# Section F: Declaration

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



Before you sign the declaration, check that you have provided true and correct information. Penalties may be imposed for giving false or misleading information.

## Trustee, director or authorised officer declaration

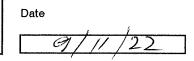
Complete this declaration if you are the trustee, director or authorised officer of the superannuation fund or other provider shown in section E.

I declare that the information contained in the statement is true and correct.

Name (BLOCK LETTERS)

## Trustee, director or authorised officer signature

Fairlo



OR

## Authorised representative declaration

Complete this declaration if you are an authorised representative of the superannuation fund or other provider shown in section E.

I declare that:

- I have prepared the statement with the information supplied by the superannuation provider
- I have received a declaration made by the superannuation provider that the information provided to me for the preparation of this statement is true and correct
- I am authorised by the superannuation provider to give the information in the statement to the ATO.

## Name (BLOCK LETTERS)

MICHELLE GARGAR		
Authorised representative signature		1
Michelle Jangan		Date 09/11/2022
Tax agent number (if you are a registered tax agent)	25966377	

# Where to send this form

Do not send this form to the ATO.

- If the rollover data standards do not apply to the transaction, you must do all of the following:
- send the form to the receiving fund in section A within seven days of paying the rollover
- provide a copy to the member in section B within 30 days of paying the rollover
- keep a copy in your records for five years.

If the rollover data standards do apply to the transaction, you must do all of the following:

- ... comply with the data standard requirements for the fund-to-fund interaction (do not send this form to the receiving fund in section A)
- use this form only to provide a statement to the member in section B within 30 days of paying the rollover
- keep a copy of the member statement in your records for five years.

# PAYG Payment Summary - Superannuation Lump Sum

Payment summary for year ending 30 June 2022

Warning: This form has been designed to assist you to prepare the Australian Tax Office's PAYG Payment Summary Statement. It cannot be lodged with the Australian Tax Office and should not be given to fund members.

Section A: Payee	details
Tax file number	PROVIDED
Surname or family name	
FAIRHALL	
Given name(s)	
GAIL	
Residential address	
28 LESLEY STR Suburb/town/locality	EEI State/territory Postcode
SMITHFIELD	QLD 4878
Date of birth (if known)	Day Month Year PROVIDED
Section B: Payme	ont details
Date of payment	30 JUNE 2022
TOTAL TAX WITH	HELD \$
Taxable componen	
Taxed element	\$ 2216.31
Taxed clothent	$\Psi$
Untaxed element	t \$
Tax-free componer	nt \$2321.77
Is this payment a d	leath benefit? No X Yes
Type of death bene	or Non-dependant
Section C: Payer	details Australian business number (ABN) or withholding payer number (WPN)
-	u must also complete this section 71918591946 Branch number
	me that appears on your activity statement)
r	NNUATION FUND
PGEF SUPERAI	
Privacy - For informatic	on about your privacy visit our website at ato.gov.au/privacy
DECLARATION - I deci	lare that the information given on this form is complete and correct.
Signature of authorised person	Cafailed Date 9/11/22

NOTICE TO PAYEE If this payment summary shows an amount in the total tax withheld box, you must lodge a tax return. If no tax was withheld, you may still have to lodge a tax return. If you have already lodged your tax return, you may need to lodge an amendment request. For more information about this payment summary, lodging your tax return or an amendment request, you can : - visit www.ato.gov.au - refer to TaxPack - phone 13 28 61

. . . .

# PAYG Payment Summary - Superannuation Lump Sum

# Payment summary for year ending 30 June 2022

Warning: This form has been designed to assist you to prepare the Australian Tax Office's PAYG Payment Summary Statement. It cannot be lodged with the Australian Tax Office and should not be given to fund members.

