| | | 1 | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Signature as prescribed in tax return | | Tax File Number | 822687022 |
| Section K: Declaration | ns | | |
| 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 to any additional documents are true and correct in label was not applicable to you. If you are in documents are true and correct in label was not applicable to you. If you are in documents are true and correct in label was not applicable to you. If you are in documents are in label was not applicable to you. If you are in documents are in label was not applicable to you. If you are in documents are true and correct in label was not applicable. It is not an offer form may be delayed. Taxation law authorises the ATO to collect inform go to ato.gov.au/privacy | n every detail. If you leave labels be about any aspect of the annual ation Act 1953 to request the pronce not to provide the TFN. Howe | lank, you will have specified a al return, place all the facts before vision of tax file numbers (TFN over if you do not provide the T | zero amount or the ore the ATO. s). We will use the TFN to FN, the processing of this |
| TRUSTEE'S OR DIRECTOR'S DECLAI I declare that, the current trustees and director records. I have received a copy of the audit re return, including any attached schedules and Authorised trustee's, director's or public office | rs have authorised this annual report and are aware of any matte additional documentation is true | ers raised therein. The inform | |
| Authorised trustees, directors or public office | i S Signature | Date Day | Month Year |
| Preferred trustee or director contact | details: | | |
| Title: Mr Mrs Miss Ms Other | | | |
| Family name | | | |
| Nayak | 011 | | |
| First given name | Other given names | | |
| Prema | | | |
| Phone number 0400762118 Email address | | | |
| | | | |
| Non-individual trustee name (if applicable) | | | |
| | | | |
| ABN of non-individual trustee Time taken to pr | repare and complete this annua | return Hrs | |
| The Commissioner of Taxation, as Registra provide on this annual return to maintain the | | | |
| TAX AGENT'S DECLARATION: I declare that the Self-managed superannuatic provided by the trustees, that the trustees have correct, and that the trustees have authorised Tax agent's signature | e given me a declaration stating | that the information provided | I to me is true and |
| | | Date 28 | / Month Year |
| | | Date 28 | / 03 / 2023 |
| Tax agent's contact details Title: Mr X Mrs Miss Ms Other | | | |
| Family name | | | |
| Morrison | | | |
| First given name | Other given names | | |
| Angus | | | |
| Tax agent's practice | | | |
| Morrison, Angus | | | |
| Tax agent's phone number | Reference number | Tax ager | nt number |

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