Self-managed superannuation fund annual return

2017

WHO SHOULD COMPLETE THIS ANNUAL RETURN?

Only self-managed superannuation funds (SMSFs) can complete this annual return. All other funds must complete the *Fund income tax return 2017* (NAT 71287).

The Self-managed superannuation fund annual return instructions 2017 (NAT 71606) (the instructions) can assist you to complete this annual return.

TO COMPLETE THIS ANNUAL RETURN

- Print clearly, using a BLACK pen only.
- Use BLOCK LETTERS.
- Place X in ALL applicable boxes.

Section A: Fund information

1 Tax file number (TFN)

To assist processing, write the fund's TFN at the top of pages 3, 5 and 7.

The ATO is authorised by law to request your TFN. You are not obliged to quote your TFN but not quoting it could increase the chance of delay or error in processing your annual return. See the Privacy note in the Declaration.

2 Name of self-managed superannuation fund (SMSF)

3 Australian business number (ABN) (if applicable)

4 Current postal address

Sub	urb/town	State/territory	Postcode				
5	Annual return status Is this an amendment to the SMSF's 2017 return?	A	No	Yes			
	Is this the first required return for a newly registered SMSF?	В	No	Yes			

6 SMSF auditor Auditor's name Title: Mr Mrs Miss Ms Other Family name			
First given name	Other given names		
SMSF Auditor Number Auditor's	ohone number		
Postal address			
Suburb/town		State/territory	Postcode
Date audit was completed A	h Year		
Was Part B of the audit report qualified?	No Yes		
If the audit report was qualified, have the report compliance issues been rectified?	d C No Yes		

7 Electronic funds transfer (EFT)

We need your self-managed super fund's financial institution details to pay any super payments and tax refunds owing to you.

A Financial institution details for super payments and tax refunds

You must provide the financial institution details of your fund's nominated super account. If you would like your fund's tax refunds paid to a different account, you can provide additional financial institution details at **B**.

Fund BSB number (must be six digits)Fund account numberFund account name (for example, J&Q Citizen ATF J&Q Family SF)

B Financial institution details for tax refunds only

If you would like your fund's tax refunds paid to a different account, provide additional financial institution details. Tax refunds cannot be paid to a trustee's personal account. (See relevant instructions.)

BSB number (must be six digits) Account number Account name (for example, J&Q Citizen ATF J&Q Family SF)

C Electronic service address alias

We will use your electronic service address alias to communicate with your fund about ATO super payments.

8	Status of SMSF Australian superannuation fund A No Yes Fund benefit structure B Code	÷										
	Does the fund trust deed allow acceptance of the Government's Super Co-contribution and Low Income Super Contribution?											
9 Was the fund wound up during the income year?												
	No Yes If yes, provide the date on which the fund was wound up / / Year Have all tax lodgment and payment obligations been met? No Yes											
10	Exempt current pension income											
	Did the fund pay an income stream to one or more members in the income year?											
	To claim a tax exemption for current pension income, you must pay at least the minimum benefit payment under the law. Record exempt current pension income at Label A .											
	No Go to Section B: Income.											
	Yes Exempt current pension income amount A \$											
	Which method did you use to calculate your exempt current pension income?											
	Segregated assets method B											
	Unsegregated assets method C Was an actuarial certificate obtained? D Yes											
	Did the fund have any other income that was assessable?											
	E Yes Go to Section B: Income.											
	No Choosing 'No' means that you do not have any assessable income, including no-TFN quoted contributions. Go to Section C: Deductions and non-deductible expenses. (Do not complete Section B: Income.)											
	If you are entitled to claim any tax offsets, you can list these at Section D: Income tax calculation statement.											

Section B: Income

Do not complete this section if your fund was in **full** pension phase for the **entire year** and there was **no** other income that was assessable. If you are entitled to claim any tax offsets, you can record these at Section D: Income tax calculation statement.