Section A: Payee details
Tax file number PROVIDED
Surname or family name
FAIRHALL
Given name(s)
GAIL
Residential address 28 LESLEY STREET
20 LESLET STREET Suburb/town/locality Postcode
SMITHFIELD QLD 4878
Day Month Year Date of birth (if known) PROVIDED
Section B: Payment details
Date of payment 30 JUNE 2022
TOTAL TAX WITHHELD \$
Taxable component
Taxed element \$2216.31
Untaxed element \$
Tax-free component \$2321.77
Is this payment a death benefit? No X Yes
Type of death benefit     Trustee of deceased estate     or Non-dependant
Section C: Payer details Australian business number (ABN) or withholding payer number (WPN)
71019501046 Branch
Name (use the same name that appears on your activity statement)
PGEF SUPERANNUATION FUND
Privacy – For information about your privacy visit our website at ato.gov.au/privacy
DECLARATION – I declare that the information given on this form is complete and correct.
Signature of authorised person Date 9/11/22

NOTICE TO PAYEE if this payment summary shows an amount in the total tax withheld box, you must lodge a tax return. If no tax was withheld, you may still have to lodge a tax return. If you have already lodged your tax return, you may need to lodge an amendment request. For more information about this payment summary, lodging your tax return or an amendment request, you can : - visit www.ato.gov.au - refer to TaxPack - phone 13 28 61

# PART 2 – MEMBER TO COMPLETE

# Section E: Cash amount

1 Pay me a gross cash amount of: \$ 4538.08 I understand that this amount may be subject to tax.

• You may wish to speak with a tax professional or your superannuation fund, ADF, RSA or annuity provider to make sure you are aware of your tax obligations and superannuation roll over options.

# Section F: Rollover payment

2	Roll over my payment to: (provide the full name of fund, RSA or annuity provider)	
co	DLONIAL FIRST STATE FIRSTCHOICE WHOLESALE PENSION	
3	Fund ABN 98002348352	
4	Superannuation fund, ADF, RSA or annuity provider postal address:	
RE	EPLY PAID 27	
Sub	ourb/town/locality State/territory Postco	de
SY	DNEY NSW 2001	
5	Member account number	
6	Roll over an amount of: \$4538.08	

# Section G: Member's declaration

I authorise my superannuation lump sum to be paid as instructed on this statement.

Name (print in block letter	s)	
GAIL FAIRHALL		
Signature		
eq#	aital	Date 9/11/22
	You should keep a copy of the staten records for a period of five years,	nent for your

Warning: This form has been designed to assist you to prepare the Australian Tax Office's Superannuation lump sum pre-payment statement. It cannot be lodged with the Australian Tax Office and should not be given to fund members.

# Section F: Declaration

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

Before you sign the declaration, check that you have provided true and correct information. Penalties may be imposed for giving false or misleading information.

## Trustee, director or authorised officer declaration

Complete this declaration if you are the trustee, director or authorised officer of the superannuation fund or other provider shown in section E.

I declare that the information contained in the statement is true and correct.

Name	BLOCK LETTERS)	
<b></b>	and the second	

Trustee, director or authorised officer signature





## OR

## Authorised representative declaration

Complete this declaration if you are an authorised representative of the superannuation fund or other provider shown in section E.

I declare that:

- I have prepared the statement with the information supplied by the superannuation provider
- I have received a declaration made by the superannuation provider that the information provided to me for the preparation of this statement is true and correct

I am authorised by the superannuation provider to give the information in the statement to the ATO.

# Name (BLOCK LETTERS)

Authorised representative signature		
Michelle Jargar		Date 09/11/2022
Tax agent number (if you are a registered tax agent)	25966377	

# Where to send this form

Do not send this form to the ATO.

If the rollover data standards do not apply to the transaction, you must do all of the following:

send the form to the receiving fund in section A within seven days of paying the rollover

provide a copy to the member in section B within 30 days of paying the rollover

keep a copy in your records for five years.

If the rollover data standards do apply to the transaction, you must do all of the following:

comply with the data standard requirements for the fund-to-fund interaction (do not send this form to the receiving fund in section A)

suse this form only to provide a statement to the member in section B within 30 days of paying the rollover

keep a copy of the member statement in your records for five years.

# PART 2 – MEMBER TO COMPLETE

# Section E: Cash amount

1 Pay me a gross cash amount of: \$ 4538.08 I understand that this amount may be subject to tax.

You may wish to speak with a tax professional or your superannuation fund, ADF, RSA or annuity provider to make sure you are aware of your tax obligations and superannuation roll over options.

