

Individual tax return 2024 - (Summary)
1 July 2023 to 30 June 2024

Your tax file number		483 826 127	
Are you an Australian resident?		<input checked="" type="checkbox"/> Y	
<hr/>			
Your name	Title - for example, Mr, Mrs, Ms, Miss	MS	
	Surname or family name	Gidman	Suffix
	Given names	Glenda Doris	Other DORIS
Has any part of your name changed since completing your last tax return?		<input type="checkbox"/> N	
<hr/>			
Your postal address		32/33 Sickie Ave	
Has your postal address changed since completing your last tax return?			
		Suburb or town	HOPE ISLAND
		State	QLD
		Postcode	4101
		Country - if not Australia	
<hr/>			
Your home address		22 GOWER ST	
		Suburb or town	HOLLAND PARK WEST
		State	QLD
		Postcode	4121
		Country - if not Australia	
<hr/>			
Your date of birth		09/11/1957	Final tax return
<hr/>			
Your daytime contact number		Area code 06	Telephone number 0410543521
Your mobile phone number		0410543521	
Your email address		MIKEH@ASSETSELECTIONADVISORS.COM	
<hr/>			
Electronic funds transfer (EFT)		BSB Number 484799	Account number 000725395
		Account name GLENDA GIDMAN	

Income

1 Salary or wages		Non-resident foreign income		<input type="checkbox"/>	
Main salary and wage occupation		Occupation code		X 551211	
RECEPTIONIST					
Payer's Australian business number		Tax withheld		Income	
40 103 691 210				C <input type="checkbox"/>	
40 103 691 210		8,123.00		D 49,408.00 <input type="checkbox"/>	
10 Gross interest		Gross interest		L 2,679.00 <input type="checkbox"/>	
TFN amounts withheld from gross interest		M			

24 Other income

Type of income	Category 1		Y	0.00	CODE
	Category 2 (ATO interest)		X	.00	CODE
	Category 3 (FHSS)		X	.00	
	Category 4	V1 .00	V	.00	
Total other managed fund income from ATS		V2 .00	(V1 plus V2)		
Tax withheld - lump sum payments in arrears		E			
Taxable professional income		Z	.00		
Tax withheld-assessable FHSS released amount		S	.00		
Lump sum amount			.00		

TOTAL INCOME OR LOSS Add up income amounts and deduct any loss amount in the boxes 52,087.00

D10 Cost of managing tax affairs

Interest charged by the ATO	N	.00
Litigation costs	L	.00
Other expenses incurred in managing your tax affairs	M	150.00

TOTAL DEDUCTIONS Items D1 to D15 - add up the boxes 150.00

TAXABLE INCOME OR LOSS Subtract item L1 amounts from amount at SUBTOTAL \$ 51,937.00

Private health insurance policy details

Health insurer ID	B	MBP	Membership number	C	21557887
Your premiums eligible for Australian Government rebate	J	839.00	Your Australian Government rebate received	K	241.00
Benefit code	L	36	Tax claim code. Read the instructions.	A	CODE

Health insurer ID	B	MBP	Membership number	C	21557887
Your premiums eligible for Australian Government rebate	J	2,702.00	Your Australian Government rebate received	K	776.00
Benefit code	L	35	Tax claim code. Read the instructions.	A	CODE

Medicare levy related items

M2 Medicare levy surcharge (MLS)

For the whole period 1 July 2023 to 30 June 2024, 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

Income tests

IT1 Total reportable fringe benefits amount

Employers exempt from FBT under section 57A of the FBTAA 1986	N	0.00
Employers not exempt from FBT under section 57A of the FBTAA 1986	W	0.00

IT2 Reportable employer superannuation contributions T 0.00

IT3 Tax-free government pensions U 0.00

IT4 Target foreign income V 0.00

IT5 Net financial investment loss X 0.00

IT6 Net rental property loss Y 0.00

IT7 Child support you paid Z 0.00

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 tax 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

Day Month Year

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

Tax agent's declaration

I, Michael D Hickman

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

Date

Day Month Year

Client's reference

GIDMANG

Contact name

Mike Hickman

Agent's telephone number

Area code

61

Telephone number

410543521

Agent's reference number

25921993

Individual tax return

1 July 2023 to 30 June 2024

2024

Your tax file number (TFN) *

483 826 127

See the **Privacy** note in the **Taxpayer's declaration** on page 15 of this return.