vent during the year?	G No	Yes	If the total capital loss or total capital gain is greater than \$10,000 complete and attach a <i>Capital gains tax (CGT) schedule 2017.</i> Code	
	M No	Yes		
	Net cap	ital gain	A \$	
ess rent and other leasin	g and hiring	income	B \$	
	Gross	interest	C \$	
Forestry m			X \$	
gn income				Loss
	Net foreign	income	D\$,	
nking credits from a Nev	w Zealand co	ompany	E \$	Number
			F \$	1 turnoor
Gro			H \$	Loss
			I \$	2000
			J \$	
nal contributions			К\$	
ed contributions	*Dividend 1	franking credit	L \$	Cada
included even if it is zero)			M \$	Code
	contril (R1	butions plus R2	R	
-	*Other	income	S \$	Code
, th trust distributions	due to chan	ged tax	т\$	
0	lenath i	income	U \$	
(5	GROSS IN Sum of labels	A to U)	w	Loss
Exempt curr	ent pension	income	Y	
TOTAL ASSESSABLI	E INCOME (W less Y)	v		Loss
	Forestry n gn income nking credits from a New Gro sable contributions over contributions ad contributions ad contributions included even if it is zero) to life insurance or PST m's length income ate company dividends th trust distributions n's length income (see the second s	vent during the year? G No Have you applied an exemption or rollover? M No Net cap oss rent and other leasing and hiring Gross Forestry managed invession forestry managed invession forestry managed invession Forestry managed invession foreign Inking credits from a New Zealand co Transfe foreign Inking credits from a New Zealand co Transfe Gross payment ABN not Gross payment ABN not Gross payment ABN not Gross dist from partr *Unfranked co ad contributions included even if it is zero) to life insurance or PST Asse contril plus R3 m's length income ate company dividends m's length income ate company dividends m's length income ate company dividends m's length income th trust distributions m's length income th trust distributions m's length income th trust distributions m's length income th trust distributions Totha ASSESSABLE INCOME	went during the year? Invo Yes Have you applied an exemption or rollover? M No Yes Net capital gain Net capital gain bess rent and other leasing and hiring income Gross interest Forestry managed investment scheme income Gross interest gn income Net foreign income nking credits from a New Zealand company Transfers from foreign funds sable contributions over contributions Gross payments where ABN not quoted sable contributions over contributions "Unfranked dividend amount "Franked dividend amount "Franked dividend amount "Dividend franking credit "Gross trust distributions for PST ad contributions "Other income atta company dividends m's length income ate company dividends "Other income fue to changed tax status of fund m's length income ate company dividends "Other income fue to tanged tax status of fund m's length income "Menon-arm"s length income fue to tanged tax status of fund m's length income "Menon-arm"s length income fue to tanged tax status of fund m's length income "Menon-arm"s length income fue to tanged tax status of fund m's length income "Status of fund m's length income "Exempt current pension income status of fund	We at capital gains tax (CG7) schedule 2017. Have you applied an xemption or rollover? M No Yes Net capital gain A \$ Isss rent and other leasing and hiring income scheme income B \$ Gross interest C \$ Forestry managed investment scheme income D \$ nking credits from a New Zealand company E \$ Gross payments where H \$ F\$ ABN not quoted H \$ able contributions or

Sensitive (when completed)

Section C: Deductions and non-deductible expenses

12 Deductions and non-deductible expenses

• Under 'Deductions' list all expenses and allowances you are entitled to claim a deduction for. Under 'Non-deductible expenses', list all other expenses or normally allowable deductions that you cannot claim as a deduction (for example, all expenses related to exempt current pension income should be recorded in the 'Non-deductible expenses' column).

	DEDUCTIONS	NON-DEDUCTIBLE EXPENSES
Interest expenses within Australia	A1 \$	A2 \$
Interest expenses overseas	B1 \$	B2 \$
Capital works expenditure	D1 \$	D2 \$
Decline in value of depreciating assets	E1 \$	E2 \$
Insurance premiums – members	F1 \$	F2 \$
Death benefit increase	G1 \$	
SMSF auditor fee	H1 \$	H2 \$
Investment expenses	l1 \$	12 \$
Management and administration expenses	J1 \$	J2 \$
Forestry managed investment scheme expense		U2 \$ Code Code
Other amounts		L2 \$
Tax losses deducted	M1 \$	

