Self-managed superannuation fund annual return

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 2018* (NAT 71287).

The Self-managed superannuation fund annual return instructions 2018 (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 and print one character per box.

Place $|\mathcal{X}|$ 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.

2018

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.

A No

Yes

Yes

2 Name of self-managed superannuation fund (SMSF)

3 Australian business number (ABN) (if applicable)

4 Current postal address

Suburb/town

State/territory Postcode

5	Annual return status
	Is this an amendment to the SMSF's 2018 return?

Is this the first required return for a newly registered SMSF? **B** No

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 phone number		
Postal address		
Suburb/town	State/territory	Postcode
Day Month Year Date audit was completed A / /		
Was Part B of the audit report qualified? B No Yes If the audit report was qualified, have the reported compliance issues been rectified? 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 superann	uation fund	A No	Yes	Fund benefit structur	re B	Code
			fund trust deed allow acc rnment's Super Co-contr Low Income Super Co	ibution and	C No	Yes			
9	Was th	e fund wou	Ind up during the inc	ome year?					
	No		yes, provide the date on hich the fund was wound u	ip /	Month	Year	Have all tax lodgment and payment obligations been met?	No	Yes
10	Exemp	ot current p	ension income						
	Did the	fund pay retire	ement phase superannua	tion income s	tream ben	efits to one	or more members in the inc	ome yea	ır?
			exemption for current pension income		you must p	oay at least	the minimum benefit paymer	nt under	the law.
	No	Go to Section	on B: Income.						
	Yes	Exempt cur	rent pension income amo	ount A\$					
		Which meth	nod did you use to calcula	ate your exem	pt current	pension inc	ome?		
			Segregated assets met	nod B					
		ι	Segregated assets met		Was an ac	ctuarial certi	ficate obtained? D Yes		
	Did the		0.0	hod C)	Was an ac	stuarial certi	ficate obtained? D Yes		
	Did the E Yes	fund have any	Insegregated assets met	hod C)	Was an ac	stuarial certi	iicate obtained? D Yes		

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 all superannuation interests in the SMSF were supporting superannuation income streams in the retirement phase for the entire year, there was no other income that was assessable, and you have not realised a deferred notional gain. If you are entitled to claim any tax offsets, you can record these at Section D: Income tax calculation statement.

1 Income	(ČGT) e	ve a capital gains tax vent during the year? Have you applied an xemption or rollover?	G No M No	Yes	If the total capital loss or total \$10,000 or you elected to use the deferred notional gain has attach a <i>Capital gains tax (CG</i> Code	e the CGT relief in 2017 and been realised, complete and
			Net car	oital gain	A \$	
	Gro	ss rent and other leasi	ng and hiring	income	B \$	
			Gross	s interest	C \$	
		Forestry	managed inv		X \$	
	Gross foreig		scheme	e income	χψ	
D1 \$	GIUSS IOIEI	gri incorne	Net foreigr	n income	D \$	Loss
Δ	ustralian frar	nking credits from a Ne	w Zealand c	company	E \$	
		U U		ers from gn funds	F \$	Number
		Gr	oss paymen	ts where t quoted	H \$	
1		able contributions yer contributions	Gross dis from part	tribution	I \$	Loss
R1 \$			*Unfranked	dividend	J \$	
plus Asses R2 \$	ssable perso	nal contributions	*Franked		К\$	
	o-TFN-quote	d contributions	*Dividend	amount franking	L \$	
R3 \$	a wat was sat to a	neluded even if it is nevel	*Gr	credit oss trust		Code
	er of liability t	ncluded even if it is zero) to life insurance		ributions	M \$	
R6 \$	company	or PST	contr (R	essable ibutions 1 plus R2 3 less R6)	R \$	
*Net non-arm		m's length income ate company dividends	*Othe	r income	S \$	Code
U1 \$ <i>plus</i> *Net nor U2 \$	n-arm's lengt	h trust distributions	*Assessable due to chai status		т\$	
<i>plus</i> *Net o U3 \$	ther non-arn	n's length income		on-arm's income % tax rate) 2 plus U3)	U \$	
[#] This is a ma label.	Indatory		GROSS I (Sum of label	NCOME s A to U)	w	Loss
*If an amoun entered at th		Exempt cur	rent pensior	income	Y \$	
check the ins to ensure the tax treatmen	structions e correct	TOTAL ASSESSABL	E INCOME (W less Y)	V \$		Loss

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		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	U1 \$	U2 \$ Code Code
Other amounts	L1 \$	L2 \$
Tax losses deducted	M1 \$	

