



1 Shelley Street
Sydney NSW 2000
1800 789 789

2020 Tax Information Statement

Recipient's Name and Address:

028860 XP42DD03

SHARON & PAUL REES RETIREMENT
FUND
48 OSNA PLACE
PULLENVALE QLD 4069
AUSTRALIA



Your Financial Advisor Is:

MACQUARIE CLIENT CONNECT
1 SHELLEY STREET
SYDNEY NSW 2000
AUSTRALIA

ID: MCT

Withholding Agent's Information:

PERSHING LLC
ONE PERSHING PLAZA
JERSEY CITY, NJ 07399

Withholding Agent's EIN: 13-2741729

Account Number: OCV-005652

Important Tax Document - Please Read Carefully

Dear Investor:

We are pleased to provide you the following 2020 Form 1042-S Tax Information Statement. Please note that there were no updates to the 2020 Form 1042-S.

Your tax package may include a 1042-S Reclassification section if your account received Chapter 3 reportable income distributions that were reclassified by the issuer after year-end. If the issuer reclassification results in a tax refund, the amount of the refund will be provided in the Amount Refunded Column in the reclassification section of the 2020 Form 1042-S. The 1042-S instructions are provided at the end of the statement to assist you with your tax preparation needs.

We trust you will find the information provided in your tax package helpful in preparing your tax filing.

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| Transaction Details..... | 3 |





1 Shelley Street
Sydney NSW 2000
1800 789 789

2020 Tax Information Statement

Withholding Agent's Information:

Box 12A. Withholding Agent's EIN: 13-2741729
Box 12B. Withholding Agent's Chapter 3 Status Code: 15
Box 12C. Withholding Agent's Chapter 4 Status Code: 01
Box 12D. Withholding Agent's Name: PERSHING LLC
Box 12E. Withholding Agent's GIN: N/A
Box 12F. Withholding Agent's Country Code: US
Box 12G. Withholding Agent's Foreign Tax ID: N/A
Box 12H. Withholding Agent's Address (number and street): One Pershing Plaza
Box 12I. Withholding Agent's City or town, state or province, country, ZIP: Jersey City, NJ 07399

Recipient's Information:

Box 13A. Recipient's Name: SHARON & PAUL REES RETIREMENT
Box 13B. Recipient's Country Code: AS
Box 13C. Recipient's Address (number and street):
 FUND
 48 OSNA PLACE
Box 13D. Recipient's City or town, state or province, country, ZIP:
 PULLENVALE QLD 4069
 AUSTRALIA
Box 13E. Recipient's U.S. TIN: Not provided
Box 13F. Chapter 3 Status Code: 10
Box 13G. Chapter 4 Status Code: 15
Box 13H. Recipient's GINN: N/A
Box 13I. Recipient's Foreign Tax ID:
Box 13K. Recipient Account Number: OCV-005652
Box 13J. LOB Code:
Box 13L. Recipient's DOB (YYYY/MM/DD): N/A

2020 Form 1042-S

Foreign Person's U.S. Source Income Subject to Withholding

OMB No.1545-0096

Chapter 4 Summary Totals (Box 3)

| Section | Income Code (Box 1) | Income Description | Chapter 3 Tax Rate (Box 3B) | Chapter 3 Exemption Code (Box 3A) | Chapter 4 Tax Rate (Box 4B) | Chapter 4 Exemption Code (Box 4A) | Gross Income (Box 2) | U.S. Federal Tax Withheld (Box 7A & Box 10) |
|-------------------------|---------------------|-------------------------------------|-----------------------------|-----------------------------------|-----------------------------|-----------------------------------|----------------------|---------------------------------------------|
| 01 | 06 | Dividends paid by U.S. corporations | 0.00% | 12 | 30.00% | 00 | 2,119.00 | 636.00 |
| Chapter 4 Totals | | | | | | | 2,119.00 | 636.00 |

This information is being furnished to the U.S. Internal Revenue Service. The U.S. Income Tax Filing Requirements for this form are provided in the IRS Form 1042-S (Copy B) Instructions provided in your tax package. The Chapter Status Code(s), Income Description(s) and Exemption Description(s) displayed are provided in the Explanation of Codes for IRS Form 1042-S.