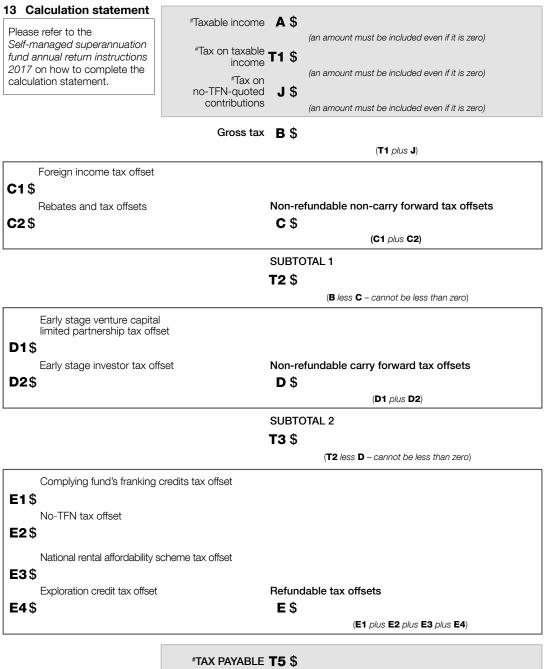
	TOTAL DEDUCTIONS		TOTAL NON-DEDUCTIBLE EXPENSES
	N \$		Y \$
	(Total A1 to M1)		(Total A2 to L2)
	*TAXABLE INCOME OR LOSS	Loss	TOTAL SMSF EXPENSES
_	O \$		Z\$
ry	(TOTAL ASSESSABLE INCOME less TOTAL DEDUCTIONS)		(N plus Y)

[#]This is a mandatory label.

Section D: Income tax calculation statement

#Important:

Section B label R3, Section C label O and Section D labels A,T1, J, T5 and I are mandatory. If you leave these labels blank, you will have specified a zero amount.

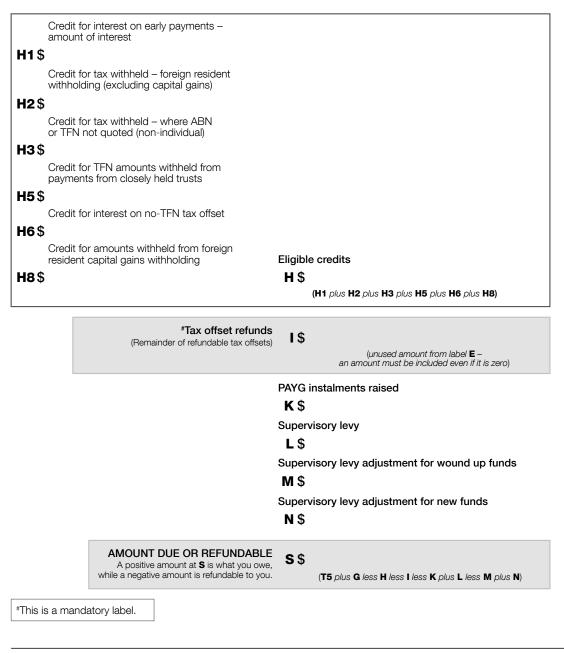


(T3 less E – cannot be less than zero)

Section 102AAM interest charge

G\$

Sensitive (when completed)



Section E: Losses

14 Losses

() If total loss is greater than \$100,000, complete and attach a *Losses* schedule 2017.

Tax losses carried forward to later income years V \$

Section F: Member information

In Section F report all current members in the fund at 30 June. Use Section G to report any former members or deceased members who held an interest in the fund at any time during the income year.

MEMBER 1

MEMBER 1															
Title: Mr Mrs N Family name	liss	Ms	Oth	ıer											
First given name					C	Other give	n na	mes							
Member's TFN See the Privacy note in t	he De	claratic	n.						Date	of birth	Day	/	Month	/	Year
Contributions	Γ						¢							1	
Refer to instruction for completing these						_ANCE	-	\$							
labels.		ABN				_		ιΨ							
ABN of principal employer A1 Personal contributions								8\$							
C	GT sm	all bus	iness r	retireme	ent exe	emption	С	;\$							
CGT sm	all bus	siness	15-yea	ar exem	nption #	amount	D	\$							
			Pe	rsonal	injury (election	E	\$							
		Spo	use an	nd child	l contri	ibutions	F	\$							
		Oth	er thir	d party	[,] contri	ibutions	G	\$							
Assessal	ole for	eign su	peran	nuation	ו fund ו	amount	I	I \$							
Non-assessal	ole for	eign su	perani	nuation	ו fund a	amount	J	J \$							
Tra	ansfer	from re	eserve	: asses	sable a	amount	K	ζ\$							
Transfe	er from	reserv	e: non	1-asses	sable a	amount	L	\$							
	an	d previ	ously r	non-cor	mplying	g funds g funds	Т	\$							
Any other contribu	and	(includi Low In	ng Su come	per Co· Super (-contril Contrik	butions outions)	Μ	\$	 						
			ΤΟΤΑΙ		TRIBU	JTIONS	N	\$						Loss	
Other transactions Allocated earnings					or loss	ses O	\$								
Inward rollovers and transfers							\$								
Outward rollovers and transfers Q Lump Sum payment R1						\$							Code		
						\$							Code		
_		Inc	ome s	tream r	oayme	nt R2	\$							Code	
	CLOS	SING A	CCOL	UNT BA	ALAN	CE S	\$								

Sensitive (when completed)

In Section F report all current members in the fund at 30 June. Use Section G to report any former members or deceased members who held an interest in the fund at any time during the income year.

