			10001799
Signature as prescribed in tax return		Tax File Number	918170246
Section K: Declarations			
Penalties may be imposed for false or misleading in	formation in addition to	penalties relating to any	tax shortfalls.
Important Before making this declaration check to ensure that all incorany additional documents are true and correct in every deta label was not applicable to you. If you are in doubt about ar	I. If you leave labels blar	nk, you will have specified a	a zero amount or the
Privacy The ATO is authorised by the Taxation Administration Act 19 identify the entity in our records. It is not an offence not to p form may be delayed. Taxation law authorises the ATO to collect information and c go to ato.gov.au/privacy	rovide the TFN. Howeve	r if you do not provide the	TFN, the processing of this
TRUSTEE'S OR DIRECTOR'S DECLARATION: I declare that, the current trustees and directors have au records. I have received a copy of the audit report and a return, including any attached schedules and additional of Authorised trustee's, director's or public officer's signature.	re aware of any matters documentation is true a	raised therein. The infor	
Authorised trastees, directors of public officers signatur		Date Day	Month Year
Preferred trustee or director contact details:			· · · ·
Title: Mr Mrs X Miss Ms Other			
Family name			
Beale	MI		
	other given names		
Denise			
Phone number 0438883134			
Email address			
dsbeale@gmail.com			
Non-individual trustee name (if applicable)			
APN of non-individual trustoo	1		
ABN of non-individual trustee			
Time taken to prepare and	complete this annual re	eturn Hrs	
The Commissioner of Taxation, as Registrar of the Ausprovide on this annual return to maintain the integrity of	stralian Business Registe f the register. For further	er, may use the ABN and be information, refer to the in-	usiness details which you structions.
TAX AGENT'S DECLARATION: I declare that the Self-managed superannuation fund annuprovided by the trustees, that the trustees have given meand correct, and that the trustees have authorised me to	a declaration stating th	nat the information provide	e with information ed to me is true
Tax agent's signature			
		Day	Month Year
		Date 10	/ 10 / 2020
Tax agent's contact details			
Title: Mr X Mrs Miss Ms Other			
Family name			
Morrison (NAIL		
	Other given names		
Angus			
Tax agent's practice			
Morrison, Angus			
Tax agent's phone number Refe	rence number	Tax age	ent number

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