Company tax return 2024

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 in the *Company tax return instructions 2024* (the instructions), available from the ATO.

Company information

Tax file number (TFN) *

****

Name of company *

MINIMAL STUDIOS PTY LTD

Australian business number (ABN) 34 635 160 182

Current postal address *

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

C/- BRIEN'S TAXATION SERVICE

PO BOX 245

Suburb or town * FITZROY State/territory VIC Postcode 3065

Country - if not Australia

Business address of main business *

1 HAY STREET

Suburb or town * PRESTON State/territory VIC Postcode 3072

Country - if not Australia

Final tax return * **Yes** [ ] **No** [X]

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 below.
(See relevant instructions.)

BSB number (must be six digits) ****** Account number ******567

Account name

BRIENS TAXATION SERVICE

2 Description of main business activity *

Computer System Design and Related Services

Industry code * B 70000 Percentage of foreign shareholding A %

Company tax return 2024
for MINIMAL STUDIOS PTY LTD

TFN *********

3 Status of company * print X in all applicable boxes

Your selections at this question may determine how the tax law applies to you. See **3 Status of company** in the instructions for more information about company status.

Resident	C1 X	Non-resident no permanent estab.	C2	Non-resident with permanent estab.	C3		
Cooperative	D1	Non-profit	D3	Strata title	D4	Pooled development fund	D5
Limited partnership	D6	Corporate unit trust	D7	Public trading trust	D8	Private	D9 X
Public	D10						
Multiple business	E1	Ceased business	E2	Commenced business	E3 X		
Small business entity	F1 X	Base Rate entity	F2 X				
Significant global entity	G1	Country by country reporting entity	G2				
Consolidated head company	Z1	Consolidated subsidiary member	Z2				

Information Statement - To be completed by all companies

6 Calculation of total profit or loss

Income

Expenses

All other expenses	S	4,100	
Total expenses	Q	4,100	

Total profit or loss

Subtract **Total expenses** Q from **Total income** S	T	4,100	L

7 Reconciliation to taxable income or loss

Total profit or loss amount shown at T item **6**		4,100	L
Did you have a CGT event during the year?	G	**Yes**	**No** X
Non-deductible expenses	W	93	
Subtotal		4,007	L
Taxable/net income or loss	T	4,007	L

(an amount must be included even if it is zero)

8 Financial and other information

All current assets	D	40,349
Total assets	E	40,349
All current liabilities	G	1,337
Total liabilities	H	1,337
Opening franking account balance	P	18,693
Closing franking account balance	M	18,693
Aggregated turnover range	X	A
Aggregated turnover	Y	

13 Losses information

Tax losses carried forward to later income years **U** 14,466

14 Personal services income

Does your income include an individual's personal services income? **N** Yes [ ] No [X]

Total amount of PSI included at item 6 income labels **A** .00

Total amount of deductions against PSI included at item 6 expense labels **B** .00

Did you satisfy the results test in respect of any individual? **C** Yes [ ] No [ ]

Do you hold a personal services business (PSB) determination in respect of any individual? **D** Yes [ ] No [ ]

For any individual for whom you did not satisfy the results test or hold a PSB determination, and each source of their PSI income yielded less than 80% of their total PSI, indicate if you satisfied any of the following personal services business tests - print X in the appropriate box(es)

Unrelated clients test **E1** [ ] Employment test **E2** [ ] Business premises test **E3** [ ]

25 Reportable tax position

Are you required to lodge a reportable tax position schedule **B** Yes [ ] No [X]

26 Did you have any transactions or dealings with international related parties (irrespective of whether they were on revenue or capital account)? Such transactions or dealings include the transfer of tangible or intangible property and any new or existing financial arrangements. **X** Yes [ ] No [X]

27 Was the aggregate amount of the transactions or dealings with international related parties (including the value of property transferred or the balance outstanding on any loans) greater than $2 million? **Y** Yes [ ] No [X]

28 Overseas interests

Did you have overseas branch operations or a direct or indirect interest in a foreign trust, foreign company, controlled foreign entity or transferor trust? **Z** Yes [ ] No [X]

29 Thin capitalisation

Did the thin capitalisation provisions affect you? **O** Yes [ ] No [X]

30 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? **I** Yes [ ] No [X]

Company tax return 2024
for MINIMAL STUDIOS PTY LTD

TFN **********

Calculation Statement

***Important:** Item 7 label **T** and labels **A**, **T1**, **T5** and **I** of the calculation statement are mandatory.