MEMBER 2

Title: Mr Mrs Family name	Miss	Ms	Other	r											
First given name					Othe	er giver	n names								
Member's TFN See the Privacy note in	the Decl	aration							Date	of birth	Day	/	Month	/	Year
Contributions			G ACC		BALAN		\$								
OPENING ACCOUNT BALANCE OPENING ACCOUNT BALANCE Employer contributions															
		ABN of	princi	pal emp	oloyer	A1									
			Per	sonal c	ontribut	tions	в\$								
(CGT sma	ll busin	ess ret	tiremen	t exemp	otion	C \$								
CGT si	mall busii	ness 15	5-year	exemp [.]	tion am	iount	D \$								
			Pers	sonal in	jury eleo	ction	Е\$								
		Spous	se and	child c	ontribut	tions	F \$								
		Othe	r third	party c	ontribui	tions	G \$								
Assess	able forei	ign sup	erannu	uation fi	und am	iount	I \$								
Non-assess	able forei	ign sup	erannu	uation fi	und am	iount	J \$								
Т	Transfer fi	rom res	erve: a	assessa	able am	iount	К\$								
Trans	fer from r	reserve	: non-a	assessa	able am	iount	L \$								
		previou	usly no	on-com	olying fu	unds	Т\$								
Any other contrib	outions (ir and Le	ncluding ow Inco	g Supe ome Si	er Co-c uper Co	ontribut ontribut	tions ions)	М\$								
		т	OTAL	CONTE	RIBUTI	ONS	N \$							Loss	
Other transactions	A	Allocate	ed earn	nings or	losses	0	\$							2000	
	Inv	ward ro	llovers	and tra	ansfers	Ρ	\$								
	Out	ward ro	llovers	and tra	ansfers	Q	\$							0 1	
Lump Sum payment R1							\$							Code	
Income stream payment R2						R2	\$							Code	
	CLOSI	ING AC	COUN	NT BAL	ANCE	S	\$								
	L			S	ensitiv	/e (w	hen com	npleted	d)						Page 9

	ction H: Assets and liabilitie ASSETS	es					
-	Australian managed investments		Listed trusts	A	\$		
		L	Jnlisted trusts	в	\$		
		Ins	urance policy	С	\$		
	Other		d investments	_			
				_	•		
l5b		Cash and t 1	term deposits	Ε	\$		
	Limited recourse borrowing arrangements Australian residential real property	D	ebt securities	F	\$		
	J1 \$		Loans	G	\$		
	Australian non-residential real property		Listed shares	н	\$		
	J2 \$			_			
	Overseas real property		nlisted shares	1	Φ		
	J3 \$ Australian shares b		nited recourse arrangements	J	\$		
	J4 \$	-	on-residential		•		_
	Overseas shares		real property	K	\$		
	J5 \$		Residential real property	L	\$		
	Other	Col	lectables and al use assets	М	\$		
	J6 \$		Other assets	0	\$		
				_	•		
15c	Overseas direct investments	Ove	erseas shares	Ρ	\$		
	Overseas non-	residential	real property	Q	\$		
	Overseas	residential	real property	R	\$		
	Overseas	manageo	d investments	S	\$		
		Other ove	erseas assets	т	\$		
		OVEDOE	A0 4005T0		ф		1
	TOTAL AUSTRALIAN AND (Sum of labels		A5 A55E15	U	Φ		
I5d	In-house assets						
	Did the fund have a loan to, lease to or investment in, related parties (known	No	Yes		\$		
	as in-house assets) at the end of the income year?						
15e	Limited recourse borrowing arrangements					 	
	If the fund had an I RBA were the I RBA	No	Yes				
	Did the members or related parties of the fund use personal guarantees or other security for the LRBA?	B No	Yes				

16 LIABILITIES

Borrowings for limited recourse borrowing arrangements			
V1 \$			
Permissible temporary borrowings			
V2 \$			
Other borrowings			
V3 \$	Borrowings	V	\$
Total member of total of all CLOSING ACCOUNT BALANCE	closing account balances s from Sections F and G)	w	\$
	Reserve accounts	X	\$
	Other liabilities	Y	\$
	TOTAL LIABILITIES	5 Z	\$