2020 Tax Information Statement

Recipient's Name: SHARON & PAUL REES RETIREMENT
FUND

Account Number: OCV-005652

2020 Form 1042-S

TRANSACTION DETAILS

Chapter 4

Section 01 - Income Code 06: Dividends paid by U.S. corporations, Tax Rate: 30.00%, Exemption Code 00: No exemption

| Description | CUSIP | Process Date | Gross Income (Box 2) | U.S. Federal Tax Withheld (Box 7A & Box 10) |
|--------------------------------------|-----------|--------------|-------------------------|------------------------------------------------|
| DXC TECHNOLOGY CO COM | 23355L106 | 01/14/2020 | 14.49 | 4.35 |
| | | 04/14/2020 | 14.49 | 4.35 |
| | | | 28.98 | 8.70 |
| HP INC COM | 40434L105 | 01/02/2020 | 142.55 | 42.77 |
| | | 04/01/2020 | 142.55 | 42.77 |
| | | | 285.10 | 85.54 |
| HEWLETT PACKARD ENTERPRISE CO COM | 42824C109 | 01/02/2020 | 97.08 | 29.12 |
| | | 04/01/2020 | 97.08 | 29.12 |
| | | | 194.16 | 58.24 |
| MICROSOFT CORP COM | 594918104 | 03/12/2020 | 1,606.50 | 481.95 |
| PERSPECTA INC COM | 715347100 | 01/14/2020 | 2.04 | 0.61 |
| | | 04/15/2020 | 2.04 | 0.61 |
| | | | 4.08 | 1.22 |
| Section 01 Total | | | 2,118.82 | 635.65 |
| Chapter 4 Total | | | 2,118.82 | 635.65 |

Form **1042-S**Department of the Treasury
Internal Revenue Service**Foreign Person's U.S. Source Income Subject to Withholding**► Go to www.irs.gov/Form1042S for instructions and the latest information.**2020**

OMB No. 1545-0096

Copy B
for Recipient00000115688 UNIQUE FORM IDENTIFIER ☐ AMENDED ☐ AMENDMENT NO.

| | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------|---------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 1 Income code 06 | 2 Gross income 2,119.00 | 3 Chapter indicator. Enter "3" or "4" 3a Exemption code 12 3b Tax rate . 0.00 | | 4 4a Exemption code 00 4b Tax rate . 30.00 | 13e Recipient's U.S. TIN, if any Not provided | 13f Ch. 3 status code 10 13g Ch. 4 status code 15 |
| 5 Withholding allowance 0.00 | | | | | 13h Recipient's GIIN N/A | 13i Recipient's foreign tax identification number, if any |
| 6 Net income 0.00 | | | | | 13j LOB code | |
| 7a Federal tax withheld 636.00 | | | | | 13k Recipient's account number OCV005662 | |
| 7b Check if federal tax withheld was not deposited with the IRS because escrow procedures were applied (see instructions) <input type="checkbox"/> | | | | | 13l Recipient's date of birth (YYYYMMDD) N/A | |
| 7c Check if withholding occurred in subsequent year with respect to a partnership interest <input type="checkbox"/> | | | | | | |
| 8 Tax withheld by other agents 0.00 | | | | | 14a Primary Withholding Agent's Name (if applicable) | |
| 9 Overwithheld tax repaid to recipient pursuant to adjustment procedures (see instructions) () | | | | | 14b Primary Withholding Agent's EIN | |
| 10 Total withholding credit (combine boxes 7a, 8, and 9) 636.00 | | | | | 15 Check if pro-rata basis reporting <input type="checkbox"/> | |
| 11 Tax paid by withholding agent (amounts not withheld) (see instructions) 0.00 | | | | | 15a Intermediary or flow-through entity's EIN, if any | |
| 12a Withholding agent's EIN 132741729 | | 12b Ch. 3 status code 15 | | 12c Ch. 4 status code 01 | | 15b Ch. 3 status code |
| 12d Withholding agent's name PERSHING LLC | | | | | 15c Ch. 4 status code | |
| 12e Withholding agent's Global Intermediary Identification Number (GIIN) | | | | | 15d Intermediary or flow-through entity's name | |
| 12f Country code US | | | | | 15e Intermediary or flow-through entity's GIIN | |
| 12g Foreign tax identification number, if any | | | | | 15f Country code | |
| 12h Address (number and street) ONE PERSHING PLAZA | | | | | 15g Foreign tax identification number, if any | |
| 12i City or town, state or province, country, ZIP or foreign postal code JERSEY CITY, NJ 07399 | | | | | 15h Address (number and street) | |
| 13a Recipient's name SHARON & PAUL REES RETIREMENT | | | | | 15i City or town, state or province, country, ZIP or foreign postal code | |
| 13b Recipient's country code AS | | | | | 16a Payer's name | |
| 13c Address (number and street) FUND 48 OSNA PLACE | | | | | 16b Payer's TIN | |
| 13d City or town, state or province, country, ZIP or foreign postal code PULLENVALE QLD 4069 AUSTRALIA | | | | | 16c Payer's GIIN | |
| | | | | | 16d Ch. 3 status code | |
| | | | | | 16e Ch. 4 status code | |
| | | | | | 17a State income tax withheld | |
| | | | | | 17b Payer's state tax no. | |
| | | | | | 17c Name of state | |

