The same of the sa		100017996MS
Signature as prescribed in tax return	Tax File Number	929141569
Section K: Declarations	F	
Penalties may be imposed for talse or misleading information	in addition to penalties relating to any	tax shortfalls.
Important Before making this declaration check to ensure that all income has be any additional documents are true and correct in every detail. If you le label was not applicable to you. If you are in doubt about any aspect of Privacy.	en disclosed and the annual return, all at ave labels blank, you will have specified a of the annual return, place all the facts be	tached schedules and a zero amount or the store the ATO.
The ATO is authorised by the Taxation Administration Act 1953 to req identify the entity in our records. It is not an offence not to provide the form may be delayed. Taxation law authorises the ATO to collect information and disclose it go to ato.gov.au/privacy	TITAL TRANSPORT OF PERSONS ASSESSMENT	
TRUSTEE'S OR DIRECTOR'S DECLARATION: I declare that, the current trustees and directors have authorised trecords. I have received a copy of the audit report and are aware return, including any attached schedules and additional document.		as such in the SMSF's mation on this annual
Authorised trustee's, director's or public officer's signature		Month Year
\mathcal{M} .	Date 01	/. 03 / 2022
Preferred trustee or director contact details:		
The Value of the Cother		
Title: Mr Mrs X Miss Miss Cther		
Coghlan		
First given name Other give	n names	
Julie		
Phone number 0755646884 Email address		
julie@whipsock.com.au		
Non-individual trustee name (if applicable)		
ABN of non-individual trustee		7
Time taken to prepare and comple	te this annual return Hrs	
The Commissioner of Taxation, as Registrar of the Australian I provide on this annual return to maintain the integrity of the registrar.	Business Register, may use the ABN and gister. For further information, refer to the	business details which you instructions.
TAX AGENT'S DECLARATION: I declare that the Self-managed superannuation fund annual retuprovided by the trustees, that the trustees have given me a declaration and that the trustees have authorised me to lodge this a	aration stating that the information provi	nce with information ided to me is true and
Tax agent's signature		Month Year
	Date	/ / /
Tax agent's contact details Title: Mr Mrs Miss Ms Other		
Family name		
Ibanez		
First given name Other giv	ven names	
Reynaldo		
Tax agent's practice		
Accrual Accounting and Taxation		
Tax agent's phone number Reference		agent number 652015
07 55646884 COGHLA	1100044	