Taxable income **A** $ 0.00
(an amount must be included even if it is zero)

Tax on taxable income **T1** $ 0.00
(an amount must be included even if it is zero)

Gross tax **B** $ 0.00

Non-refundable non-carry forward tax offsets **C** $

Subtotal 1 **T2** $ 0.00
(*cannot be less than zero*)

Non-refundable carry forward tax offsets **D** $

Subtotal 2 **T3** $ 0.00
(*cannot be less than zero*)

Refundable tax offsets **E** $

Subtotal 3 **T4** $ 0.00
(*cannot be less than zero*)

Franking deficit tax offset **F** $

TAX PAYABLE **T5** $ 0.00
(**T4** *less* **F** *- cannot be less than zero, an amount must be included even if it is zero*)

Section 102AAM interest charge **G** $

Credit for tax withheld - foreign resident withholding
H2 $ .00

Credit for tax withheld where ABN not quoted
H3 $ .00

Tax withheld from interest/investments
H4 $

Credit for TFN amounts withheld from payments from closely held trusts
H5 $

Other credits
H7 $

Credit for amounts withheld from foreign resident capital gains withholding
H8 $

Eligible credits **H** $
(Add **H2**, **H3**, **H4**, **H5**,**H7** and **H8**)

Tax offset refunds
(Remainder of refundable tax offsets) **I** $ 0.00
(*unused amount from label* **E** *- an amount must be included even if it is zero*)

PAYG instalments raised **K** $

AMOUNT DUE OR REFUNDABLE **S** $ 0.00
A positive amount at **S** is what you owe while a negative amount is refundable to you
(**T5** *plus* **G** *less* **H** *less* **I** *less* **K**)

Declarations

Tax agent's declaration

I/We, Brien's Taxation Service

declare that this tax return has been prepared in accordance with information provided 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 this tax return.

Agent's signature

Date
Day Month Year

Client's reference
MINIMAL

Contact name *
Valerie P Brien

Agent's telephone number *
Area code 03
Number 94190194

Agent's reference number *
37367002

PUBLIC OFFICER'S DECLARATION

Important

Before making this declaration check to ensure that all income has been disclosed and the tax return, all attached schedules and any additional documents are true and correct in every detail. If you are in doubt about any aspect of the tax return, place all the facts before the ATO. The income tax law imposes heavy penalties for false or misleading statements in tax returns.
This declaration must be signed by the public officer.

Privacy

ATO is authorised to request TFNs by the Taxation Administration Act 1953. ATO uses them to identify you in their records. It is not an offence not to provide TFNs. However, this may cause delays in processing your form.
Taxation law authorises ATO to collect information and disclose it to other government agencies. This includes personal information of the person authorised to complete the form and sign the declaration. See more about your privacy at **ato.gov.au/privacy**

DECLARATION:

I declare that the information on this tax return, all attached schedules and any additional documents is true and correct.

Public officer's signature
Public officer's signature

Date
Day 13 Month 11 Year 2024

Title
MR

Suffix

Hours taken to prepare and complete this tax return
J

Public officer's name *
Family name RASHLEIGH
Given name NATHAN
Other names

Daytime contact number *
Area code 03
Number 94190194

Part A Electronic lodgment declaration (Form C)

This declaration is to be completed where the tax return is to be lodged via 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.

Privacy

Taxation law authorises the ATO to collect information including personal information about the person authorised to sign the declaration. For information about your privacy go to **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.

Tax File Number	*********	Year	2024
Name of Company	MINIMAL STUDIOS PTY LTD		

Total Income or Loss		Total Deductions	4,007	Taxable Income or Loss	-4,007

I authorise my tax agent to electronically transmit this tax return via an approved ATO electronic channel.

Important

Before making this declaration please check to ensure that all income has been disclosed and the tax return is true and correct in every detail. If you are in doubt about any aspect of the tax return, place all the facts before the Tax Office. The tax law provides heavy penalties for false or misleading statements on tax returns.

Declaration: I declare that:

- All of the information I have provided to the agent for the preparation of this document is true and correct.
- I authorise the agent to give this document to the Commissioner of Taxation.

Signature of Public Officer		Date	13-11-2024

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.

This declaration must be signed by public officer 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.

EFT Account	******	-	******567	BRIENS TAXATION SERVICE

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

Agent's reference number	37367002	Signature		Date	13-11-2024

Franking account tax return 2024

1 July 2023 to 30 June 2024

Day Month Year **to** Day Month Year

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

Tax file number (TFN) *********

This tax return is to be completed for all companies, corporate limited partnerships and corporate trust estates treated as companies for the purposes of Part 3-6 of the *Income Tax Assessment Act 1997* that have a liability to pay franking deficit tax and/or over-franking tax and/or an obligation to disclose any significant variation to its benchmark franking percentages. Please read the accompanying instructions before completing this tax return. The *Company tax return 2024 instructions* may also be of assistance regarding debits and/or credits to your franking account.

