

### **Regulations under the Hospital Tax Ordinance 1935.**

I, WILLIAM MORRIS HUGHES, Minister of State for Health, in pursuance of the powers conferred upon me by the *Hospital Tax Ordinance 1935*, hereby make the following Regulations.

Dated this twenty-sixth day of May, 1936.

W. M. HUGHES  
Minister of State for Health.

#### **HOSPITAL TAX REGULATIONS.**

1. These Regulations may be cited as the Hospital Tax Regulations. Short title.
2. In these Regulations, unless the contrary intention appears— Definition.  
“the Ordinance” means the *Hospital Tax Ordinance 1935*, as amended from time to time.
3. The statement required to be furnished under the provisions of paragraph (c) of sub-section (1.) of section nine of the Ordinance shall be in accordance with Form A in the Schedule to these Regulations or to the like effect. Statement as to employees.
4. The return required to be furnished in accordance with the provisions of sub-section (1.) of section ten of the Ordinance shall be in accordance with Form B in the Schedule to these Regulations or to the like effect, and shall be lodged with the Commissioner of Taxation at his office in the Commonwealth Offices, West Block, Canberra, on or before the thirty-first day of July in each year. Return of income.

Change of  
address.

5. Every person who, in any form under these Regulations, has given a postal address for the service of notices and who subsequently changes that address shall, within one month after the change, give to the Commissioner notice in writing of his new address.

## THE SCHEDULE.

FORM A.  
Reg. 3.

THE TERRITORY FOR THE SEAT OF GOVERNMENT.

*Hospital Tax Ordinance 1935.*

STATEMENT OF EMPLOYEES WHO RECEIVED SALARY OR WAGES (INCLUDING VALUE OF ANY BOARD, LODGING OR RATIONS ALLOWED TO HIM\*) AT A RATE NOT LESS THAN TWO POUNDS (£2) PER WEEK.

*Direction.*—This statement must be prepared each week and delivered personally or by post to the Commissioner of Taxation, West Block, Canberra, before noon on the Wednesday following the date on which any payment of salary or wages to any person liable for payment of Hospital Tax is made.

STATEMENT FOR WEEK ENDED.....

Name of Employee.	Residential Address.	Tax Stamp.

I of declare that the particulars shown above are true and correct in every particular.

Date..... Signature of employer.....  
Occupation .....  
‡ Postal address for Service of Notices....

\* The value of board and lodging is fixed by the Ordinance as follows:—

Board .. .. 15s. per week.  
Lodging .. .. 5s. per week.

‡ Notice of any change of address must be given to the Commissioner within one month after the change.

FORM B.  
Reg. 4.

THE TERRITORY FOR THE SEAT OF GOVERNMENT.

*Hospital Tax Ordinance 1935.*

RETURN OF INCOME OF THE FINANCIAL YEAR ENDED 30TH JUNE,

(Form of return to be made for purposes of Ordinance No. 13 of 1935, for the imposition of a Hospital Tax and for other purposes, by all persons who in any financial year resided within the Territory and who during the preceding financial year so resided for a period or periods aggregating 6 months, and whose income, during that financial year, whether from sources within or outside the Territory, amounted to not less than One Hundred and Four Pounds.)

Surname (in BLOCK LETTERS).	Christian Names.

Occupation..... Residing at.....  
‡ Postal address for service of notices.....

I, the person making this return, declare that the total amount of the income which was derived by me during the financial year ended the thirtieth day of June, 19 , from all sources, whether within or outside the Territory for the Seat of Government, amounted to the sum of pounds (£ ).

Dated this day of , 193 .

Usual Signature.....

The person making this return is hereby required to state below whether or not he or she lodged with the Commissioner of Taxation a return for the purposes of the *Income Tax Assessment Act 1922-1934*, of all income derived by him or her during the financial year ended 30th June, 19 .

\* Return lodged at (Place).....  
\* Return not lodged.

\* Strike out whichever is inapplicable.

‡ Notice of any change of address must be given to the Commissioner within one month after the change.