gnature as prescribed in tax return			
ection K: Declarations			
Penalties may be imposed for false or misle	eading information in addition	n to penalties relating to any	y tax shortfalls.
portant afore making this declaration check to ensure that any additional documents are true and correct in every bel was not applicable to you. If you are in doubt	very detail it you leave labels t	Hank, vou wiii nave specilled	a zero arribarit or trio
rivacy ne ATO is authorised by the Taxation Administration entify the entity in our records. It is not an offence avation law authorises the ATO to collect informat to to ato.gov.au/privacy	e not to provide the TFN. How	ever if you do not provide the	s Triv, the processing of the
RUSTEE'S OR DIRECTOR'S DECLARATION: declare that, the current trustees and directors scords. I have received a copy of the audit repo- eturn, including any attached schedules and ac	ort and are aware of any mat dditional documentation is tru	ters raised therein. The inic	d as such in the SMSF's ormation on this annual
uthorised trustee's, director's or public officer's	signature		Month Year
		Date	Month Year
A		Date	
referred trustee or director contact de	etails:		
itle: Mr Mrs Miss Ms X Other			
amily name			
Chern	011		
irst given name	Other given names		
Pitsun			
Phone number 07 55646884 Email address			
as contracted			
Non-individual trustee name (if applicable)			
ABN of non-individual trustee			
	1 1 1 1 1 1 1 1	al voturo Live	
Time taken to pre	epare and complete this annu	ual return Hrs	
The Commissioner of Taxation, as Registral provide on this annual return to maintain the	r of the Australian Business Re e integrity of the register. For fu	egister, may use the ABN and urther information, refer to the	d business details which you e instructions.
TAX AGENT'S DECLARATION: I declare that the Self-managed superannuation provided by the trustees, that the trustees have and correct, and that the trustees have authorically and correct.	e diven me a deciaration stat	ing that the information pro	ance with information vided to me is true
Tax agent's signature			SHOWER STATE OF THE STATE OF TH
		Date Date	Month Year
Tax agent's contact details			
Title: Mr Mrs Miss Ms Other			
Family name			
Ibanez	Other given names		
First given name	Other given names		
Reynaldo			
Tax agent's practice			
Accrual Accounting and Taxation	16 W. Halleyear	Tax	agent number
Tax agent's phone number	Reference number		agent number 652015
07 55646884	XWBSUPER0088	1 1/8	002010