



# 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.

## Section A: Your details

1 **Tax file number (TFN)**

**!** 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 [ato.gov.au/privacy](http://ato.gov.au/privacy)

### 2 Full name

Title: Mr  Mrs  Miss  Ms  Other

Family name

First given name

Other given names

3 **Date of birth**   /   /

### 4 Current postal address

Street address

Suburb/town/locality

State/territory   
(Australia only)

Postcode      
(Australia only)

5 **Daytime phone number** (include area code)

## Section 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)?**

### 7 Fund name

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

**8 Year 1** – The financial year in which the contributions referred to in Section D were **made** to the SMSF but not allocated to you:

Year ending 30 June

**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

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## Section D: Details of concessional contributions to be adjusted

**10 Personal Contributions** – 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.

\$

**!** 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](http://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)

Signature

Date

Day	Month	Year
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

### AGENT OR AUTHORISED OFFICER DECLARATION

complete this declaration if you are an authorised representative of the individual shown in Section A.

I declare that:

- I have prepared the form with the information supplied by the individual
- 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
- I am authorised by the individual to give the information in this form to the Australian Taxation Office.

Signature

Date

Day	Month	Year
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Tax agent number (if applicable)

Name of organisation (if applicable)

### Agent or Authorised Officer name

Title: Mr  Mrs  Miss  Ms  Other

Family name

First given name

Other given names

Agent or Authorised Officer phone number (include area code)

### Agent or Authorised Officer address

Street address

Suburb/town/locality

State/territory

<input type="text"/>	<input type="text"/>	<input type="text"/>
Q	L	D
(Australia only)		

Postcode

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(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

**Sensitive** (when completed)