Section I: Taxation of financial arrangements

17 Taxation of financial arrangements (TOFA)

Total TOFA gains H \$

Total TOFA losses

Section J: Other information

Family trust election status

A	If the trust or fund has made, or is making, a family trust election, write the four-digit income year specified of the election (for example, for the 2016–17 income year, write 2017).
В	If revoking or varying a family trust election, print R for revoke or print V for variation, and complete and attach the <i>Family trust election, revocation or variation 2017.</i>
	Interposed entity election status
С	If the trust or fund has an existing election, write the earliest income year specified. If the trust or fund is making one or more elections this year, write the earliest income year being specified and complete an <i>Interposed entity election or revocation 2017</i> for each election.
D	If revoking an interposed entity election, print R , and complete and attach the <i>Interposed entity election or revocation 2017</i> .

Section K: Declarations

Penalties may be imposed for false or misleading information in addition to penalties relating to any tax shortfalls.

Important

Before making this declaration check to ensure that all income has been disclosed and the annual return, all attached schedules and any additional documents are true and correct in every detail. If you leave labels blank, you will have specified a zero amount or the label was not applicable to you. If you are in doubt about any aspect of the annual return, place all the facts before the ATO.

Privacy

The ATO is authorised by the *Taxation Administration Act 1953* to request the provision of tax file numbers (TFNs). We will use the TFN to identify the entity in our records. It is not an offence not to provide the TFN. However if you do not provide the TFN, the processing of this form may be delayed.

Taxation law authorises the ATO to collect information and disclose it to other government agencies. For information about your privacy go to ato.gov.au/privacy

TRUSTEE'S OR DIRECTOR'S DECLARATION:

I declare that current trustees and directors have authorised this annual return and it is documented as such in the SMSF's records. I have received the audit report and I am aware of any matters raised. I declare that the information on this annual return, including any attached schedules and additional documentation is true and correct. I also authorise the ATO to make any tax refunds to the nominated bank account (if applicable).

Authorised trustee's, director's or public officer's signature

	Day Date	Month Ye	ear
Preferred trustee or director contact details:			
Title: Mr Mrs Miss Ms Other Family name			
First given name Other given names			
Phone number Email address			
Non-individual trustee name (if applicable)			
ABN of non-individual trustee			
Time taken to prepare and complete this annual return	Hrs		
The Commissioner of Taxation, as Registrar of the Australian Business Register, may you provide on this annual return to maintain the integrity of the register. For further info	ay use the ABN rmation, refer to	and business details the instructions.	which
TAX AGENT'S DECLARATION: I declare that the <i>Self-managed superannuation fund annual return 2017</i> has been preparby the trustees, that the trustees have given me a declaration stating that the information the trustees have authorised me to lodge this annual return. Tax agent's signature			
	Day Date	Month Ye	ear
Tax agent's contact details			
Title: Mr Mrs Miss Ms Other Family name			
First given name Other given names			
Tax agent's practice			
Tax agent's phone number Reference number	Τα	k agent number	
Postal address for annual returns: Australian Taxation Office, GPO Box 9845, IN	I YOUR CAPITA	AL CITY	
Page 18 Sensitive (when completed)			

PART A

Electronic Lodgment Declaration (Form P, T, F, SMSF or EX)

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

The ATO is authorised by the Taxation Administration Act 1953 to request the provision of tax file numbers (TFNs). The ATO will use the TFNs to identify each partner or beneficiary or entity in our records. It is not an offence not to provide the TFNs. However, you cannot lodge your tax return electronically if you do not quote your TFN.

Taxation law authorises the ATO to collect information and disclose it to other government agencies, including personal information about the person authorised to sign the declaration. For information about privacy go to ato.gov.au/privacy

The Australian Business Register

The Commissioner of Taxation, as Registrar of the Australian Business Register, may use the ABN and business details which you provide on this tax return to maintain the integrity of the register.

Please refer to the privacy statement on the Australian Business Register (ABR) website (www.abr.gov.au) for further information - it outlines our commitment to safeguarding your details.

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.

Fax File Number	Name of Partnership, Trust, Fund or Entity	Year
-----------------	--	------

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:

- the information provided to the 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.

Signature of Partner, Trustee, or Director	Date	/	1	

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 the partner, trustee, director or 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.

Agent's reference number

Account name

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

Signature

1

Date

/

PART D

Tax Agent's Certificate (shared facilities only)

I declare that:

- I have prepared this tax return in accordance with the information supplied by the partner, trustee, director or public officer
- I have received a declaration made by the entity that the information provided to me for the preparation of this tax return is true and correct; and
- I am authorised by the partner, trustee, director or public officer to lodge this tax return, including any applicable schedules.

