div>		
Agent's reference number	<div>65047009</div>		

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# Individual tax return 2018

01/07/2017 to 30/06/2018

**Your tax file number**

144 097 218

See the Privacy note in the Taxpayer's declaration

Are you an Australian resident?

☐ Y

Have you included any attachments?

☐ N**Your name**

Title

MR

Surname or family name

DOBIE

Given names

CHRISTOPHER CHARLES

Has any part of your name changed since last tax return lodged?

☐ N**Your postal address**

Street

39 FORESTVIEW WAY

Suburb/State/P'code

WOONONA

NSW

2517

**Your home address**

Street

39 FORESTVIEW WAY

Suburb/State/P'code

WOONONA

NSW

2517

**Your daytime phone no.**

02

42835811

**Your date of birth**

02/02/1967

Final tax return

☐ N**Electronic funds transfer (EFT)**

BSB no

062585

Account no

10126613

Account name

CHRISTOPHER DOBIE

Return code

DOBC003

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**Income**

**1 Salary or wages**

Main salary or wage occupation

Editor - newspaper or periodical

Occupation code

**X**

212412

Tax withheld

Income

Employer CITRUS MEDIA

ABN 28 137 759 043

19860.00

**C**

81999

**Total tax withheld**

**\$**

19860.00

**TOTAL INCOME OR LOSS**

Add up items 1 to 12 and I

81999

**Deductions**

**D2 Work related travel expenses**

**B**

388

**D3 Work related uniform, occupation specific or protective clothing, laundry and dry cleaning expenses**

**C**

150

**C**

**D5 Other work related expenses**

**E**

1816

**D9 Gifts or donations**

**J**

200

**D10 Cost of managing tax affairs**

Interest charged by the ATO

Litigation costs

Other expenses incurred

**N**

**L**

**M**

170

**TOTAL DEDUCTIONS**

Add up items D1 to D10 and D

2724

**SUBTOTAL**

**TOTAL INCOME/LOSS less  
TOTAL DEDUCTIONS**

79275

**TAXABLE INCOME  
OR LOSS**

Subtract item L1 from SUBTOTAL

**\$**

79275

**Tax offsets**

**TOTAL TAX OFFSETS**

Items T2 and T

**U**

0

**Medicare levy related items**

**M1 Medicare levy reduction or exemption**

Reduction based on family income

Number of dependent children and students

**Y**

2

**M2 Medicare levy surcharge**

For the **whole** period 1 July 2017 to 30 June 2018 were **you**  
and **all** your dependants (including your spouse)-if you had any-  
covered by private patient HOSPITAL cover?

**E**

Y

Number of days NOT liable for surcharge

**A**

365

**Sensitive** (when completed)

Private health insurance policy details

TaxPayer

Period 1 - 01/07/2017 to 31/03/2018

Health insurer ID	<b>B</b> HCF	Membership number	<b>C</b> F88403
Your premiums eligible for Australian Govt. rebate	<b>J</b> 1981	Australian Government rebate received	<b>K</b> 513
Benefit code	<b>L</b> 30	Tax claim code	<b>C</b>

Period 2 - 01/04/2018 to 30/06/2018

Health insurer ID	<b>B</b> HCF	Membership number	<b>C</b> F88403
Your premiums eligible for Australian Govt. rebate	<b>J</b> 682	Australian Government rebate received	<b>K</b> 173
Benefit code	<b>L</b> 31	Tax claim code	<b>C</b>

Income tests

IT1 Total reportable fringe benefits amounts

Employers exempt from FBT under sect. 57A of the FBTAA 1986 **N**

Employers not exempt from FBT under sect. 57A of the FBTAA 1986 **W**

IT2 Reportable employer superannuation contributions **T**

IT3 Tax-free government pensions **U**

IT4 Target foreign income **V**

IT5 Net financial investment loss **X**

IT6 Net rental property loss **Y**

IT7 Child support you paid **Z**

IT8 Number of dependent children **D**

Spouse details-married or de facto

Your spouse's name

Surname	DOBIE
Given names	MARY ANNE

Your spouse's date of birth **K**

Your spouse's gender **F**

Period you had a spouse - married or defacto

Did you have a spouse for the full year 1 July 2017 to 30 June 2018? **L**

Spouse income reviewed

V281 requires all labels to be non-null. You have indicated that you have checked that no spouse income exists for some of the spouse income labels.

