

2021**Trust tax return**

Day Month Year Day Month Year
 01/07/2020 to 30/06/2021

or specify period if part year or approved substitute period.

! Notes to help you prepare this tax return are provided in the *Trust tax return instructions 2021* (the instructions), available on our website ato.gov.au

When completing this return

- Print clearly, using a black or blue pen.
- Use BLOCK LETTERS and print one character in each box.

S M I T H S T

- Place in all applicable boxes.

Trust information

Tax file number (TFN) *****

See the Privacy note in the Taxpayer's declaration.

Have you attached any 'other attachments'? Yes No

Name of trust

HIGH STREET TRUST

Australian business number (ABN) 89419505348

Previous name of trust

If the trust name has changed, print the previous name **exactly** as shown on the last notice of assessment or the last tax return lodged.

Current postal address

If the address has not changed, print it **exactly** as shown on the last notice of assessment or the last tax return lodged.

1/366-372 Sydney Road

Suburb/town

Balgowlah

State/territory

NSW

Postcode

2093

Country if outside Australia

Postal address on previous tax return

If the address has changed, print your previous address **exactly** as shown on the last notice of assessment or the last tax return lodged.

Suburb/town

State/territory

Postcode

Country if outside Australia

Full name of the trustee to whom notices should be sent

If the trustee is an individual, print details here.

Title:

Surname or family name

First given name

Other given names

If the trustee is a company, print details here including ABN.

Name

Fong Kee Pty Ltd

ABN

23001192534

Daytime contact
phone number

Phone number (include area code)

Family trust election statusIf the trustee has made, or is making, a family trust election, write the four-digit **income year specified** of the election (for example, for the 2020–21 income year write 2021).If revoking or varying a family trust election, print **R** for revoke or print **V** for variation and complete and attach the *Family trust election, revocation or variation 2021*.**Interposed entity election status**If the trustee has an existing election, write the earliest income year specified. If the trustee is making one or more elections this year, write the earliest income year being specified and complete an *Interposed entity election or revocation 2021* for each election.If revoking an interposed entity election, print **R** and complete and attach the *Interposed entity election or revocation 2021*.**Type of trust**Print the code representing the **type** of trust.Print **X** if also a charityIf code **D**, write the date of death.

Day Month Year

Managed investment trustsIs the trust a managed investment trust (MIT)? Yes No Must be completed if **Type of trust** is either **F, M, U, P or Q**MIT type If the trust is a managed investment trust, has the trustee made an election into capital account treatment? Yes No Is any tax payable by the trustee? Yes No Final tax return Yes No **Electronic funds transfer (EFT)**

We need your financial institution details to pay any refund owing to you, even if you have provided them to us before. Write the BSB number, account number and account name below. (See relevant instructions.)

BSB number (must be six digits)

Account number

Account name

1 Description of main business activity

Industry code

A**2 Status of business – print X at label B1, B2 or B3, whichever is the first applicable option, or leave blank.**Multiple business **B1** Ceased business **B2** Commenced business **B3** Consolidation status – print **X** at label **Z2** if applicableConsolidated subsidiary member **Z2**

Entity status

Significant global entity **G1** Country by country reporting entity **G2**

Trust TFN

Income excluding foreign income

5 Business income and expenses

WHOLE DOLLARS ONLY

Income	Primary production	Non-primary production	Totals
Gross payments where ABN not quoted C	<input type="text"/>	D <input type="text"/>	<input type="text"/>
Gross payments subject to foreign resident withholding (excluding capital gains) B		<input type="text"/>	<input type="text"/>
Assessable government industry payments E	<input type="text"/> / <input type="text"/> <small>CODE</small>	F <input type="text"/> / <input type="text"/> <small>CODE</small>	<input type="text"/>
Other business income G	<input type="text"/> / <input type="text"/>	H <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>
Total business income	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>