Agent's signature	Date / /
Contact name	Client Reference
Agent's Phone Number	Agent's Reference Number

Capital gains tax (CGT) schedule

WHEN COMPLETING THIS FORM

- Print clearly, using a black or dark blue pen only.
- Use BLOCK LETTERS and print one character in each box.
- Do not use correction fluid or covering stickers.
- Sign next to any corrections with your full signature (not initials).
- Use in conjunction with company, trust, fund income tax return or the self-managed superannuation fund annual return.
- Refer to the Guide to capital gains tax 2017 available on our website at ato.gov.au for instructions on how to complete this schedule.

Tax file number (TFN)

We are authorised by law to request your TFN. You do not have to quote your TFN. However, if you don't it could increase the chance of delay or error in processing your form.

Australian business number (ABN)

Taxpayer's name

Shares in companies	Capital gain	Capital loss
listed on an Australian securities exchange	A \$	К\$
Other shares	В\$	L \$
Units in unit trusts listed on an Australian securities exchange	C \$	M\$
Other units	D \$	N \$
Real estate situated in Australia	E \$	O \$
Other real estate	F \$	P \$
Amount of capital gains from a trust (including a managed fund)	G \$	
Collectables	Н\$	Q \$
Other CGT assets and any other CGT events	I \$	R \$
Total current year capital gains	J \$	Add the amounts at labels K to R and write the total in item 2 label A – Total current year capital losses .

2017

2	Capital losses	
	Total current year capital losses	A \$
	Total current year capital losses applied	B \$
	Total prior year net capital losses applied	C \$
	Total capital losses transferred in applied (only for transfers involving a foreign bank branch or permanent establishment of a foreign financial entity)	D \$
	Total capital losses applied	E \$
		Add amounts at B , C and D .
3	Unapplied net capital losses carried forward	
	Net capital losses from collectables carried forward to later income years	A \$
	Other net capital losses carried forward to later income years	В\$
		Add amounts at A and B and transfer the total to label V – Net capital losses carried forward to later income years on your tax return.
4	CGT discount	
	Total CGT discount applied	A \$
5	CGT concessions for small business	
•	Small business active asset reduction	A \$
	Small business retirement exemption	В\$
	Small business rollover	C \$
		- •
	Total small business concessions applied	D \$
6	Net capital gain	
	Net capital gain	A \$
		•

1J less 2E less 4A less 5D (cannot be less than zero). Transfer the amount at A to label A – Net capital gain on your tax return.

7	Earnout arrangements				
	Are you a party to an earnout arrangement? A Yes, as a buyer (Print \mathcal{X} in the appropriate box.)	Yes, as a seller	No		
	If you are a party to more than one earnout arrangement, copy an details requested here for each additional earnout arrangement.	d attach a separate sheet to this schedule prov	iding the		
	How many years does the earnout arrangement run for?	В			
	What year of that arrangement are you in?	C			
	If you are the seller, what is the total estimated capital proceeds from the earnout arrangement?	D \$			
	Amount of any capital gain or loss you made under your non-qualifying arrangement in the income year.	E \$	LOSS		
	Request for amendment				
	If you received or provided a financial benefit under a look-through earnout right created in an earlier income year and you wish to seek an amendment to that earlier income year, complete the following:				
	Income year earnout right created	F			
	Amended net capital gain or capital losses carried forward	G \$	LOSS		
8	Other CGT information required (if applicable)		CODE		
	Small business 15 year exemption – exempt capital gains	A \$	/		
	Capital gains disregarded by a foreign resident	В\$			
	Capital gains disregarded as a result of a scrip for scrip rollover	C \$			
	Capital gains disregarded as a result of an inter-company asset rollover	D \$			
	Capital gains disregarded by a demerging entity	E \$			
	Have you chosen to apply the transitional CGT relief for superannuation funds?				
	Notional capital gain amount deferred	G \$			

Taxpayer's declaration

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 the information required has been provided on this form and any attachments to this form, and that the information provided 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 ATO. The income tax law imposes heavy penalties for false or misleading statements.

Privacy

Taxation law authorises the ATO to collect information and disclose it to other government agencies. This includes personal information of the person authorised to sign the declaration. For information about your privacy go to **ato.gov.au/privacy**

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

 Date

 Day
 Month
 Year

 Contact name
 /
 /
 /

Daytime contact number (include area code)