(keep for your records)

Form **1042-S** (2020)

Foreign Person's U.S. Source Income Subject to Withholding► Go to www.irs.gov/Form1042S for instructions and the latest information.**2020**

OMB No. 1545-0096

Copy C for Recipient

Attach to any Federal tax return you file

00000115688 UNIQUE FORM IDENTIFIER ☐ AMENDED ☐ AMENDMENT NO.

| | | | | | |
|----------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 1 Income code 06 | 2 Gross income 2,119.00 | 3 Chapter indicator. Enter "3" or "4" 3a Exemption code 12 4a Exemption code 00 3b Tax rate . 0.00 4b Tax rate . 30.00 | | 13e Recipient's U.S. TIN, if any Not provided | 13f Ch. 3 status code 10 13g Ch. 4 status code 15 |
| 5 Withholding allowance 0.00 | | 6 Net income 0.00 | | 13h Recipient's GIIN N/A | 13i Recipient's foreign tax identification number, if any |
| 7a Federal tax withheld 636.00 | | 7b Check if federal tax withheld was not deposited with the IRS because escrow procedures were applied (see instructions) <input type="checkbox"/> | | 13k Recipient's account number 0CV005652 | |
| 7c Check if withholding occurred in subsequent year with respect to a partnership interest <input type="checkbox"/> | | 8 Tax withheld by other agents 0.00 | | 13l Recipient's date of birth (YYYYMMDD) N/A | |
| 9 Overwithheld tax repaid to recipient pursuant to adjustment procedures (see instructions) () | | 10 Total withholding credit (combine boxes 7a, 8, and 9) 636.00 | | 14a Primary Withholding Agent's Name (if applicable) | |
| 11 Tax paid by withholding agent (amounts not withheld) (see instructions) 0.00 | | 12a Withholding agent's EIN 132741729 | | 14b Primary Withholding Agent's EIN | 15 Check if pro-rata basis reporting <input type="checkbox"/> |
| 12b Ch. 3 status code 15 | | 12c Ch. 4 status code 01 | | 15a Intermediary or flow-through entity's EIN, if any | 15b Ch. 3 status code |
| 12d Withholding agent's name PERSHING LLC | | 12e Withholding agent's Global Intermediary Identification Number (GIIN) | | 15c Ch. 4 status code | 15d Intermediary or flow-through entity's name |
| 12f Country code US | | 12g Foreign tax identification number, if any | | 15e Intermediary or flow-through entity's GIIN | 15f Country code |
| 12h Address (number and street) ONE PERSHING PLAZA | | 12i City or town, state or province, country, ZIP or foreign postal code JERSEY CITY, NJ 07399 | | 15g Foreign tax identification number, if any | 15h Address (number and street) |
| 13a Recipient's name SHARON & PAUL REES RETIREMENT | | 13b Recipient's country code AS | | 15i City or town, state or province, country, ZIP or foreign postal code | 16a Payer's name |
| 13c Address (number and street) FUND 48 OSNA PLACE | | 13d City or town, state or province, country, ZIP or foreign postal code PULLENVALE QLD 4069 AUSTRALIA | | 16b Payer's TIN | 16c Payer's GIIN |
| | | | | 16d Ch. 3 status code | 16e Ch. 4 status code |
| | | | | 17a State income tax withheld | 17b Payer's state tax no. |
| | | | | 17c Name of state | |



1 Shelley Street
Sydney NSW 2000
1800 789 789

2020 Tax Information Statement

Recipient's Name and Address:

029241 XP42DD03
SHARON & PAUL REES RETIREMENT
FUND UAD 04/01/00
REES CONSULTING SERVICES P/L
TTEE
48 OSNA PLACE
PULLENVALE QLD 4069 AUSTRALIA