# Section F: Rollover payment

2	Roll over my payment to: (	provide the full name of fund	, RSA or annuity provider)
---	----------------------------	-------------------------------	----------------------------

COLONIAL FIRST STATE FIRSTCHOICE WHOLESALE PENSION

3 Fund ABN 98002348352

## 4 Superannuation fund, ADF, RSA or annuity provider postal address:

RE	PLY PAID 27		
-	urb/town/locality /DNEY	State/territory	Postcode 2001
5	Member account number	kerphysionalasion warmanapama	
6	Roll over an amount of: \$ 4538.08		

# Section G: Member's declaration

I authorise my superannuation lump sum to be paid as instructed on this statement.

Name (print in block letters) GAIL FAIRHALL Signature Faile Date You should keep a copy of the statement for your records for a period of five years.

Warning: This form has been designed to assist you to prepare the Australian Tax Office's Superannuation lump sum pre-payment statement. It cannot be lodged with the Australian Tax Office and should not be given to fund members.

Tax File Number Provided

# 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, the current trustees and directors have authorised this annual return and it is documented as such in the SMSF's records. I have received a copy of the audit report and are aware of any matters raised therein. The information on this annual return, including any attached schedules and additional documentation is true and correct.

Authorised trustee's, director's or public officer's signature	
17 f.ll	Date Day / Month / Year
Preferred trustee or director contact details:	
Title: Wrr X Mrs Miss Ms Other	
Family name	
Fairhall	
First given name Other given names	
Phillip	
Phone number 0428123551 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 us provide on this annual return to maintain the integrity of the register. For further informat	se the ABN and business details which you ion, refer to the instructions.
TAX AGENT'S DECLARATION: I declare that the Self-managed superannuation fund annual return 2022 has been prepa provided by the trustees, that the trustees have given me a declaration stating that the in correct, and that the trustees have authorised me to lodge this annual return.	red in accordance with information formation provided to me is true and
Tax agent's signature	
24:111 2	Day Month Year
Michelle Gargar	Date 09 / 11 / 2022
Tax agent's contact details           Title:         Mr         Mrs         Ms         Other           Family name         Mrs         Mrs         Mrs         Mrs	
Gargar	
First given name Other given names	
Michelle	
Tax agent's practice	
Superannuation Professionals Pty Ltd	
Tax agent's phone number Reference number	Tax agent number
+61756496824 PGEFSF	25966377

Page 22

OFFICIAL: Sensitive (when completed)

## 100017996BW

Tax File Number Provided

## 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 De org 2022 Contact name Phillip Fairhall Daytime contact number (include area code) 0428123551

OFFICIAL: Sensitive (when completed)

# Section F: Declaration

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

Before you sign the declaration, check that you have provided true and correct information. Penalties may be imposed for giving false or misleading information.

## Trustee, director or authorised officer declaration

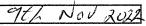
Complete this declaration if you are the trustee, director or authorised officer of the superannuation fund or other provider shown in section E.

I declare that the information contained in the statement is true and correct.

## Name (BLOCK LETTERS)

Trustee, director or authorised officer signature

Date



OR

## Authorised representative declaration

Complete this declaration if you are an authorised representative of the superannuation fund or other provider shown in section E.

I declare that:

- I have prepared the statement with the information supplied by the superannuation provider
- I have received a declaration made by the superannuation provider that the information provided to me for the preparation of this statement is true and correct
- I am authorised by the superannuation provider to give the information in the statement to the ATO.

# Name (BLOCK LETTERS) MICHELLE GARGAR Authorised representative signature Michelle Gargar Date 09/11/2022

# Where to send this form

Do not send this form to the ATO.

If the rollover data standards do not apply to the transaction, you must do all of the following:

- send the form to the receiving fund in section A within seven days of paying the rollover
- provide a copy to the member in section B within 30 days of paying the rollover
- keep a copy in your records for five years.
- If the rollover data standards do apply to the transaction, you must do all of the following:
- comply with the data standard requirements for the fund-to-fund interaction (do not send this form to the receiving fund in section A)
- use this form only to provide a statement to the member in section B within 30 days of paying the rollover
- keep a copy of the member statement in your records for five years.

