

# Request to adjust concessional contributions

### WHO SHOULD COMPLETE THIS FORM?

Only members of a self-managed superannuation fund (SMSF) can complete this form for contributions they made to their SMSF.

### **COMPLETING THIS FORM**

The instructions contain important information

- Print clearly using a black pen only.
- Use BLOCK LETTERS and print one character per box.

The instructions contain important information about completing this form. Refer to them for more information about how to complete and lodge this form.

Se	ection A: <b>Your details</b>
1	Tax file number (TFN) 152 556 097
	You don't have to provide your TFN to us. However, if you do, it will help us identify you correctly and process your form quickly. For more information on privacy, refer to <b>ato.gov.au/privacy</b>
2	Full name  Title: Mr  Mrs  Miss  Miss  Ms Other  Family name  CROSSLEY  First given name  Other given names
	STUART
3	Date of birth Day / Month / Year / Month / Year
4	Current postal address Street address
	11 THE PROMENADE
	Suburb/town/locality State/territory Postcode
	CAMP HILL  CAMP HILL
5	Daytime phone number (include area code) 08 8271955
Se	ection B: Self Managed Superannuation Fund Details
	The SMSF to which the concessional contributions to be adjusted were made:
6	What is your Australian business number (ABN)? 24718507814
7	Fund name  CROSSLEY STEPHENSON SUPERANNUATION FUND

# Section C: Details of the financial years in which concessional contributions will be adjusted

Section D: Details of concessional contributions to be adjusted				
	Year ending 30 June 2 0 2 4			
9	Year 2 - The financial year in which the contributions referred to in Section D were allocated to you by the SMSF's trustees:			
	Year ending 30 June 2 0 2 3			
8	<b>Year 1 –</b> The financial year in which the contributions referred to in Section D were <b>made</b> to the SMSF but not allocated to you			

10	<b>Personal Contributions</b> – The amount of the personal contributions you made to the SMSF in Year 1, which were not allocated until Year 2, and for which you will be claiming a tax deduction in Year 1.
	\$

- In the SMSF annual return for Year 1, these contributions will be included as 'assessable personal contributions' in Section B and as 'personal contributions' made by you in Section F or G.
- 11 Employer Contributions The amount of the employer contributions, including salary sacrifice contributions, your employer made to the SMSF in Year 1 and which were not allocated to you until Year 2.

\$ 3 1 2 1 0 6
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 $\blacksquare$  In the SMSF annual return for Year 1, these contributions will be included as 'assessable employer contributions' in Section B and as 'employer contributions' made on your behalf in Section F or G.

# Section E: **Declaration**

### **Privacy**

The ATO is a government agency bound by the Privacy Act 1988 in terms of collection and handling of personal information and TFNs. For further information about privacy law notices go to **ato.gov.au/privacy** 

Complete the declaration that applies to you. Print your full name then sign and date the declaration.

INDIVIDUAL DECLARATION  I declare that the information contained in this form is true and correct.				
Name (Print in BLOCK LETTERS)				
Ciam ature				
Signature	Date  Day Month Year			
AGENT OR AUTHORISED OFFICER DECLARATION complete this declaration if you are an authorised representative of the individual shown in Se	ection A.			
<ul> <li>I declare that:</li> <li>I have prepared the form with the information supplied by the individual</li> <li>I have received a declaration made by the individual that the information provided to me for the preparation of this statement is true and correct</li> <li>I am authorised by the individual to give the information in this form to the Australian Taxation Office.</li> </ul>				
Signature	Date			
	Day Month Year			
Tax agent number (if applicable) 2 5 4 5 2 5 8 9				
Name of organisation (if applicable)				
PDK FINANCIAL SYNERGY PTY LTD				
Agent or Authorised Officer name  Title: Mr  Mrs  Miss  Other  Family name  LOUNDER				
First given name Other given names				
PHILLIP				
Agent or Authorised Officer phone number (include area code) 0 8 8 2 7 1 9 5 5 5				
Agent or Authorised Officer address Street address SHOP 25 RENAISSANCE ARCADE				
Suburb/town/locality	State/territory Postcode			
ADELAIDE	S A 5 0 0 0 0 (Australia only)			

# **Lodging your form**

Post or fax your completed and signed form to:

- fax on 1300 139 024
- mail to

Australian Taxation Office PO Box 3578 ALBURY NSW 2640