Your Investment Professional:

MACQUARIE CLIENT CONNECT
1 SHELLEY STREET
SYDNEY NSW 2000
AUSTRALIA

ID: MCT

Withholding Agent's Information:

PERSHING LLC
ONE PERSHING PLAZA
JERSEY CITY, NJ 07399

Withholding Agent's EIN: 13-2741729

Account Number: OCV-080861

Important Tax Document - Please Read Carefully

Dear Investor:

We are pleased to provide you the following 2020 Form 1042-S Tax Information Statement. Please note that there were no updates to the 2020 Form 1042-S.

Your tax package may include a 1042-S Reclassification section if your account received Chapter 3 reportable income distributions that were reclassified by the issuer after year-end. If the issuer reclassification results in a tax refund, the amount of the refund will be provided in the Amount Refunded Column in the reclassification section of the 2020 Form 1042-S. The 1042-S instructions are provided at the end of the statement to assist you with your tax preparation needs.

We trust you will find the information provided in your tax package helpful in preparing your tax filing.

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Withholding Agent's Information:

Box 12A. Withholding Agent's EIN: 13-2741729
Box 12B. Withholding Agent's Chapter 3 Status Code: 15
Box 12C. Withholding Agent's Chapter 4 Status Code: 01
Box 12D. Withholding Agent's Name: PERSHING LLC
Box 12E. Withholding Agent's GIN: N/A
Box 12F. Withholding Agent's Country Code: US
Box 12G. Withholding Agent's Foreign Tax ID: N/A
Box 12H. Withholding Agent's Address (number and street): One Pershing Plaza
Box 12I. Withholding Agent's City or town, state or province, country, ZIP: Jersey City, NJ 07399

Recipient's Information:

Box 13A. Recipient's Name: SHARON & PAUL REES RETIREMENT
Box 13B. Recipient's Country Code: AS
Box 13C. Recipient's Address (number and street):
 FUND UAD 04/01/00
 REES CONSULTING SERVICES P/L
Box 13D. Recipient's City or town, state or province, country, ZIP:
 TTEE
 48 OSNA PLACE
 PULLENVALE QLD 4069 AUSTRALIA
Box 13E. Recipient's U.S. TIN: Not provided
Box 13F. Chapter 3 Status Code: 10
Box 13G. Chapter 4 Status Code: 05
Box 13H. Recipient's GIN: N/A
Box 13I. Recipient's Foreign Tax ID:
Box 13K. Recipient Account Number: OCV-080861
Box 13J. LOB Code:
Box 13L. Recipient's DOB (YYYY/MM/DD): N/A

2020 Form 1042-S

Foreign Person's U.S. Source Income Subject to Withholding

OMB No.1545-0096

Chapter 3 Summary Totals (Box 3)

| Section | Income Code (Box 1) | Income Description | Chapter 3 Tax Rate (Box 3B) | Chapter 3 Exemption Code (Box 3A) | Chapter 4 Tax Rate (Box 4B) | Chapter 4 Exemption Code (Box 4A) | Gross Income (Box 2) | U.S. Federal Tax Withheld (Box 7A & Box 10) |
|-------------------------|---------------------|-------------------------------------|-----------------------------|-----------------------------------|-----------------------------|-----------------------------------|----------------------|---------------------------------------------|
| 01 | 06 | Dividends paid by U.S. corporations | 30.00% | 00 | 0.00% | 15 | 1,849.00 | 555.00 |
| Chapter 3 Totals | | | | | | | 1,849.00 | 555.00 |