## How to complete this section

- Calculate your GST on sales (1A) and GST on purchases (1B) for the period shown on the front of this form using information from your accounts or by using the GST calculation sheet. Complete 1A & 1B
- If you have a wine equalisation tax obligation, complete 1C & 1D (if appropriate)
- If you have a luxury car tax obligation, complete 1E & 1F (if appropriate)
- If you are a GST instalment payer, add up the amounts at G21 (or G23 if you varied your instalment amount) on your activity statement(s) for the period shown on the front of this form. Write the amount at 1H
- Calculate and complete 2A & 2B

- -

Complete the 'Payment or refund' section

Summary	di kadan di seri yang seri na mangan mangan kana kana kana kana kana kana kana	******	
Amounts you owe the ATO	Amounts the ATO owe	s you	
GST on sales 1A \$0	GST on purchases	1B	\$ 414
Wine equalisation tax 1C \$	Wine equalisation tax refundable	1D	\$
Luxury car tax 1E \$	Luxury car tax refundable	1F	\$
	GST instalments (amounts reported at G21 or G23 in your BAS for the period shown on front)	1H	\$
1A + 1C + 1E <b>2A</b> \$0	1B + 1D + 1F + 1H	2B	\$ 414
Payment or refund?	and for an an an and a star of a star of the		
Is 2A more than 2B? Yes, then write the result of 2A minus 2B at 9. This payable to the ATO.	amount is		Your payment or refund amount
(indicate with X) then write the result of 2B minus 2A at 9. This sector to the result of the minus the sector to		9	\$ 414
<b>C</b> refundable to you (or offset against any other	tax debt you have).		Do not use symbols such as +, -, /, \$
I am authorised to make this declaration. The tax invoice requirements have been met. Signature Date 0 9 / 11 / 2 2  ■ Taxation laws authorise the ATO to collect information including personal information about i personal information go to ato.gov.au/privacy. Activity statement instructions are available	individuals who may complete thi	s form	For information about privacy and
Warning: This form has been designed to assist you to prepare the ATO's I This form cannot be lodged with the ATO. PAYMENT SLIP	Business Activity Stateme	nt.	
	ATO code	000	00 0156 03
	ABN		
	Amount paid		
	EFT code	719	9185919460160
Australian Taxation Office Locked Bag 1936 ALBURY NSW 1936			

As part of our audit process, we will request from the trustees written confirmation concerning representations made to us in connection with the audit.

## Other Matters under the Corporations Act 2001

## Independence

We confirm that, to the best of our knowledge and belief, we currently meet the independence requirements of the *Corporations Act 2001* in relation to the audit of the financial report. In conducting our audit of the financial report, should we become aware that we have contravened the independence requirements of the *Corporations Act 2001*, we shall notify you on a timely basis.

We look forward to your full cooperation and make available to us whatever records, documentation and other information we request in connection with our audit.

Please sign and return the attached copy of this letter to indicate that it is in accordance with your understanding of the arrangements for our audit of the financial report.

Yours faithfully,

.....

A.W. Boys Registered SMSF Auditor 100014140 Dated

Acknowledged on behalf of, PGEF Superannuation Fund by

Phillip Fairhall Trustee

Dated gth NOU 2022

## Disqualified person not to act as a Trustee

There is no reason why any Trustee should be prohibited from acting as a Trustee of this Superannuation Fund.

## **Information to Members**

Information relating to the transactions and activities of the Fund has been supplied in a timely manner.

## Meetings

Meetings have been conducted in accordance with the Trust Deed and the requirements of the SIS Act. Resolutions and issues on which the Trustee(s) have voted, or on which they were required to vote have been passed by at least a 2/3rds majority of the Trustees.

## **Subsequent Events**

Since the end of the financial year stated in the Financial Statements till the date of this letter, there have been no events or transactions that would have a material effect upon the Fund either financially or operationally.

Yours faithfully

Phillip Fairhall

Gail Elizabeth Fairhall

## **Electronic Lodgment Declaration (SMSF)**

This declaration is to be completed where the tax return is to be lodged via an approved ATO electronic channel. It is the responsibility of the taxpayer to retain this declaration for a period of five years after the declaration is made, penalties may apply for failure to do so.

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 partner or beneficiary or entity in our records. It is not an offence not to provide the TFNs. However, you cannot lodge your tax return electronically if you do not quote your TFN.

Taxation law authorises the ATO to collect information and disclose it to other government agencies, including personal information about the person authorised to sign the declaration. For information about privacy go to ato.gov.au/privacy

## The Australian Business Register

The Commissioner of Taxation, as Registrar of the Australian Business Register, may use the ABN and business details which you provide on this tax return to maintain the integrity of the register.