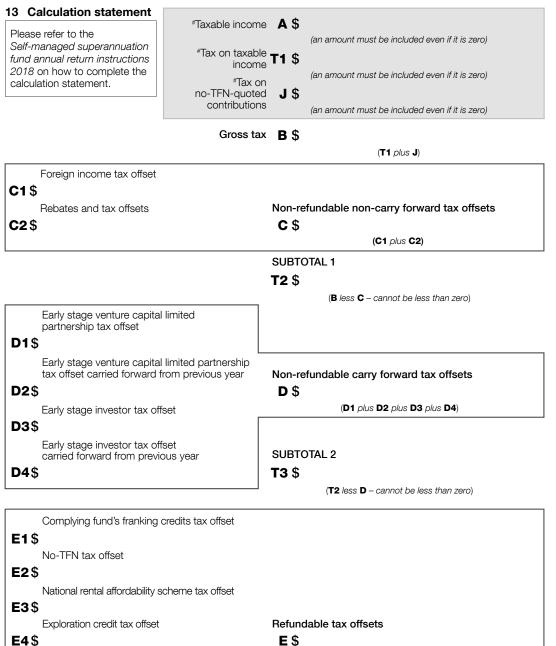
TOTAL DEDUCTIONS	TOTAL NON-DEDUCTIBLE EXPENSES
N \$	Y \$
(Total A1 to M1)	(Total A2 to L2)
*TAXABLE INCOME OR LOSS	Loss TOTAL SMSF EXPENSES
O \$	Z \$
(TOTAL ASSESSABLE INCOME /ess TOTAL DEDUCTIONS)	(N plus Y)

*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.



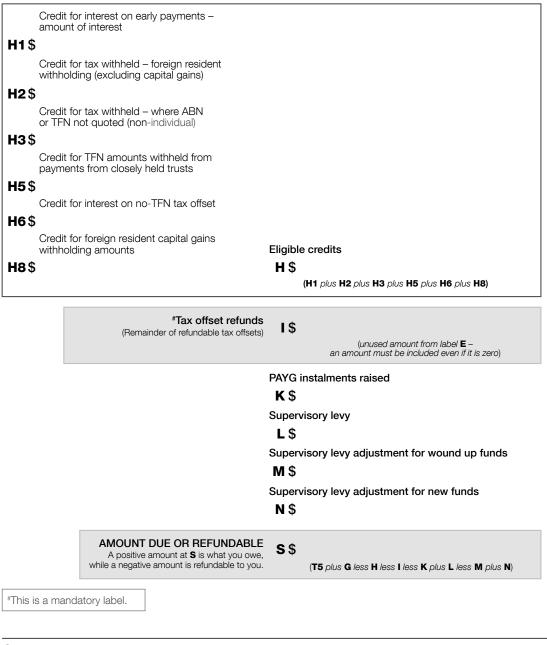
(E1 plus E2 plus E3 plus E4)

*TAX PAYABLE **T5** \$

(T3 less E – cannot be less than zero)

Section 102AAM interest charge

G\$



Section E: Losses



Tax losses carried forward to later income years **V \$** Net capital losses carried forward to later income years **V \$**

Section F: Member information

MEMBER 1

Title: Mr Mrs Miss Ms Other Family name

First given name

Other given names

Member's TFN See the Privacy note in the Declaration.

Member's TFN See the Privacy note in the Decl	aration.		Date of birth	Day /	Month	Year /
Contributions	OPENING ACCOUNT BAL	ANCE \$]
Refer to instructions for completing	Employer contri	outions A\$				-
these labels.	ABN of principal employe	r A1				
	Personal contri	butions B\$				
CGT sr	nall business retirement exe	mption C\$				
CGT small bu	usiness 15-year exemption a	amount D\$				
	Personal injury e	election E \$				
	Spouse and child contri	outions F\$				
	Other third party contri	outions G\$				
Assessable fo	reign superannuation fund a	amount I \$				
Non-assessable fo	reign superannuation fund a	amount J\$				
Transfe	r from reserve: assessable a	amount K\$				
Transfer from	n reserve: non-assessable a	amount L\$				
ar	butions from non-complying nd previously non-complying	g funds 🛛 🛡				
Any other contributions and	s (including Super Co-contril I Low Income Super Contrik	outions M \$				
	TOTAL CONTRIBU	TIONS N \$				
Other transactions	Allocated e	arnings O \$				Loss
Accumulation phase acc	tr	Inward ers and ansfers				
Retirement phase accou – Non CDBIS	unt balance rollove	ers and Q\$ ansfers				Code
S2 \$		p Sum R1 \$				
Retirement phase accou – CDBIS S3 \$	lı s	stream R2 \$				Code
TRIS Count		LANCE S \$	(S1 plus S2 plus	S3)		