Have you included any attachments?

☐ N

Print **Y** for yes
or **N** for no.

Are you an Australian resident?

☐ Y

Print **Y** for yes
or **N** for no.

(If not a resident for a full year)

Day Month Year

Day Month Year

Your name

Title - for example,
Mr, Mrs, Ms, Miss

MS

Surname or family name *

Gidman

Suffix

Given names

Glenda Doris

DORIS

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

☐ N

Print **Y** for yes
or **N** for no.

To find out how to update your name on our records, go to ato.gov.au/updatedetails
or phone **13 28 61**.

Your postal address *

Has your postal address
changed since completing
your last tax return?

☐

Print **Y** for yes
or **N** for no.

32/33 Sickie Ave

Suburb or town* HOPE ISLAND

State QLD

Postcode 4101

Country - if not Australia

Your home address *

If the same as your current postal
address, print **AS ABOVE**.

22 GOWER ST

Suburb or town* HOLLAND PARK WEST

State QLD

Postcode 4121

Country - if not Australia

Your mobile phone number

0410543521

Your daytime contact number

(if different from your mobile phone number above)

Area
code

06

Phone
number

0410543521

Your email address

MIKEH@ASSETSELECTIONADVISORS.COM

Your contact details may be used by the ATO:

- to advise you of tax return lodgment options
- to correspond with you with regard to your taxation and superannuation affairs
- to issue notices to you, or
- to conduct research and marketing.

Your date of birth *

If you were under 18 years of age on
30 June 2024 you must complete item **A1**
on page 5 of this tax return.

Day Month Year

09/11/1957

Final tax return

If you know this is your final
tax return, print **FINAL**.

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.

BSB number
(must be six digits)

484799

Account
number

000725395

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

GLENDA GIDMAN

Income

1 Salary or wages

Your main salary and wage occupation

RECEPTIONIST

Non-resident foreign income

.00

Occupation code **X** 551211

Payer's Australian business number

40 103 691 210

Tax withheld
(do not show cents)

Income
(do not show cents)

Type

40 103 691 210

8,123

C .00

D 49,408.00

E .00

F .00

G .00

2 Allowances, earnings, tips, director's fees etc.

K .00

3 Employer lump sum payments

Amount A in lump
sum payments box

R .00

TYPE

5% of amount B in
lump sum payments box

H .00

4 Employment termination payments (ETP)

Date of payment

Day Month Year

Taxable component

I .00

CODE

Payer's ABN

5 Australian Government allowances and payments like Newstart, Youth Allowance, Jobseeker and Austudy payments

A .00

6 Australian Government pensions and allowances

You must also complete item T1 in Tax offsets on page 4.

B .00

7 Australian annuities and superannuation income streams

Taxable component

Taxed element

J .00

Untaxed element

N .00

Assessable amount from capped defined benefit income stream

M .00

Lump sum in arrears - taxable component

Taxed element

Y .00

Untaxed element

Z .00

8 Australian superannuation lump sum payments

Date of payment

Day Month Year

Taxable component

Taxed element

Q .00

Payer's ABN

Untaxed element

P .00

9 Attributed personal services income

O .00

Total tax withheld

Add up the boxes.

\$

8,123

Attach all requested attachments here.

10 Gross interestTax file number amounts
withheld from gross interest**M**

Gross interest

L

2,679.00

11 Dividends

Unfranked amount

S

.00

Franked amount

T

.00

Tax file number amounts
withheld from dividends**V**Franking
credit**U**

.00

12 Employee share schemesDiscount from taxed upfront schemes
- eligible for reduction**D**

.00

Discount from taxed upfront schemes
- not eligible for reduction**E**

.00

Discount from deferral schemes

F

.00

Total Assessable discount amount

B

.00

TFN amounts withheld from discounts

C

Foreign source discounts

A

.00

I Only used by taxpayers completing the supplementary sectionTransfer the amount from **TOTAL SUPPLEMENT INCOME OR LOSS** on page 10 and write it here.