Expenses	Primary production	Non-primary production	Totals
Foreign resident withholding expenses (excluding capital gains) P		<input type="text"/>	<input type="text"/>
Contractor, sub-contractor and commission expenses C	<input type="text"/>	<input type="text"/>	<input type="text"/>
Superannuation expenses D	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cost of sales E	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>
Bad debts F	<input type="text"/>	<input type="text"/>	<input type="text"/>
Lease expenses G	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rent expenses H	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total interest expenses I	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total royalty expenses J	<input type="text"/>	<input type="text"/>	<input type="text"/>
Depreciation expenses K	<input type="text"/>	<input type="text"/>	<input type="text"/>
Motor vehicle expenses L	<input type="text"/>	<input type="text"/>	<input type="text"/>
Repairs and maintenance M	<input type="text"/>	<input type="text"/>	<input type="text"/>
All other expenses N	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total expenses – labels P to N	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>	O <input type="text"/> / <input type="text"/>

Reconciliation items			
Add: Income reconciliation adjustments A	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>
Add: Expense reconciliation adjustments B	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>

Net income or loss from business	Q <input type="text"/> / <input type="text"/>	R <input type="text"/> / <input type="text"/>	S <input type="text"/> / <input type="text"/>
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Net small business income **V** -∞

6 Tax withheld

Tax withheld where ABN not quoted **T** -∞

Credit for tax withheld – foreign resident withholding (excluding capital gains) **U** -∞

Trust TFN *****

W

7 Credit for interest on early payments – amount of interest

8 Partnerships and trusts

Primary production

Distribution from partnerships **A** -~~00~~ / Share of net income from trusts **Z** -~~00~~ / Deductions relating to amounts shown at **A** and **Z** **S** -~~00~~Net primary production amount 0 -~~00~~ /

Non-primary production

Distribution from partnerships, less foreign income **B** -~~00~~ / Share of net income from trusts, less capital gains, foreign income and franked distributions **R** 0 -~~00~~ / Deductions relating to amounts shown at **B** and **R** **T** -~~00~~Franked distributions from trusts **F** 0 -~~00~~Deductions relating to franked distributions from trusts in label **F** **G** -~~00~~Net non-primary production amount 0 -~~00~~ /

Capital gains from another trust and net foreign capital gains need to be included at item 21.
Amounts of foreign income must be included at item 22 or 23.

Share of credits from income

Share of credit for tax withheld where ABN not quoted **C** -~~00~~Share of franking credits from franked distributions **D** 0Share of credit for TFN amounts withheld from interest, dividends and unit trust distributions **E** 0Credit for TFN amounts withheld from payments from closely held trusts **O** Share of credit for tax withheld – foreign resident withholding (excluding capital gains) **U** 0 -~~00~~

9 Rent

Gross rent **F** 299249 -~~00~~Interest deductions **G** -~~00~~Capital works deductions **X** 2104 -~~00~~Other rental deductions **H** 182698 -~~00~~Net rent 114447 -~~00~~ /

10 Forestry managed investment scheme income

Q -~~00~~

11 Gross interest – including Australian Government loan interest

J 2 -~~00~~TFN amounts withheld from gross interest **I** 0

12 Dividends

Unfranked amount **K** 0 -~~00~~Franked amount **L** 0 -~~00~~Franking credit **M** 0 -~~00~~TFN amounts withheld from dividends **N** 0

Trust TFN

13 Superannuation lump sums and employment termination payments

Death benefit superannuation lump sum where the beneficiary is a non-dependant	Taxed element	V <input type="text"/>	<input type="checkbox"/>
	Untaxed element	W <input type="text"/>	<input type="checkbox"/>
Death benefit employment termination payment where the beneficiary is a dependant	Taxable component	X <input type="text"/>	<input type="checkbox"/>
Death benefit employment termination payment where the beneficiary is a non-dependant	Taxable component	Y <input type="text"/>	<input type="checkbox"/>

14 Other Australian income – give details

Type of income Excepted net income

O

15 Total of items 5 to 14

Add the boxes.

Deductions

16 Deductions relating to:

Australian investment income **P**

Franked distributions **R**

Deductions relating to franked distributions should **not** include deductions included at **G** item **8**.

17 Forestry managed investment scheme deduction

D

18 Other deductions – show only deductions not claimable at any other item

Name of each item of deduction

Other Deductions	Amount	
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Q <input type="text" value="15262"/> <input type="checkbox"/>

19 Total of items 16 to 18

20 Net Australian income or loss – other than capital gains

Subtract item 19 from item 15. **\$**

21 Capital gains

Do you need to complete a *Capital gains tax (CGT) schedule* ?

