TFN: 947 286 841

人:Declarations

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

efore 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 and any additional documents are true and correct in every detail. If you leave labels brains, you will have specified a zero and 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.

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, the current trustees and directors have authorised this annual return and it is documented as such in the SMSF's records. I have received a copy of the audit report (if required) and are aware of any matters raised therein. The information on this annual return, including any attached schedules and additional documentation is true and correct.

| innual return, including any attached sche | | |
|--|--|---|
| Authorised trustee's, director's or public of | | Day Month Year |
| | has bee | 29/(120. |
| Preferred trustee or director contact | t details: | |
| reletted addice of the sees | Title Mrs | |
| Fami | name Hennessey | |
| First give | | |
| Other given | names | |
| - | Area code Number 04 10659316 | |
| Email | ddress dani@dkeaccounting.com | |
| Non-individual trustee name (if ap | licable) | |
| Mothaday | | |
| ABN of non-individua | trustee | |
| | land this control return | Hrs |
| | Time taken to prepare and complete this annual return | |
| which you provide on this armual to | Registrar of the Australian Business Register, may use the ABN a turn to maintain the integrity of the register. For further information, | Telef to the instituction |
| TAX AGENT'S DECLARATION: I, DANIELLE EISELE | | .1.1 |
| declare that the Self-managed sup by the trustees, that the trustees had the trustees have authorised me to Tax agent's signature | erannuation fund annual return 2019 has been prepared in accordance with ve given me a declaration stating that the information provided to me is true lodge this annual return. Date | e and correct, and that Day Month Year |
| Tax agent's contact details | | |
| Title | Mrs | |
| Family name | Eisele | |
| First given name | Danielle | |
| Other given names | | |
| Tax agent's practice | DANIELLE EISELE | |
| Tax agent's phone number | Area code Number 10659316 | |
| Tax agent number | 25252310 Reference number HENSF | |