2020 Tax Information Statement

Recipient's Name: SHARON & PAUL REES RETIREMENT
FUND UAD 04/01/00

Account Number: OCV-080861

| 2020 Form 1042-S | | | Foreign Person's U.S. Source Income Subject to Withholding | | | | OMB No.1545-0096 (continued) | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-------------------------------------|------------------------------------------------------------|-----------------------------------|-----------------------------|-----------------------------------|------------------------------|---------------------------------------------|
| Chapter 4 Summary Totals (Box 3) | | | | | | | | |
| Section | Income Code (Box 1) | Income Description | Chapter 3 Tax Rate (Box 3B) | Chapter 3 Exemption Code (Box 3A) | Chapter 4 Tax Rate (Box 4B) | Chapter 4 Exemption Code (Box 4A) | Gross Income (Box 2) | U.S. Federal Tax Withheld (Box 7A & Box 10) |
| 01 | 06 | Dividends paid by U.S. corporations | 0.00% | 12 | 30.00% | 00 | 3,613.00 | 1,084.00 |
| Chapter 4 Totals | | | | | | | 3,613.00 | 1,084.00 |
| This information is being furnished to the U.S. Internal Revenue Service. The U.S. Income Tax Filing Requirements for this form are provided in the IRS Form 1042-S (Copy B) Instructions provided in your tax package. The Chapter Status Code(s), Income Description(s) and Exemption Description(s) displayed are provided in the Explanation of Codes for IRS Form 1042-S. | | | | | | | | |

2020 Form 1042-S TRANSACTION DETAILS

Chapter 3

Section 01 - Income Code 06: Dividends paid by U.S. corporations, Tax Rate: 30.00%, Exemption Code 00: No exemption

| Description | CUSIP | Process Date | Gross Income (Box 2) | U.S. Federal Tax Withheld (Box 7A & Box 10) |
|-----------------------------------|-----------|--------------|----------------------|---------------------------------------------|
| HP INC COM | 40434L105 | 07/01/2020 | 142.55 | 42.77 |
| HEWLETT PACKARD ENTERPRISE CO COM | 42824C109 | 07/01/2020 | 97.08 | 29.12 |
| MICROSOFT CORP COM | 594918104 | 06/11/2020 | 1,606.50 | 481.95 |
| PERSPECTA INC COM | 715347100 | 07/15/2020 | 2.38 | 0.71 |
| Section 01 Total | | | 1,848.51 | 554.55 |

Chapter 3 Total

1,848.51 554.55

Chapter 4

Section 01 - Income Code 06: Dividends paid by U.S. corporations, Tax Rate: 30.00%, Exemption Code 00: No exemption

| Description | CUSIP | Process Date | Gross Income (Box 2) | U.S. Federal Tax Withheld (Box 7A & Box 10) |
|-----------------------------------|-----------|--------------|----------------------|---------------------------------------------|
| HP INC COM | 40434L105 | 10/07/2020 | 142.55 | 42.77 |
| HEWLETT PACKARD ENTERPRISE CO COM | 42824C109 | 10/07/2020 | 97.08 | 29.12 |

Recipient's Name: SHARON & PAUL REES RETIREMENT
FUND UAD 04/01/00

Account Number: OCV-080861

2020 Form 1042-S

TRANSACTION DETAILS

(continued)

Chapter 4

(continued)

Section 01 - Income Code 06: Dividends paid by U.S. corporations, Tax Rate: 30.00%, Exemption Code 00: No exemption

(continued)

| Description | CUSIP | Process Date | Gross Income (Box 2) | U.S. Federal Tax Withheld (Box 7A & Box 10) |
|-------------------------|-----------|--------------|-------------------------|------------------------------------------------|
| MICROSOFT CORP COM | 594918104 | 09/10/2020 | 1,606.50 | 481.95 |
| | | 12/10/2020 | 1,764.00 | 529.20 |
| | | | 3,370.50 | 1,011.15 |
| PERSPECTA INC COM | 715347100 | 10/15/2020 | 2.38 | 0.71 |
| Section 01 Total | | | 3,612.51 | 1,083.75 |
| Chapter 4 Total | | | 3,612.51 | 1,083.75 |

Foreign Person's U.S. Source Income Subject to WithholdingGo to www.irs.gov/Form1042S for instructions and the latest information.**2020**

OMB No. 1545-0096

Copy B
for Recipient

0000116590

UNIQUE FORM IDENTIFIER

AMENDED

AMENDMENT NO.

| | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|----------------------------------------------------------|---------------------------------------|---------------------------------------------------------------------------------|------------------------------------------------------------------|
| 1 Income code 06 | 2 Gross income 1,849.00 | 3 Chapter indicator. Enter "3" or "4" 3 | | 13e Recipient's U.S. TIN, if any Not provided | 13f Ch. 3 status code 10 |
| | | 3a Exemption code 00 | 4a Exemption code 15 | | |
| | | 3b Tax rate .30.00 | 4b Tax rate .00 | | |
| 5 Withholding allowance 0.00 | | | | 13h Recipient's GIIN N/A | 13i Recipient's foreign tax identification number, if any |
| 6 Net income 0.00 | | | | 13j LOB code | |
| 7a Federal tax withheld 555.00 | | | | 13k Recipient's account number 0CV080861 | |
| 7b Check if federal tax withheld was not deposited with the IRS because escrow procedures were applied (see instructions) <input type="checkbox"/> | | | | 13l Recipient's date of birth (YYYYMMDD) N/A | |
| 7c Check if withholding occurred in subsequent year with respect to a partnership interest <input type="checkbox"/> | | | | | |
| 8 Tax withheld by other agents 0.00 | | | | 14a Primary Withholding Agent's Name (if applicable) | |
| 9 Overwithheld tax repaid to recipient pursuant to adjustment procedures (see instructions) () | | | | 14b Primary Withholding Agent's EIN | |
| 10 Total withholding credit (combine boxes 7a, 8, and 9) 555.00 | | | | 15 Check if pro-rata basis reporting <input type="checkbox"/> | |
| 11 Tax paid by withholding agent (amounts not withheld) (see instructions) 0.00 | | | | 15a Intermediary or flow-through entity's EIN, if any | 15b Ch. 3 status code |
| | | | | 15c Ch. 4 status code | |
| 12a Withholding agent's EIN 132741729 | 12b Ch. 3 status code 15 | 12c Ch. 4 status code 01 | | 15d Intermediary or flow-through entity's name | |
| 12d Withholding agent's name PERSHING LLC | | | | 15e Intermediary or flow-through entity's GIIN | |
| 12e Withholding agent's Global Intermediary Identification Number (GIIN) | | | | 15f Country code | 15g Foreign tax identification number, if any |
| 12f Country code US | | | | 15h Address (number and street) | |
| 12g Foreign tax identification number, if any | | | | 15i City or town, state or province, country, ZIP or foreign postal code | |
| 12h Address (number and street) ONE PERSHING PLAZA | | | | 16a Payer's name | |
| 12i City or town, state or province, country, ZIP or foreign postal code JERSEY CITY, NJ 07399 | | | | 16b Payer's TIN | |
| 13a Recipient's name SHARON & PAUL REES RETIREMENT | | 13b Recipient's country code AS | | 16c Payer's GIIN | 16d Ch. 3 status code |
| 13c Address (number and street) FUND 040 0401/00 REES CONSULTING SERVICES P/L | | | | 16e Ch. 4 status code | |
| 13d City or town, state or province, country, ZIP or foreign postal code TTEE 48 OSNA PLACE PULLENVALE QLD 4069 AUSTRALIA | | | | 17a State income tax withheld | 17b Payer's state tax no. |
| | | | | 17c Name of state | |

(keep for your records)

Form **1042-S** (2020)

0000116590

UNIQUE FORM IDENTIFIER

☐ AMENDED☐ AMENDMENT NO.

| | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|----------------------------------------------------------|------------------------------------|------------------------------------|---------------------------------------------------------------------------------|----------------------------------------------------------------------|
| 1 Income code 06 | 2 Gross income 1,849.00 | 3 Chapter indicator. Enter "3" or "4" 3 | 3a Exemption code 00 | 4a Exemption code 15 | 13e Recipient's U.S. TIN, if any Not provided | 13f Ch. 3 status code 10 |
| | | 3b Tax rate .30.00 | 4b Tax rate .00 | | | 13g Ch. 4 status code 05 |
| 5 Withholding allowance 0.00 | | | | | 13h Recipient's GIIN N/A | 13i Recipient's foreign tax identification number, if any |
| 6 Net Income 0.00 | | | | | | 13j LOB code |
| 7a Federal tax withheld 555.00 | | | | | 13k Recipient's account number 0CV080861 | |
| 7b Check if federal tax withheld was not deposited with the IRS because escrow procedures were applied (see instructions) <input type="checkbox"/> | | | | | 13l Recipient's date of birth (YYYYMMDD) | N/A |
| 7c Check if withholding occurred in subsequent year with respect to a partnership interest <input type="checkbox"/> | | | | | | |
| 8 Tax withheld by other agents 0.00 | | | | | 14a Primary Withholding Agent's Name (if applicable) | |
| 9 Overwithheld tax repaid to recipient pursuant to adjustment procedures (see instructions) () | | | | | 14b Primary Withholding Agent's EIN | 15 Check if pro-rata basis reporting <input type="checkbox"/> |
| 10 Total withholding credit (combine boxes 7a, 8, and 9) 555.00 | | | | | 15a Intermediary or flow-through entity's EIN, if any | 15b Ch. 3 status code |
| 11 Tax paid by withholding agent (amounts not withheld) (see instructions) 0.00 | | | | | 15c Ch. 4 status code | |
| 12a Withholding agent's EIN 132741729 | 12b Ch. 3 status code 15 | 12c Ch. 4 status code 01 | | | 15d Intermediary or flow-through entity's name | |
| 12d Withholding agent's name PERSHING LLC | | | | | 15e Intermediary or flow-through entity's GIIN | |
| 12e Withholding agent's Global Intermediary Identification Number (GIIN) | | | | | 15f Country code | 15g Foreign tax identification number, if any |
| 12f Country code US | 12g Foreign tax identification number, if any | | | | 15h Address (number and street) | |
| 12h Address (number and street) ONE PERSHING PLAZA | | | | | 15i City or town, state or province, country, ZIP or foreign postal code | |
| 12i City or town, state or province, country, ZIP or foreign postal code JERSEY CITY, NJ 07399 | | | | | 16a Payer's name | 16b Payer's TIN |
| 13a Recipient's name SHARON & PAUL REES RETIREMENT | 13b Recipient's country code AS | | | | 16c Payer's GIIN | 16d Ch. 3 status code |
| 13c Address (number and street) FUND UAD 04/01/00 REES CONSULTING SERVICES P/L | | | | | 16e Ch. 4 status code | |
| 13d City or town, state or province, country, ZIP or foreign postal code TTEE 48 OSNA PLACE PULLENVALE QLD 4069 AUSTRALIA | | | | | 17a State income tax withheld | 17b Payer's state tax no. |
| | | | | | 17c Name of state | |

00000116591 UNIQUE FORM IDENTIFIER ☐ AMENDED ☐ AMENDMENT NO.

| | | | | | |
|----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------------------------|
| 1 Income code 06 | 2 Gross income 3,613.00 | 3 Chapter indicator. Enter "3" or "4" 3a Exemption code 12 3b Tax rate . 0.00 | 4 4a Exemption code 00 4b Tax rate . 30.00 | 13e Recipient's U.S. TIN, if any Not provided | 13i Ch. 3 status code 10 13g Ch. 4 status code 15 |
| 5 Withholding allowance 0.00 | 6 Net income 0.00 | 7a Federal tax withheld 1,084.00 | 7b Check if federal tax withheld was not deposited with the IRS because escrow procedures were applied (see instructions) <input type="checkbox"/> | 13h Recipient's GIIN N/A | 13j Recipient's foreign tax identification number, if any |
| 7c Check if withholding occurred in subsequent year with respect to a partnership interest <input type="checkbox"/> | 8 Tax withheld by other agents 0.00 | 9 Overwithheld tax repaid to recipient pursuant to adjustment procedures (see instructions) () | 10 Total withholding credit (combine boxes 7a, 8, and 9) 1,084.00 | 13k Recipient's account number 0CV080861 | 13l Recipient's date of birth (YYYYMMDD) N/A |
| 11 Tax paid by withholding agent (amounts not withheld) (see instructions) 0.00 | 12a Withholding agent's EIN 132741729 | 12b Ch. 3 status code 15 | 12c Ch. 4 status code 01 | 14a Primary Withholding Agent's Name (if applicable) | 15 Check if pro-rata basis reporting <input type="checkbox"/> |
| 12d Withholding agent's name PERSHING LLC | 12e Withholding agent's Global Intermediary Identification Number (GIIN) | 12f Country code US | 12g Foreign tax identification number, if any | 14b Primary Withholding Agent's EIN | 15a Intermediary or flow-through entity's EIN, if any |
| 12h Address (number and street) ONE PERSHING PLAZA | 12i City or town, state or province, country, ZIP or foreign postal code JERSEY CITY, NJ 07399 | 13a Recipient's name SHARON & PAUL REES RETIREMENT | 13b Recipient's country code AS | 14c Intermediary or flow-through entity's name | 15b Ch. 3 status code |
| 13c Address (number and street) FUND 0401700 REES CONSULTING SERVICES P/L | 13d City or town, state or province, country, ZIP or foreign postal code TTEE 48 OSNA PLACE PULLENVALE QLD 4069 AUSTRALIA | 14d Intermediary or flow-through entity's GIIN | 14e Country code | 14f Foreign tax identification number, if any | 15c Ch. 4 status code |
| | | 14h Address (number and street) | 14i City or town, state or province, country, ZIP or foreign postal code | 15d Intermediary or flow-through entity's name | 15e Ch. 3 status code |
| | | 14a Payer's name | 14b Payer's TIN | 15f Country code | 15g Foreign tax identification number, if any |
| | | 14c Payer's GIIN | 14d Ch. 3 status code | 14e Ch. 4 status code | 15h Address (number and street) |
| | | 14a State income tax withheld | 14b Payer's state tax no. | 14c Name of state | 15i City or town, state or province, country, ZIP or foreign postal code |