Section A

Name of entity and Australian Business Number (ABN)

MINIMAL STUDIOS PTY LTD

ABN 34 635 160 182

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

C/- BRIEN'S TAXATION SERVICE

PO BOX 245

Suburb or town FITZROY State VIC Postcode 3065

Is this a subsequent franking account tax return for the income year?

Print **Y** for yes or leave blank.

What is your franking account balance at the end of the period?

18693 .00 / CODE S

What is your venture capital sub-account balance at the end of the period?

.00 / CODE

You may be entitled to the full amount of your current year FDT offset. Please record the code from the instructions which represents your circumstances.

CODE

Section B Franking deficit tax (FDT) and over-franking tax

Total franking credits for the period

A .00

Offsetable portion of current year FDT

C .00

FDT attributable for refund

F .00

Debits not subject to the FDT offset penalty

K .00

Over-franking tax

D .00

Total tax payable

E 0 .00

FDT

B 0 .00

If further return, add **F** and **D**.
If not, add **B** and **D**.

IN-CONFIDENCE - when completed

Do not separate this payment advice from the return form

Payment advice - 59/60
Franking account tax return 2024

Tax file number *********

Name of entity and Australian business number (ABN)

MINIMAL STUDIOS PTY LTD

ABN 34 635 160 182

Amount payable

$ 0

If paying by mail, attach your cheque to this payment advice and return to:

Australian Taxation Office
Locked Bag 1793
Penrith NSW 1793

Section C Significant variation on benchmark franking percentage

Was there a significant variation in benchmark franking percentage between franking periods?

Print **Y** for yes or **N** for no.
If **Y**, complete the rest of this section.
If **N**, complete the declaration

	Benchmark franking period			Benchmark franking percentages
Franking period A	Day Month Year	**to**	Day Month Year	**G**
Franking period B	Day Month Year	**to**	Day Month Year	**H**
Franking period C	Day Month Year	**to**	Day Month Year	**I**
Franking period D	Day Month Year	**to**	Day Month Year	**J**

Declaration

I declare that the information given on this tax return and in the accompanying documents (where applicable) is true and correct, and that I am authorised to make this declaration.

Authorised person's signature

Date Day Month Year

Title

MR

Hours taken to prepare and complete this tax return

Authorised person's name

RASHLEIGH NATHAN

Daytime contact telephone number

Area code: 03

Telephone number: 94190194

Franking account tax return 2024

Details of dividend franking account

Date	Transaction details	Debit	Credit	Balance
01/07/2023	Open balance			18693

Losses schedule **2024**

Companies and trusts that do not join consolidated groups should complete and attach this schedule to their 2024 tax return.

Superannuation funds should complete and attach this schedule to their 2024 tax return.

Notes to help you prepare this schedule are provided in the *Losses schedule instructions 2024*, available from the Tax Office.

Tax file number (TFN)

****

Name of entity

MINIMAL STUDIOS PTY LTD

Australian business number (ABN)

34 635 160 182

Part A Losses carried forward to the 2024-25 income year - excludes film losses

1 Tax losses carried forward to later income years

Year of loss		
2023-24	B	4007 .00
2022-23	C	2877 .00
2021-22	D	7582 .00
2020-21	E	.00
2019-20	F	.00
2018-19 and earlier income years	G	.00
Total	U	14466 .00

Transfer the amount at U to the **Tax losses carried forward to later income years** label on your tax return.

2 Net capital losses carried forward to later income years

Year of loss		
2023-24	H	.00
2022-23	I	.00
2021-22	J	.00
2020-21	K	.00
2019-20	L	.00
2018-19 and earlier income years	M	.00
Total	V	.00

Transfer the amount at V to the **Net capital losses carried forward to the later income years** label on your tax return.

F

Part B Ownership and same business test - company and listed widely held trust only

Complete item **3** of **Part B** if a loss is being carried forward to later income years and the same business test has to be satisfied in relation to that loss.
Do not complete items **1**, **2** or **4** of **Part B** if, in the 2023-24 income year, no loss has been claimed as a deduction, applied against a net capital gain or, in the case of companies, losses have not been transferred in or out.