Did you have a CGT event during the year? **G** Yes No Answer Yes at **G** if the trust had an amount of capital gains from another trust.

Have you applied an exemption or rollover? **M** Yes No

Net capital gain **A**

Credit for foreign resident capital gains withholding amounts

B

Trust TFN *****

Foreign income

22 Attributed foreign income

Did you have overseas branch operations or a direct or indirect interest in a foreign trust, foreign company, controlled foreign entity or transferor trust?

S Yes No

Listed country **M** ~~0~~

Unlisted country **X** ~~0~~

If you answered **Yes** at label **S**, complete and attach an *International dealings schedule 2021*.
Do you need to complete a *Losses schedule 2021*?

23 Other assessable foreign source income – other than income shown at item 22

Gross **B** ~~0~~ Net **V** ~~0~~ /

Foreign income tax offset **Z** ~~0~~

Also include at label **D** Australian franking credits from a New Zealand franking company that you have received indirectly through a partnership or trust.

Australian franking credits from a New Zealand franking company **D** ~~0~~

24 Total of items 20 to 23

Add the boxes ~~99083~~ /

25 Tax losses deducted

C ~~0~~

26 Total net income or loss

Subtract item 25 from item 24. ~~99083~~ /

27 Losses information

A *Losses schedule 2021* must also be completed and attached if the sum of labels **U** and **V** is greater than \$100,000 or if the trust is a listed widely held trust and failed the majority ownership test for a loss.

Tax losses carried forward to later income years **U** ~~0~~

Net capital losses carried forward to later income years **V** ~~0~~

28 Landcare and water facility tax offset

Landcare and water facility tax offset brought forward from prior years **G** ~~0~~

Trust TFN *****

Overseas transactions / thin capitalisation

29 Overseas transactions

Was the aggregate amount of your transactions or dealings with international related parties (including the value of any property/service transferred or the balance of any loans) greater than \$2 million?

W Yes No

Did the thin capitalisation provisions affect you? **O** Yes No

Interest expenses overseas **D** ~~·∞~~

Royalty expenses overseas **E** ~~·∞~~

If you answered **Yes** at label **W** or **O** or completed **D** or **E**, complete and attach the *International dealings schedule 2021*.

Was any beneficiary who was not a resident of Australia at any time during the income year, 'presently entitled' to a share of the income of the trust?

A Yes No

If you answered **Yes** at label **A**, attach the information requested in the instructions.

Transactions with specified countries

Did you directly or indirectly send to, or receive from, one of the countries specified in the instructions, any funds or property **or**

Do you have the ability or expectation to control, whether directly or indirectly, the disposition of any funds, property, assets or investments located in, or located elsewhere but controlled or managed from one of those countries?

C Yes No

30 Personal services income

Does your income include an individual's personal services income (PSI)? **N** Yes No

Total amount of PSI included at item 5 income labels **A** ~~·∞~~

Total amount of deductions against PSI included at item 5 expense labels **B** ~~·∞~~

Did you satisfy the results test in respect of any individual? **C** Yes No

Do you hold a personal services business (PSB) determination in respect of any individual? **D** Yes No

For any individual for whom you did not satisfy the results test or hold a PSB determination, and each source of their PSI income yielded less than 80% of their total PSI, indicate if you satisfied any of the following personal services business tests – print X in the appropriate box(es).

Unrelated clients test **E1** Employment test **E2** Business premises test **E3**