(keep for your records)

Form **1042-S** (2020)

Form **1042-S**Department of the Treasury
Internal Revenue Service**Foreign Person's U.S. Source Income Subject to Withholding**▶ Go to www.irs.gov/Form1042S for instructions and the latest information.**2020**

OMB No. 1545-0096

Copy C for Recipient

Attach to any Federal tax return you file

0000116591 UNIQUE FORM IDENTIFIER ☐ AMENDED ☐ AMENDMENT NO.

| | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------------------------|
| 1 Income code 06 | 2 Gross income 3,613.00 | 3 Chapter indicator. Enter "3" or "4" 3a Exemption code 12 3b Tax rate . 0.00 | 4 4a Exemption code 00 4b Tax rate 30.00 | 13e Recipient's U.S. TIN, if any Not provided | 13f Ch. 3 status code 10 13g Ch. 4 status code 15 |
| 5 Withholding allowance 0.00 | 6 Net income 0.00 | 13h Recipient's GIIN N/A | | | |
| 7a Federal tax withheld 1,084.00 | 7b Check if federal tax withheld was not deposited with the IRS because escrow procedures were applied (see instructions) <input type="checkbox"/> | | 13i Recipient's foreign tax identification number, if any | | |
| 7c Check if withholding occurred in subsequent year with respect to a partnership interest <input type="checkbox"/> | 8 Tax withheld by other agents 0.00 | | 13j LOB code | | |
| 9 Overwithheld tax repaid to recipient pursuant to adjustment procedures (see instructions) () | 10 Total withholding credit (combine boxes 7a, 8, and 9) 1,084.00 | | 13k Recipient's account number 0CV080861 | | |
| 11 Tax paid by withholding agent (amounts not withheld) (see instructions) 0.00 | 12a Withholding agent's EIN 132741729 | | 13l Recipient's date of birth (YYYYMMDD) N/A | | |
| 12b Ch. 3 status code 15 | 12c Ch. 4 status code 01 | 14a Primary Withholding Agent's Name (if applicable) | | | |
| 12d Withholding agent's name PERSHING LLC | | 14b Primary Withholding Agent's EIN | | | |
| 12e Withholding agent's Global Intermediary Identification Number (GIIN) | | 15 Check if pro-rata basis reporting <input type="checkbox"/> | | | |
| 12f Country code US | 12g Foreign tax identification number, if any | | 15a Intermediary or flow-through entity's EIN, if any | | |
| 12h Address (number and street) ONE PERSHING PLAZA | | 15b Ch. 3 status code | | | |
| 12i City or town, state or province, country, ZIP or foreign postal code JERSEY CITY, NJ 07399 | | 15c Ch. 4 status code | | | |
| 13a Recipient's name SHARON & PAUL REES RETIREMENT | | 15d Intermediary or flow-through entity's name | | | |
| 13b Recipient's country code AS | | 15e Intermediary or flow-through entity's GIIN | | | |
| 13c Address (number and street) FUND UAD 04/01/00 REES CONSULTING SERVICES P/L | | 15f Country code | | | |
| 13d City or town, state or province, country, ZIP or foreign postal code TTEE 48 OSNA PLACE PULLENVALE QLD 4069 AUSTRALIA | | 15g Foreign tax identification number, if any | | | |
| | | 15h Address (number and street) | | | |
| | | 15i City or town, state or province, country, ZIP or foreign postal code | | | |
| | | 16a Payer's name | | | |
| | | 16b Payer's TIN | | | |
| | | 16c Payer's GIIN | | | |
| | | 16d Ch. 3 status code | | | |
| | | 16e Ch. 4 status code | | | |
| | | 17a State income tax withheld | | | |
| | | 17b Payer's state tax no. | | | |
| | | 17c Name of state | | | |

Form **1042-S** (2020)