Please refer to the privacy statement on the Australian Business Register (ABR) website (www.abr.gov.au) for further information - it outlines our commitment to safeguarding your details.

## Electronic funds transfer - direct debit

Where you have requested an EFT direct debit some of your details will be provided to your financial institution and the Tax Office's sponsor bank to facilitate the payment of your taxation liability from your nominated account.

Tax File Number	Name of Fund	Year
Provided	PGEF Superannuation Fund	2022

I authorise my tax agent to electronically transmit this tax return via an approved ATO electronic channel.

## Important

1

Before making this declaration please check to ensure that all income has been disclosed and the tax return 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 Tax Office. The tax law provides heavy penalties for false or misleading statements on tax returns.

Declaration: I declare that:

- All the information provided to the agent for the preparation of this tax return, including any applicable schedules is true and correct; and
- I authorise the agent to lodge this tax return.

Signature of Partner, Trustee, or Director		NF:ld	Date	09/1/122
	(	/		

## ELECTRONIC FUNDS TRANSFER CONSENT

This declaration is to be completed when an electronic funds transfer (EFT) of a refund is requested and the tax return is being lodged through an approved ATO electronic channel.

This declaration must be signed by the partner, trustee, director or public officer prior to the EFT details being transmitted to the Tax Office. If you elect for an EFT, all details below must be completed.

Important: Care should be taken when completing EFT details as the payment of any refund will be made to the account specified.

11

Account Name	Macquarie-CashManage			
Account Number	184446 123095812	Client Reference PGEFSF		
authorise the refund to Signature	be deposited directly to the specified account	Date 9/1/122		

# PAYG Payment Summary - Superannuation Lump Sum

## Payment summary for year ending 30 June 2022

Warning: This form has been designed to assist you to prepare the Australian Tax Office's PAYG Payment Summary Statement. It cannot be lodged with the Australian Tax Office and should not be given to fund members.

Section A: Payee	details				
Tax file number	PROVIDED				
Surname or family name					
FAIRHALL					
Given name(s)					
GAIL				L	
Residential address	- ben ber olde				
28 LESLEY STR				State/territon/	Postcode
Suburb/town/locality				State/territory	4878
SMITHFIELD			L		4070
Date of birth (if known)	Day Month Year           Day         Month         Year           PROVIDED				
Section B: Payme	ont details				
Date of payment	30 JUNE 2022				
TOTAL TAX WITH	HELD \$				
Taxable componen	at				
Taxed element	\$ 2216.31				
lakeu eleiment	Ψ 2210.01				
Untaxed element	t \$				
Tax-free componer	nt \$2321.77				
is this payment a d			······················		
Type of death bene	efit Trustee of deceased esi		lependant		
Section C: Payer	details	Australian business numb	er (ABN) or withh	olding payer numb	er (WPN)
		71918591946			Branch
V YO	u <b>must</b> also complete this section	11910091940		I	number
Name (use the same na	me that appears on your activity statement)				
PGEF SUPERA	NNUATION FUND				
	on about your privacy visit our website at <b>ato.gov</b>				
DECLARATION - / decl	lare that the information given on this form is con	nplete and correct.			
Signature of authorised person	faited		Date	11/2:	2

NOTICE TO PAYEE If this payment summary shows an amount in the total tax withheld box, you must lodge a tax return. If no tax was withheld, you may still have to lodge a tax return. If you have already lodged your tax return, you may need to lodge an amendment request. For more information about this payment summary, lodging your tax return or an amendment request, you can : - visit www.ato.gov.au - refer to TaxPack - phone 13 28 61

# PART 2 – MEMBER TO COMPLETE

# Section E: Cash amount

1 Pay me a gross cash amount of: \$ 4538.08 I understand that this amount

may be subject to tax.

You may wish to speak with a tax professional or your superannuation fund, ADF, RSA or annuity provider to make sure you are aware of your tax obligations and superannuation roll over options.