Accumulation phase value X1 \$

Retirement phase value X2 \$

MEMBER 2

Title: Mr Mrs Miss Ms Other Family name

First given name

Other given names

Mer	nbe	r's	TFN	

See the Privacy note in the De	eclaration.		Date of birth /	/
Contributions	OPENING ACCC	DUNT BALANCE \$		
Refer to instructions for completing	Emplo	yer contributions A \$		
these labels.	ABN of principa	l employer A1		
	Perso	nal contributions B \$		
CGT	small business retire	ement exemption C\$		
CGT small	business 15-year ex	emption amount D \$		
	Persor	nal injury election E \$		
	Spouse and cl	hild contributions F \$		
	Other third pa	arty contributions G\$		
Assessable	foreign superannuat	tion fund amount		
Non-assessable	foreign superannuat	tion fund amount J\$		
Trans	sfer from reserve: as	sessable amount K\$		
Transfer fi	rom reserve: non-ass	sessable amount L\$		
Cor	ntributions from non- and previously non-	complying funds T \$		
Any other contributic a				
		ONTRIBUTIONS N \$		
Other transactions	Al	located earnings O \$		L
Accumulation phase a	account balance	Inward rollovers and P \$ transfers		
Retirement phase acc – Non CDBIS	count balance	Outward rollovers and transfers		С
S2 \$		Lump Sum payment R1 \$		-
Retirement phase acc – CDBIS S3 \$	count balance	Income stream R2 \$ payment		С
TRIS Count	CLOSING ACC	OUNT BALANCE S \$	(S1 plus S2 plus S3)	

Retirement phase value X2 \$

	ction H: Assets and liabilitie ASSETS	es							
5a	Australian managed investments		Lis	sted trust	is 🖌	4	\$		
			Unlis	sted trust	s	3	\$		
			Insura	nce polic	у (2	\$		
	Othe	r man		vestment					
						_	Ψ	 	
5b		Cash a 1	and tern	n deposit	s	Ξ	\$		
	Limited recourse borrowing arrangements Australian residential real property		Debt	securitie	s	F	\$		
	J1 \$			Loar	is C	3	\$		
	Australian non-residential real property		List	ed share	s I	4	\$		
	J2 \$		Liplict	ed share			¢		
	Overseas real property		Uniisi		.5		φ		
	J3 \$ Australian shares b	orrow		l recours ngement		J	\$		
	J4 \$		Non-	residenti	al 🛯	<	¢	 	
	Overseas shares		rea	al propert Residenti	ty r				
	J5 \$		rea	al proper	y	L	\$		
	Other	ре	Collect rsonal u	ables an ise asset	d s	/	\$		
	J6 \$			ner asset)	\$		
5c	Overseas direct investments		Overse	as share	s	P	\$		
	Overseas non-	reside	ential rea	al proper	ty C	כ	\$		
	Overseas	reside	ential rea	al proper	ty F	R	\$		
	Overseas	s man	aged in	/estment	s S	S	\$		
				as asset					
						_	- -		
	TOTAL AUSTRALIAN AND (Sum of labels			ASSETS	5 (J	\$		
5d	In-house assets								
	Did the fund have a loan to, lease to or investment in, related parties (known as in-house assets) at the end of the income year?	A No		Yes	•		\$		
5e	Limited recourse borrowing arrangements If the fund had an LRBA were the LRBA borrowings from a licensed financial institution?	No		Yes				 	
	Did the members or related parties of the fund use personal guarantees or other security for the LRBA?	3 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

	r anny 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 2017–18 income year, write 2018).
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 2018.</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 2018</i> for each election.
D	If revoking an interposed entity election, print R , and complete and attach the <i>Interposed entity election or revocation 2018</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

	Date	Month	Year /
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			
TAX AGENT'S DECLARATION: I declare that the <i>Self-managed superannuation fund annual return 2018</i> has been prepared by 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}	Month	Year
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	Та	x agent numb	ber
Postal address for annual returns: Australian Taxation Office, GPO Box 9845, IN	I YOUR CAPIT	AL CITY	
Page 18 Sancitive (when completed)			

Page 18

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 2018 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

1 Current year capital gains and capital losses

		Capital gain	Capital loss	
Shares in companies 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	Е\$		O \$	
Other real estate	F \$		Р\$	
Amount of capital gains from a trust (including a managed fund)	G \$			
Collectables	Н\$		Q \$	
Other CGT assets and any other CGT events			R \$	
Amount of capital gain previously deferred under transitional CGT relief for superannuation funds	S \$		Add the amounts at labels K to R and write the total in item 2 label A – Total current year capital losses .	
Total current year capital gains	J \$			

2	Capital losses	
	Total current year capital losses	A \$
	Total current year capital losses applied	в\$
	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 and details requested here for each additional earnout arrangement.	d attach a separate sheet to this schedule provic	ling 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 earr to seek an amendment to that earlier income year, complete the followi		'ou wish
	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 \$	

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)				

2018

Losses schedule

Companies and trusts that do not join consolidated groups should complete and attach this schedule to their 2018 tax return. Superannuation funds should complete and attach this schedule to their 2018 tax return. Print neatly in BLOCK LETTERS with a black or blue ballpoint pen only. Print one letter or number in each box. Do not use correction fluid or tape. Place \overline{X} in all applicable boxes.

