

# Tax equivalents return—Local government

## About this form

This return must be completed where a commercial business unit of a local government is required to pay tax equivalents by the tax equivalents manual established under the *Local Government Act 2009*.

To complete your tax equivalents return, you must lodge the Queensland Revenue Office return summary TER form based on relevant completed schedules for any transaction or liability for tax equivalents that is required to be included in your return. A sample schedule for each tax component is available from www.publications.qld.gov.au.

The return summary TER form should be lodged with Queensland Revenue Office by 31 October each year. The completed schedules must be retained by you for audit purposes.

#### **Return summary**

| Part A—Your details                |   |  |  |  |
|------------------------------------|---|--|--|--|
| 1. Client number                   |   |  |  |  |
| 2. Client name                     |   |  |  |  |
| 3. ABN                             |   |  |  |  |
|                                    | changed since registration or your last return. |  |  |  |
| Correspondence address             |   |  |  |  |
| Unit/Flat/Building                 |   |  |  |  |
| House no./Street/PO Box            |   |  |  |  |
| Suburb                             |   |  |  |  |
| State                              |   |  |  |  |
| Postcode                           |   |  |  |  |
| Telephone number                   |   |  |  |  |
| Email address                      |   |  |  |  |
| Contact person name                |   |  |  |  |
| Contact person<br>telephone number |   |  |  |  |
| Part B—Return period               |   |  |  |  |
| 5. Statement of tax equivalen      | nts for the period from to                      |  |  |  |

### Part C—Tax equivalents

| Tax type  | Amount of tax equivalents |
|---|---------------------------|
| Transfer duty   | \$                        |
| Insurance duty<br>(General insurance and<br>accident insurance) | \$                        |
| Vehicle registration duty                                       | \$                        |
| Land tax  | \$                        |
| Payroll tax   | \$                        |
| Total   | \$                        |

### Part D—Declaration

This declaration must be completed by a public officer for the organisation, as defined by the glossary of common terms in the *Local Government Tax Fauivalents Manual*.

I declare that the particulars shown in this return and the relevant records used to ascertain the state tax equivalents payable by the entity are true and correct, in accordance with the *Local Government Tax Equivalents Manual* (Queensland Treasury, September 2010).

| Public officer's signature | Date |
|----------------------------|------|
| Public officer's name      |      |

Queensland Revenue Office is collecting the information on this form for the purposes of administering state revenue. This is authorised under legislation administered by this office. Any personal information will not be disclosed unless authorised by law.

Queensland Revenue Office GPO Box 2593 Brisbane Qld 4001

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Visit qro.qld.gov.au for information relating to state taxes.