0.00

LOSS

TOTAL INCOME OR LOSSAdd up the income amounts and deduct
any loss amount in the boxes.

52,087.00

LOSS

Deductions**D1 Work related car expenses****A**

.00

CLAIM

TYPE

D2 Work related travel expenses**B**

.00

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

.00

CLAIM

TYPE

D4 Work related self-education expenses**D**

.00

CLAIM

TYPE

D5 Other work related expenses**E**

.00

D6 Low value pool deduction**K**

.00

D7 Interest deductions**I**

.00

D8 Dividend deductions**H**

.00

D9 Gifts or donations**J**

.00

D10 Cost of managing tax affairs

Interest charged by the ATO

N

.00

Litigation costs

L

.00

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

150.00

D Only used by taxpayers completing the supplementary section.Transfer the amount from **TOTAL SUPPLEMENT DEDUCTIONS** on page 11 and write it here.

.00

TOTAL DEDUCTIONSItems **D1** to **D** - add up the boxes

150.00

SUBTOTAL**TOTAL INCOME OR LOSS less TOTAL DEDUCTIONS**

51,937.00

LOSS

Losses**L1 Tax losses of earlier income years**Primary production losses carried
forward from earlier income years**Q**

.00

Primary production losses
claimed this income year**F**

.00

Non-primary production losses carried
forward from earlier income years**R**

.00

Non-primary production losses
claimed this income year**Z**

.00

TAXABLE INCOME OR LOSSSubtract amounts at **F** and **Z** item **L1**
from amount at **SUBTOTAL**.**\$**

51,937.00

LOSS

Tax offsets

T1 Seniors and pensioners (includes self-funded retirees)

If you had a spouse during 2023-24 you must also complete Spouse details - married or de facto on page 7.

TAX
OFFSET
N ☐ ☐
CODE

VETERAN
Y ☐ ☐
CODE

T2 Australian superannuation income stream

S .00

T Only used by taxpayers completing the supplementary section

Transfer the amount from **TOTAL SUPPLEMENT TAX OFFSETS** on page 11 and write it here.

.00

TOTAL TAX OFFSETS

Items T2 and T - add up the boxes.

U .00

Medicare levy related items

M1 Medicare levy reduction or exemption

If you complete this item and you had a spouse during 2023-24 you must also complete **Spouse details - married or de facto** on page 7.

Reduction based on family income

Number of dependent children and students

Y

Exemption categories

Full 2.0% levy exemption - number of days

V / CLAIM
TYPE

Half 2.0% levy exemption - number of days

W

M2 Medicare levy surcharge (MLS)

THIS ITEM IS COMPULSORY

If you do not complete this item you may be charged the full Medicare levy surcharge.

For the **whole** period 1 July 2023 to 30 June 2024, were **you** and **all** your dependants (including your spouse) - if you had any - covered by private patient HOSPITAL cover?

E Y ☐ Print Y for yes or N for no.

If you printed Y, you must complete **Private health insurance policy details** on the next page. If you printed N, read below.

If you are liable for the surcharge for the whole period 1 July 2023 to 30 June 2024 you **must** write 0 at A.

If you are liable for the surcharge for part of the period 1 July 2023 to 30 June 2024 you **must** write the number of days you were **NOT** liable at A.

Number of days **NOT** liable for surcharge

A

If you are **NOT** liable for the surcharge for the whole period 1 July 2023 to 30 June 2024 you **must** write 366 at A.

If you had a spouse during 2023-24 (and you printed N at E), complete **Spouse details - married or de facto** on page 7. If you were covered by private patient hospital cover at any time during 2023-24 you **must** complete **Private health insurance policy details** on the next page.

Private health insurance policy details

You must read **Private health insurance policy details** in the instructions before completing this item.
Fill all the labels below unless directed in the instructions.