Taxation of financial arrangements

31 Taxation of financial arrangements (TOFA)

Total TOFA gains **M** ~~·∞~~

Total TOFA losses **N** ~~·∞~~

Trust TFN **32 Non-concessional MIT income (NCMI)****Business income****Primary production**Non-concessional MIT income (NCMI) **A** ·∞Excluded from NCMI **B** ·∞Amounts shown at **A** and **B** must also be included at **5G PP – Other business income**.**Non-primary production**Non-concessional MIT income (NCMI) **C** ·∞Excluded from NCMI **D** ·∞Amounts shown at **C** and **D** must also be included at **5H Non-PP – Other business income**.**Partnerships and trusts****Primary production**Non-concessional MIT income (NCMI) **E** ·∞Excluded from NCMI **F** ·∞Amounts shown at **E** and **F** must also be included at **8A Distribution from partnerships**.Non-concessional MIT income (NCMI) **G** ·∞Excluded from NCMI **H** ·∞Amounts shown at **G** and **H** must also be included at **8Z Share of net income from trusts**.**Non-primary production**Non-concessional MIT income (NCMI) **I** ·∞Excluded from NCMI **J** ·∞Amounts shown at **I** and **J** must also be included at **8B Distribution from partnerships, less foreign income**.Non-concessional MIT income (NCMI) **K** ·∞Excluded from NCMI **L** ·∞Amounts shown at **K** and **L** must also be included at **8R Share of net income from trusts, less capital gains, foreign income and franked distributions**.**Capital gains**NCMI **X** ·∞Excluded from NCMI **Z** ·∞The amounts shown at labels **X** and **Z** must be included in the calculation of the amount at **21A Net capital gain**.

Trust TFN

Key financial information

- 33 All current assets **F**
- 34 Total assets **G**
- 35 All current liabilities **I**
- 36 Total liabilities **J**

Business and professional items

37 Business name of main business

38 Business address of main business

Suburb/town

State/territory

Postcode

- 39 Opening stock **C**
- 40 Purchases and other costs **B**
- 41 Closing stock **D** / CODE
- 42 Trade debtors **E**
- 43 Trade creditors **H**
- 44 Total salary and wage expenses **L** / CODE
- 45 Payments to associated persons **M**
- 46 Fringe benefit employee contributions **T**
- 47 Unpaid present entitlement to a private company **Y** / CODE
- 48 Trading stock election Yes No
- 49 Aggregated turnover
Select your aggregated turnover range **P** (select range A to P)
- Aggregated turnover **Q**

Trust TFN **50 Capital allowances****Depreciating assets first deducted in this income year**Intangible depreciating assets first deducted **A** \$ ·∞Other depreciating assets first deducted **B** \$ ·∞Are you making a choice to opt out of temporary full expensing for some or all of your eligible assets? **P** (A – Some eligible assets; B – All eligible assets)Number of assets you are opting out for **Q** Value of assets you are opting out for **R** \$ ·∞Temporary full expensing deductions **S** \$ ·∞Number of assets you are claiming for **T** Are you making a choice to opt out of Backing business investment for some or all of your eligible assets? **V** (A – Some eligible assets; B – All eligible assets)Number of assets you are opting out for **W** Value of assets you are opting out for **X** \$ ·∞First year accelerated depreciation deductions for assets using Backing business investment **M** \$ ·∞Instant asset write-off deductions for non-small business entities **O** \$ ·∞Have you self-assessed the effective life of any of these assets? **C** Yes No **For all depreciating assets**Did you recalculate the effective life for any of your assets this income year? **D** Yes No Total adjustable values at end of income year **E** \$ ·∞Assessable balancing adjustments on the disposal of intangible depreciating assets **F** \$ ·∞Deductible balancing adjustments on the disposal of intangible depreciating assets **G** \$ ·∞Termination value of intangible depreciating assets **H** \$ ·∞Termination value of other depreciating assets **I** \$ ·∞Subsequent year accelerated depreciation deductions for assets using Backing business investment **N** \$ ·∞Deduction for project pool **J** \$ ·∞Section 40-880 deduction **K** \$ ·∞Landcare operations and deduction for decline in value of water facility, fencing asset and fodder storage asset **L** \$ ·∞

Trust TFN **51 Small business entity simplified depreciation**Deduction for certain assets **A** Deduction for general small business pool **B** **52 National rental affordability scheme**

National rental affordability scheme tax offset entitlement

F **53 Other refundable tax offsets****G** / CODE**54 Non-refundable carry forward tax offsets**

Early stage venture capital limited partnership tax offset

H

Early stage investor tax offset

I **55 Medicare levy reduction or exemption**

Spouse's 2020–21 taxable income – if nil write '0'

A

Number of dependent children and students

B

Full Medicare levy exemption – number of days

C / CODE

Half Medicare levy exemption – number of days

D **Medicare levy surcharge and private health insurance tax offset**

If the trust is liable for the Medicare levy surcharge or entitled to the private health insurance tax offset, refer to the instructions.