1 Whether continuity of majority ownership test passed

Note: If the entity has deducted, transferred in or transferred out (as applicable) in the 2023-24 income year a loss incurred in any of the listed years, print **X** in the **Yes** or **No** box to indicate whether the entity has satisfied the continuity of majority ownership test in respect of that loss.

Year of loss		Yes	No	
2023-24	A		X	Print **X** in the appropriate box.
2022-23	B		X	Print **X** in the appropriate box.
2021-22	C		X	Print **X** in the appropriate box.
2020-21	D			Print **X** in the appropriate box.
2019-20	E			Print **X** in the appropriate box.
2018-19 and earlier income years	F			Print **X** in the appropriate box.

2 Amount of losses deducted for which the continuity of majority ownership test is not passed but the same business test is satisfied - excludes film losses

Tax losses	G	.00
Net capital losses	H	.00

3 Losses carried forward for which the same business test must be satisfied before they can be deducted in later years - excludes film losses

Tax losses	I	14466 .00
Net capital losses	J	.00

4 Do current year loss provisions apply?

Is the company required to calculate its taxable income or tax loss for the year under Subdivision 165-B or its net capital gain or net capital loss for the year under Subdivision 165-CB of the *Income Tax Assessment Act 1997* (ITAA 1997)?

K Yes [ ] No [ ] Print **X** in the appropriate box.

Part C Unrealised losses - company only

Note: These questions relate to the operation of Subdivision 165-CC of ITAA 1997.

Has a changeover time occured in relation to the company after 1.00 pm by legal time in the Australian Capital Territory on 11 November 1999?

L Yes [ ] No [X] Print **X** in the appropriate box.

If you printed **X** in the **No** box at **L**, do not complete **M**, **N** or **O**.

At the changeover time did the company satisfy the maximum net asset value test under section 152-15 of ITAA 1997?

M Yes [ ] No [ ] Print **X** in the appropriate box.

If you printed **X** in the **No** box at **M**, has the company determined it had an unrealised net loss at the changeover time?

N Yes [ ] No [ ] Print **X** in the appropriate box.

If you printed **X** in the **Yes** box at **N**, what was the amount of unrealised net loss calculated under section 165-115E of ITAA 1997?

O .00

Part D Life insurance companies

Complying superannuation class tax losses carried forward to later income years	P	.00
Complying superannuation net capital losses carried forward to later income years	Q	.00

F

Part E Controlled foreign company losses

Current year CFC losses	M	.00	
CFC losses deducted	N	.00	
CFC losses carried forward	O	.00	F

Part F Tax losses reconciliation statement

Balance of tax losses brought forward from the prior income year	A	10459 .00	
ADD Uplift of tax losses of designated infrastructure project entities	B	.00	
SUBTRACT Net forgiven amount of debt	C	.00	
ADD Tax losses incurred (if any) during current year	D	4007 .00	
ADD Tax losses amount from conversion of excess franking offsets	E	.00	
SUBTRACT Net exempt income	F	.00	
SUBTRACT Tax losses forgone	G	.00	
SUBTRACT Tax losses deducted	H	.00	
SUBTRACT Tax losses transferred out under Subdivision 170-A *(only for transfers involving a foreign bank branch or a PE of a foreign financial entity)*	I	.00	
Total tax losses carried forward to later income years	J	14466 .00	F

Transfer the amount at J to the **Tax losses carried forward to later income years** label on your tax return.

If the schedule is not lodged with the income tax return you are required to sign and date the schedule.

Important

Before making this declaration check to ensure that all income has been disclosed and the tax return, all attached schedules and any additional documents are true and correct in every detail. If you are in doubt about any aspect of the tax return, place all the facts before the ATO. The income tax law imposes heavy penalties for false or misleading statements.

TAXPAYER'S DECLARATION

I declare that the information on this form is true and correct.

Signature

Date

Day Month Year

Contact person

RASHLEIGH NATHAN

Daytime contact number

Area code 03

Number 94190194

Worksheets and Attachments

All other expenses

Description	Amount
BANK CHARGES	29.00
FILING FEES	310.00
SUBSCRIPTIONS - COMPUTER	878.00
SUBSCRIPTIONS - OTHER	348.00
TELEPHONE / INTERNET	1280.00
ACCOUNTING FEES	1162.00
FINES	93.00
Totals:	**4100.00**

Non-deductible expenses

Description	Amount
FINES AND PENALTIES	93.00
Totals:	**93.00**

Tax losses carried forward to later income year

Description	Amount
LOSSES CARRIED FORWARD - 2022 TO 2024	14466.00
Totals:	**14466.00**