Health insurer ID	B MBP	Membership number	C 21557887
Your premiums eligible for Australian Government rebate	J 839.00	Your Australian Government rebate received	K 241.00
Benefit code	L 36	Tax claim code. Read the instructions.	A

Health insurer ID	B MBP	Membership number	C 21557887
Your premiums eligible for Australian Government rebate	J 2,702.00	Your Australian Government rebate received	K 776.00
Benefit code	L 35	Tax claim code. Read the instructions.	A

Health insurer ID	B	Membership number	C
Your premiums eligible for Australian Government rebate	J .00	Your Australian Government rebate received	K .00
Benefit code	L	Tax claim code. Read the instructions.	

Health insurer ID	B	Membership number	C
Your premiums eligible for Australian Government rebate	J .00	Your Australian Government rebate received	K .00
Benefit code	L	Tax claim code. Read the instructions.	

Adjustments

A1 Under 18

If you were under 18 years of age on 30 June 2024 you must complete this item or you may be taxed at a higher rate. Read the information on **A1** in the tax return instructions for more information.

J	.00	/	TYPE
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A2 Part-year tax-free threshold

Read the information on **A2** in the tax return instructions before completing this item.

Date	Day Month Year	Months eligible for threshold	N
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A3 Government super contributions

Read the information on **A3** in the tax return instructions before completing this item.

Income from investment, partnership and other sources	F .00	/	CODE
Other income from employment and business	G .00	/	LOSS
Other deductions from business income	H .00		LOSS

A4 Working holiday maker net income

D .00	/	
E		

Income tests

You must complete this section.
If you had a spouse during 2023-24 you must also complete **Spouse details - married or de facto** on page 7.

IT1 Total reportable fringe benefits amounts		If the amount is zero, write 0.	
Employers exempt from FBT under section 57A of the FBTAA 1986	N		0.00
Employers not exempt from FBT under section 57A of the FBTAA 1986	W		0.00
IT2 Reportable employer superannuation contributions		T	0.00
IT3 Tax-free government pensions		U	0.00
IT4 Target foreign income		V	0.00
IT5 Net financial investment loss		X	0.00
IT6 Net rental property loss		Y	0.00
IT7 Child support you paid		Z	0.00
IT8 Number of dependent children		D	

Spouse details - married or de facto

If you had a spouse during 2023-24, you must complete **Spouse details - married or de facto**

We need the information included in this section to assess your tax accurately.

If you did not have a spouse, go to page 8.

Your spouse's name

If you had more than one spouse during 2023-24 print the name of your spouse on 30 June 2024 or your last spouse

Surname or family name

First given name

Other given
names**Your spouse's
date of birth****K**

Day Month Year

Your spouse's gender

Male

☐

Female

☐

Indeterminate

☐**Period you had a spouse - married or de facto**

Did you have a spouse for the full year
- 1 July 2023 to 30 June 2024?

L

No

☐

Yes

☐

If you did not have a spouse for the
full year, write the dates you had a
spouse between 1 July 2023 and
30 June 2024.

From**M**

Day Month Year

To**N**

Day Month Year

Did your spouse die during the year?

Yes

☐

No

☐**The information below relates to your spouse's income.**

You must complete all labels.

If the amount is zero, write **0**.

Your spouse's 2023-24 taxable income (excluding any assessable
First home super saver released amount)

O.00

Your spouse's share of trust income on which the trustee is assessed under
section 98, and which has not been included in your spouse's taxable income

T.00

Distributions to your spouse on which family trust distribution tax has been paid and which
your spouse would have had to show as assessable income if the tax had not been paid

U.00**Your spouse's total reportable fringe benefits amounts**

Employers exempt from FBT under section 57A of the FBTA 1986

R.00

Employers not exempt from FBT under section 57A of the FBTA 1986

S.00

Amount of Australian Government pensions and allowances (see **Q6 Australian Government
pensions and allowances** in the tax return instructions) that your spouse received in 2023-24
(exclude exempt pension income)

P.00

Amount of exempt pension income (see **Spouse details – married or de facto** in the instructions
that your spouse received in 2022–23. Do not include any amount paid under the
Military Rehabilitation and Compensation Act 2004)

Q.00

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

A.00

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

B.00

Your spouse's target foreign income

C.00

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

D.00

Child support your spouse paid

E.00

Your spouse's taxed element of a superannuation lump sum for which the tax rate
is zero (see **M2 Medicare levy surcharge** in the tax return instructions)

F.00