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.
- 0

The instructions contain important information about completing this form. Refer to them for more information about how to complete and lodge this form.

	about now to complete and lodge this form.
Se	ection A: Your details
1	Tax file number (TFN) 5070638900 6 3 8 9 0
	1 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
2	Full name
	Title: Mr X Mrs Miss Ms Other
	Family name
	Hunter
	First given name Other given names
	Geoffrey Scott
4	Current postal address Street address PO BOX 165 Suburb/town/locality Canterbury State/territory VICV (Australia only) Australia only) Australia only)
5	Daytime phone number (include area code) 0 3 9 8 9 9 4 0 3 6
Se	ection 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)? 59 435 9953064 9 9 5 0 6 4
7	Fund name
	Mojo Hunter Family Superannuation Fund

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 <u>made</u> to the SMSF but not allocated to you:
	Year ending 30 June 2 0 2 1
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 2 0 2 2

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.

\$							-		
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- 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.

\$ 1 6 5 0 6 3	3
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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

Complete the declaration that applies to you. Print your full name then sign and date the declaration

Complete the declaration that applies to you. I fint your fair hame 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
2021-Dec-19 08:55
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
2021-Dec-15 10:26
Tax agent number (if applicable) 2 5 5 7 8 6 6 8
Name of organisation (if applicable)
TRIDENT FINANCIAL GROUP
Agent or Authorised Officer name Title: Mr X Mrs Miss Ms Other Family name Stewart First given name Other given names
Haydn
Agent or Authorised Officer phone number (include area code) 0 3 9 8 9 9 4 0 3 6 Agent or Authorised Officer address Street address
LEVEL 1, 21 SHIERLAW AVENUE
Suburb/town/locality State/territory Postcode
CANTERBURY V I C V 3 1 2 6 (Australia only) (Australia only)
dging your form Print form Reset 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

If you reset without printing, all your data will be lost. Continue reset?

No

Yes