Your spouse's 2017-18 taxable income **O**

Sensitive (when completed)

Your spouse's reportable fringe benefits amounts

Employers exempt from FBT under sect. 57A of the FBTAA 1986 **R**

Employers not exempt from FBT under sect. 57A of the FBTAA 1986 **S**

Amount of your spouse's reportable superannuation contributions  
(which is the total of reportable employer super contributions  
and deductible personal super contributions) **A**

Other specified exempt payments (see **Spouse details - married or  
de facto** in the instructions) that your spouse received **B**

Your spouse's target foreign income **C**

Your spouse's total net investment loss (total of net financial  
investment loss and net rental property loss) **D**

Child support your spouse paid **E**

Spouse's total ATI

**SUPPLEMENTARY SECTION**

**Income**

**18 Capital gains**

Did you have a CGT event during the year?

**G** ☐ **N** ☐

**19 Foreign entities**

Did you have either a direct or indirect interest in a controlled foreign company (CFC)?

**I** ☐ **N** ☐

Have you ever, either directly or indirectly, caused the transfer of property (incl. money) or services to a non-resident trust estate?

**W** ☐ **N** ☐

**20 Foreign source income and foreign assets or property**

Did you own, or have an interest in, assets located outside Australia during the year which had a total value of AUD \$50,000 or more?

**P** ☐ **N** ☐

**Taxpayer's declaration**

Read and sign the declaration after completing your tax return, including the Supplementary section, Business and professional items section and other schedules if applicable.

**I declare that**

- \* the information provided to my registered agent for the preparation of this tax return is true and correct, and
- \* I authorise my registered tax agent to lodge this tax return.

Taxpayer's  
Signature

Date

**Important:** The tax law imposes heavy penalties for giving false or misleading information.

The ATO will issue your assessment based on your tax return. However, the ATO has some time to review your tax return, and issue an amended assessment if a review shows inaccuracies that change the assessment. The standard review period is two years but for some taxpayers it is four years.

**Privacy:**

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go to [ato.gov.au/privacy](http://ato.gov.au/privacy)

**Tax agent's declaration:** We, MICHELE DUNN,

declare that this tax return has been prepared in accordance with information supplied by the taxpayer, and 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

Date

Agent's telephone

02 42265333

Client's reference

DOBC003

Contact name

Michele Dunn

Agent's reference no

65047009

**NOTE: THIS PRINT-OUT IS NOT TO BE LODGED WITH THE ATO.**

**Sensitive** (when completed)



**Interest Income**

Financial institution Branch Sharing status (if applicable)	Account Number	TFN withholding	Interest
CBA - 10126613 x 1/2			0.60

**Work related travel expenses**

Description	Amount
Uber Petrol Tolls	366
Internet on International Flight	22
<b>Total</b>	<b>388</b>

**Work related uniform, specific/protective clothing, laundry**

Details	Amount
Protective Clothing	
Laundry	150.00
<b>Total</b>	<b>150.00</b>

**Other Work-Related Deductions**

Description	Amount
MotoGP Pass Subscription	220
40hrs per week working from home	936
Software	178
Motorcycle Subscription	117
Qantas Credit Card Fees	121
Monitor	244
<b>Total</b>	<b>1816</b>

**Cost of managing tax affairs**

**Other expenses incurred in managing your tax affairs**

Description	Amount
Cost of managing tax affairs	125
Travel to tax agent	45
<b>Total</b>	<b>170</b>

**Tax offsets and Medicare**

	<b>Tax Offset</b>
<b>T</b> Total tax offsets included in tax return	0

**M1 Medicare levy exemptions and reductions**

Dependants

Spouse's taxable income:	117788
Dependent children/students:	2

**M2 Medicare levy surcharge**

Days exempt from Medicare:	
Days under MLS Threshold:	
Days in Fund:	365
Add: Days otherwise not liable:	
Less: Days exemptions overlap or are otherwise n/a:	
Number of days not liable for Surcharge:	365

**Surcharge:**