56 Income of the trust estate **A** **Statement of distribution****57 Statement of distribution****Distribution details**

Complete the distribution details on the following pages for **BENEFICIARY 1 to 3** if required, and for **Income to which no beneficiary is presently entitled and in which no beneficiary has an indefeasible vested interest, and the trustee's share of credit for tax deducted**, if it applies.

If there are more than three beneficiaries see the instructions for more information.

Note: It is not an offence not to quote a TFN for a beneficiary. However, TFNs help the ATO to correctly identify each beneficiary's tax records. The ATO is authorised by the *Income Tax Assessment Act 1936* and the *Income Tax Assessment Act 1997* to ask for information in this tax return. We need this information to help administer the tax laws.

To make a correct Trustee Beneficiary (TB) statement you must quote the TFN of a resident trustee beneficiary of a closely held trust.

Note: If the trust needs to provide annual reports under the Trustee Beneficiary Rules or the TFN withholding rules you will be able to do so by completing the information in the statement of distribution.

Trust TFN

57 Statement of distribution – continued

BENEFICIARY Tax file number (TFN) Entity code **U**

See the Privacy note in the Taxpayer's declaration.

INDIVIDUAL NAME

Title:

Surname or family name

First given name

Other given names

OR

NON-INDIVIDUAL NAME (company, partnership, trust etc.)

Eastern Inn Employees Super Scheme

Residential address for individuals or business address for non individuals

19 Sheba Crescent

Suburb/town

Penrith

State/territory

NSW

(Australia only)

Postcode

2750

(Australia only)

Country if outside Australia

Australia

Date of birth

Assessment calculation code	V	<input type="text"/>	Share of credit for TFN amounts withheld from payments from closely held trusts	O	<input type="text"/>	
Share of income of the trust estate	W	<input type="text" value="101187"/> ·∞	Capital gains	F	<input type="text" value="0"/> ·∞	
Share of credit for tax withheld – foreign resident withholding (excluding capital gains)	L	<input type="text" value="0"/> ·∞	NCMI capital gains	F1	<input type="text"/> ·∞	
Australian franking credits from a New Zealand franking company	N	<input type="text" value="0"/> ·∞	Excluded from NCMI capital gains	F2	<input type="text"/> ·∞	
Share of income	Primary production	A	<input type="text"/> ·∞ / <input type="text" value="Loss"/>	Share of credit for foreign resident capital gains withholding amounts	Z	<input type="text"/>
	PP – NCMI	A1	<input type="text"/> ·∞	Attributed foreign income	G	<input type="text"/> ·∞
	PP – Excluded from NCMI	A2	<input type="text"/> ·∞	Other assessable foreign source income	H	<input type="text" value="0"/> ·∞ / <input type="text" value="Loss"/>
	Non-primary production	B	<input type="text" value="99083"/> ·∞ / <input type="text" value="Loss"/>	Foreign income tax offset	I	<input type="text" value="0"/>
	Non – PP NCMI	B1	<input type="text"/> ·∞	Share of National rental affordability scheme tax offset	R	<input type="text"/>
Non – PP Excluded from NCMI	B2	<input type="text"/> ·∞	Exploration credits distributed	M	<input type="text"/> ·∞	
Credit for tax withheld where ABN not quoted	C	<input type="text"/> ·∞	Early stage venture capital limited partnership tax offset	T	<input type="text"/>	
Franked distributions	U	<input type="text" value="0"/> ·∞	Early stage investor tax offset	J	<input type="text"/>	
Franking credit	D	<input type="text" value="0"/>	Div 6AA Eligible income	C1	<input type="text" value="-00"/>	
TFN amounts withheld	E	<input type="text" value="0"/>				

Trust TFN **57 Statement of distribution – continued****Small business income tax offset information**Share of net small business income **Y** **Non-resident beneficiary additional information**s98(3) assessable amount **J** s98(4) assessable amount **K** **TB statement information**For each trustee beneficiary, indicate whether you will be making a TB statement: **TB statement?** Yes No Tax preferred amounts **P** Untaxed part of share of net income **Q** **Annual Trustee Payment report information**Distribution from ordinary or statutory income during income year **S** Total TFN amounts withheld from payments **T**

Trust TFN

57 Statement of distribution – continued

Income to which no beneficiary is presently entitled and in which no beneficiary has an indefeasible vested interest, and the trustee’s share of credit for tax deducted.