# Section F: Rollover payment

2 Roll over my payment to: (provide the full name of fund, RSA or annuity provider)

COLONIAL FIRST STATE FIRSTCHOICE WHOLESALE PENSION

3 Fund ABN 98002348352

## 4 Superannuation fund, ADF, RSA or annuity provider postal address:

RE	EPLY PAID 27		
	nurb/town/locality /DNEY	State/territory NSW	Postcode 2001
5	Member account number		ana da mana kana kana kana kana kana kana kan
6	Roll over an amount of: \$ 4538.08		

# Section G: Member's declaration

I authorise my superannuation lump sum to be paid as instructed on this statement.

Name (print in block letters)	
GAIL FAIRHALL	
Signature	na manga ng kang pang na
Aprilall	Date
You should keep a copy of the statement for your records for a period of five years.	

Warning: This form has been designed to assist you to prepare the Australian Tax Office's Superannuation lump sum pre-payment statement. It cannot be lodged with the Australian Tax Office and should not be given to fund members.

# PGEF Superannuation Fund

# **Compilation Report**

We have compiled the accompanying special purpose financial statements of the PGEF Superannuation Fund which comprise the statement of financial position as at 30 June 2022 the operating statement for the year then ended, a summary of significant accounting policies and other explanatory notes. The specific purpose for which the special purpose financial statements have been prepared is set out in Note 1 to the financial statements.

## The Responsibility of the Trustee

The Trustee of PGEF Superannuation Fund are solely responsible for the information contained in the special purpose financial statements, the reliability, accuracy and completeness of the information and for the determination that the financial reporting framework used is appropriate to meet their needs and for the purpose that the financial statements were prepared.

## **Our Responsibility**

On the basis of information provided by the Trustee, we have compiled the accompanying special purpose financial statements in accordance with the financial reporting framework as described in Note 1 to the financial statements and APES 315: Compilation of Financial Information.

We have applied our expertise in accounting and financial reporting to compile these financial statements in accordance with the financial reporting framework described in Note 1 to the financial statements. We have complied with the relevant ethical requirements of APES 110: Code of Ethics for Professional Accountants.

## Assurance Disclaimer

Since a compilation engagement is not an assurance engagement, we are not required to verify the reliability, accuracy or completeness of the information provided to us by management to compile these financial statements. Accordingly, we do not express an audit opinion or a review conclusion on these financial statements.

The special purpose financial statements were compiled exclusively for the benefit of the directors of the trustee company who are responsible for the reliability, accuracy and completeness of the information used to compile them. We do not accept responsibility for the contents of the special purpose financial statements.

Michelle Gargar

of

Superannuation Professionals Pty Ltd Suite 2A, Ground Floor Suite 2A, Ground Floor, 140 Bundall Road, Bundall, Queensland 4217

Signed:	Michelle Gargar
---------	-----------------

Dated: 09/11/2022

## **Tax Agent's Declaration**

## I declare that:

- I have prepared this tax return in accordance with the information supplied by the partner, trustee, director or public officer
- I have received a declaration made by the entity that the information provided to me for the preparation of this tax return is true and correct; and
- I am authorised by the partner, trustee, director or public officer to lodge this tax return, including any applicable schedules.

Agent's signature	Michelle Gargar		Date	
Contact name	Michelle Gargar		Client Reference	PGEFSF
Agent's Phone Num	nber +61756496824	Та	ax Agent Number	25966377

# 2022 - PGEF SF - Declarations

Final Audit Report

2022-11-15

Created:	2022-11-10
By:	Racquel Fraser (advice@finprof.com.au)
Status:	Signed
Transaction ID:	CBJCHBCAABAATrxaexi1RLjT7YMLCwStwRVvcvIXBVLt

# "2022 - PGEF SF - Declarations" History

- Document created by Racquel Fraser (advice@finprof.com.au) 2022-11-10 0:19:55 AM GMT- IP address: 139.218.117.210
- Document emailed to Michelle Gargar (michelle@pamilyaaccountants.com.au) for signature 2022-11-10 0:20:55 AM GMT
- Email viewed by Michelle Gargar (michelle@pamilyaaccountants.com.au) 2022-11-15 - 1:15:32 AM GMT- IP address: 110.143.236.6
- Document e-signed by Michelle Gargar (michelle@pamilyaaccountants.com.au) Signature Date: 2022-11-15 - 1:15:47 AM GMT - Time Source: server- IP address: 110.143.236.6

Agreement completed. 2022-11-15 - 1:15:47 AM GMT