Refer to *Losses schedule instructions 2018*, available on our website **ato.gov.au** for instructions on how to complete this schedule.

Tax file number (TFN)

Name of entity

Australian business number

Part A - Losses carried forward to the 2018-19 income year - excludes film losses

Year of loss	
2017–18	В
2016–17	С
2015–16	D
2014–15	Е
2013–14	F
2012–13 and earlier income years	G
Total	U

Transfer the amount at U to the Tax losses carried forward to later income years label on your tax return.

2 Net capital losses carried forward to later income years

1 Tax losses carried forward to later income years

	Year of loss
н	2017–18
I	2016–17
J	2015–16
Κ	2014–15
L	2013–14
Μ	2012–13 and earlier income years
V	Total

Transfer the amount at V to the Net capital losses carried forward to later income years label on your tax return.

Part B – Ownership and business continuity test - company and listed widely held trust only

Complete item 3 of **Part B** if a loss is being carried forward to later income years and the business continuity test has to be satisfied in relation to that loss.

Do not complete items **1** or **2** of **Part B** if, in the 2017–18 income year, no loss has been claimed as a deduction, applied against a net capital gain or, in the case of companies, losses have not been transferred in or out.

Whether continuity of majority	Year of loss			
ownership test passed	2017–18	A	Yes	No
Note: If the entity has deducted, applied, transferred in or transferred out (as applicable) in the 2017–18 income year a loss incurred in	2016–17	В	Yes	No
any of the listed years, print X in the Yes or No box to indicate whether the entity has satisfied	2015–16	С	Yes	No
the continuity of majority ownership test in respect of that loss.	2014–15	D	Yes	No
	2013–14	Е	Yes	No
	2012–13 and earlier income years	F	Yes	No

2 Amount of losses deducted/applied for which the continuity of majority ownership test is not passed but the business continuity test is satisfied - excludes film losses

Tax losses	G
Net capital losses	н

No

3 Losses carried forward for which the business continuity test must be satisfied before they can be deducted/ applied in later years - excludes film losses

	Tax losses	L	
	Net capital losses	J	
4	Do current year loss provisions apply? Is the company required to calculate its taxable income or tax loss for the year under Subdivision 165-B or its net capital gain or net capital loss for the year under Subdivision 165-CB of the <i>Income Tax Assessment Act</i>	K	Yes

Part C - Unrealised losses - company only

1997 (IŤAA 1997)?

Note : These questions relate to the operation of Subdivision 165-CC of ITAA 1997.			
Has a changeover time occurred in relation to the company after 1.00pm by legal time in the Australian Capital Territory on 11 November 1999?	L	Yes	No
If you printed X in the No box at L , do not complete M , N or O .			
At the changeover time did the company satisfy the maximum net asset value test under section 152-15 of ITAA 1997?	М	Yes	No
If you printed X in the No box at M , has the company determined it had an unrealised net loss at the changeover time?	N	Yes	No
If you printed X in the Yes box at N , what was the amount of unrealised net loss calculated under section 165-115E of ITAA 1997?	ο		

Part D – Life insurance companies

omplying superannuation class tax losses carried forward to later income years	Ρ
mplying superannuation net capital losses carried forward to later income years	Q

Part E – Controlled foreign company losses

- Current year CFC losses
 - CFC losses deducted N
- CFC losses carried forward O

Part F – Tax losses reconciliation statement

 Balance of tax losses brought forward from the prior income year
 A

 ADD Uplift of tax losses of designated infrastructure project entities
 B

 SUBTRACT Net forgiven amount of debt
 C

 ADD Tax loss incurred (if any) during current year
 D

 ADD Tax loss amount from conversion of excess franking offsets
 E

 SUBTRACT Net exempt income
 F

 SUBTRACT Tax losses forgone
 G

 SUBTRACT Tax losses deducted
 H

 Conly for transfers involving a foreign bank branch or a PE of a foreign financial entity
 I

 Total tax losses carried forward to later income years
 J

Transfer the amount at J to the Tax losses carried forward to later income years label on your tax return.

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**

Taxpayer's declaration

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

Signature

	Day	Month		Year
Date	/	1	/	

Contact person

Daytime contact number (include area code)

Other Attachments Schedule

	1	
		•
20		•

Tax file No

1

Taxpayer name

Signature.....

SENSITIVE (when completed) -