Assessment calculation code	V	<input type="text"/>	Share of credit for TFN amounts withheld from payments from closely held trusts	O	<input type="text"/>	
Share of income of the trust estate	W	<input type="text"/> -∞	Capital gains	F	<input type="text"/> -∞	
Share of credit for tax withheld – foreign resident withholding (excluding capital gains)	L	<input type="text"/> -∞	NCMI capital gains	F1	<input type="text"/> -∞	
Australian franking credits from a New Zealand franking company	N	<input type="text"/> -∞	Excluded from NCMI capital gains	F2	<input type="text"/> -∞	
Share of income	Primary production	A	<input type="text"/> -∞	Share of credit for foreign resident capital gains withholding amounts	Z	<input type="text"/>
	PP – NCMI	A1	<input type="text"/> -∞	Attributed foreign income	G	<input type="text"/> -∞
	PP – Excluded from NCMI	A2	<input type="text"/> -∞	Other assessable foreign source income	H	<input type="text"/> -∞
	Non-primary production	B	<input type="text"/> -∞	Foreign income tax offset	I	<input type="text"/>
	Non – PP NCMI	B1	<input type="text"/> -∞	Share of National rental affordability scheme tax offset	R	<input type="text"/>
Non – PP Excluded from NCMI	B2	<input type="text"/> -∞	Share of other refundable tax offsets	X	<input type="text"/>	
Credit for tax withheld where ABN not quoted	C	<input type="text"/> -∞	Early stage venture capital limited partnership tax offset	T	<input type="text"/>	
Franked distributions	U	<input type="text"/> -∞	Early stage venture capital limited partnership tax offset carried forward from previous year	K	<input type="text"/>	
Franking credit	D	<input type="text"/>	Early stage investor tax offset	J	<input type="text"/>	
TFN amounts withheld	E	<input type="text"/>	Early stage investor tax offset carried forward from previous year	M	<input type="text"/>	

If you completed labels **T, K, J** or **M**, attach the information requested in the instructions.

58 Choice for resident trustee to be assessed to capital gains on behalf of beneficiaries

Assessment calculation code **X**

Amount of capital gains on which the trustee has chosen to be assessed on behalf of beneficiaries **Y** -∞

Items 59 and 60 must be answered for all trusts – if you answer yes to any of these questions, answer Yes to the ‘other attachments’ question on page 1 of this tax return.

59 Beneficiary under legal disability who is presently entitled to income from another trust

Was any beneficiary in this trust, who was under a legal disability on 30 June 2021, also presently entitled to a share of the income of another trust? Yes No

If yes, or the answer is not known, furnish the information requested in the instructions.

60 Non-resident trust

Is the trust a non-resident trust? Yes No If yes, state the amount of income derived outside Australia to which no beneficiary is presently entitled. Print **NIL** if applicable. \$ -∞

Trust TFN *****

Declarations

TAXPAYER'S DECLARATION

Important

Before making this declaration check to ensure that all income has been disclosed and the tax return, all attached schedules and any additional documents are 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 in tax returns.

This declaration must be signed by a trustee or public officer.

Privacy

The ATO is authorised by the *Taxation Administration Act 1953* to request the provision of tax file numbers (TFNs). The ATO will use the TFNs to identify each beneficiary in our records. It is not an offence not to provide the TFNs. However, if the TFNs are not provided, it could increase the chance of delay or error in each beneficiary's assessment.

Taxation law authorises the ATO to collect information including personal information about the person authorised to sign the declaration. For information about your privacy go to ato.gov.au/privacy

DECLARATION:

I declare that the information on this tax return, including any attached schedules and additional documentation is true and correct.

Signature

Date Day Month Year

Hours taken to prepare and complete this tax return

TAX AGENT'S DECLARATION

I,

declare that this tax return has been prepared in accordance with information supplied by the taxpayer, that the taxpayer has given me a declaration stating that the information provided to me is true and correct and that the taxpayer has authorised me to lodge the tax return.

Agent's signature

Client's reference
Date Day / Month / Year

Contact name

Agent's phone number (include area code)

Agent's reference number

Office use only
Indics X

