

Trust tax return

2013

Day Month Year Day Month Year to / /												
or specify period if part year or approved substitute period.												
 Notes to help you prepare this tax return are provided in the <i>Trust tax return instructions 2013</i> (the instructions), available on our website www.ato.gov.au WHEN COMPLETING THIS RETURN ■ Print clearly, using a black or blue pen. ■ Use BLOCK LETTERS and print one character in each box. ③ M / T # ⑤ T ■ Place X in all applicable boxes. 	06600613											
Trust information Tax file number (TFN) Have you attached any 'other attachments'? Yes												
Name of trust												
Australian business number (ABN)												
Previous name of trust If the trust name has changed, print the previous name exactly as shown on the last notice of assessment or the last tax	x return lodged.											
Current postal address If the address has not changed, print it exactly as shown on the last notice of assessment or the last tax return lodge Suburb/town State/territory	ed. Postcode											
Country if outside Australia												
Postal address on previous tax return If the address has changed, print your previous address exactly as shown on the last notice of assessment or the last tax	x return lodged.											
Suburb/town State/territory Country if outside Australia	Postcode											

Full name of the trustee to whom notices should be sent If the trustee is an individual, print details here.													
Title: Mr Mrs Miss Ms Other Other													
Surname or family name CICI CICI CICI CICI CICI CICI CICI CI													
First given name Other given names													
If the trustee is a company, print details here including ABN. Name													
ABN Phone number (include area code)													
Daytime contact phone number													
<u> </u>													
Family trust election status Interposed entity election status													
If the trustee has made, or is making, a family trust election, write the four-digit income income year specified. If the trustee is making one or													
year specified of the election (for example, for the 2012–13 income year write 2013). more elections this year, write the earliest income year being specified and complete an <i>Interposed entity</i>													
If revoking or varying a family trust election,													
print R for revoke or print V for variation and complete and attach the <i>Family trust election</i> ,													
revocation or variation 2013. revocation 2013.													
Type of trust													
Print the code representing Print X if also an item 1.5 charitable If code D , write the type of trust. Trust in section 50–5 of ITAA 1997. The date of death.													
Managed investment trusts													
If the trust is a managed investment trust, has the trustee made an election into capital account treatment? Yes No													
Is any tax payable by the trustee? Yes No Final tax return Yes No													
Electronic funds transfer (EFT)													
Provide your financial institution details.													
Write the BSB number, account number and account name below. (See relevant instructions.)													
BSB number (must be six digits) Account number													
Account name													
1 Description of main business activity													
Industry code A													
2 Status of business – print X at label B1, B2 or B3, whichever is the first applicable option, or leave blank.													
Multiple business B1 Ceased business B2 Commenced business B3													
Consolidation status – print X at label Z2 if applicable Consolidated subsidiary member Z2													
4 Did you sell any goods or services using the internet? Q Yes No													

Г			Trust TFN			
						066007
Ind	come excluding fore	ian	 income			Δ
5 5	Business income and expen					
	Income		Primary production		WHOLE DOLLARS ONLY Non-primary production Totals	
	Gross payments where ABN not quoted	C	Frimary production	D		
	Gross payments subject to foreign resident withholding			В		
	Assessable government industry payments	E	COI	F	CODE	
	Other business income	G		Н		
	Total business income		/	1		$\overline{}/\overline{}$
	Expenses					
	Foreign resident withholding expenses				P	
	Contractor, sub-contractor and commission expenses				C	
	Superannuation expenses				D	
	Cost of sales				/_ E	
	Bad debts				F	
	Lease expenses				G	
	Rent expenses				H	
	Total interest expenses					
	Total royalty expenses				J	
	Depreciation expenses				K	
	Motor vehicle expenses				L	
	Repairs and maintenance				M	
	All other expenses				N	
	Total expenses – labels P to N				/_ o	
	Reconciliation items Add: Income reconciliation adjustments				// A	
	Add: Expense reconciliation adjustments				/ B	
	Net income or loss from business	Q		R	/ s	
6	Tax withheld Tax withh		where ABN not quoted or tax withheld – foreign resident withholding	T [U [
7	Credit for interest on early p - amount of interest ST TAX RETURN 2013	oayn	nents Sensitive (wher	w [noleted)	Page

3	Partnerships and trusts Primary production		
	Distribution from partnerships	A],□□□,□□□,□□□-∞/□
	Share of net income from trusts	Z [_,,,/
	Deductions relating to amounts shown at A and Z	s[Net primary production amount
	Non primary production		Net primary production amount
	Non-primary production Distribution from partnerships, less foreign income	В	
	Share of net income from trusts, less capital gains, foreign income	R [
	and franked distributions Deductions relating to	_ T [
	amounts shown at b and h	F[
	Deductions relating to franked distributions from trusts in label F	G [
	alou location of the trace in habot.		Net non-primary production amount
	Capital gains from another trust a Amounts of foreign income must		net foreign capital gains need to be included at item 21. included at item 22 or 23.
	Share of credits from income		
	Share of credit for tax withheld where ABN not quoted	C[_,,∞
	Share of franking credits from franked distributions Share of credit for TFN amounts	D	
		E	
	dit for TFN amounts withheld from payments from closely held trusts	0],,,
	Share of credit for tax withheld from foreign resident withholding	U[],□□□,□□□-∞
9	Rent Gross re	ent	F □ □ □ , □ □ □ -∞
	Interest deductio	ns	G □ □ , □ □ · ⋈
	Capital works deductio	ns	x
	Other rental deductio	ns	H
			Net rent , , , , , , , , , , , , , , , , , , ,
10	Forestry managed investme	ent	scheme income Q , , , , , , , , , , , , , , , , , ,
11	Gross interest – including Au	ıstr	alian Government loan interest
	TFN amounts withhe from gross intere		
12	Dividends		Unfranked amount K
			Franked amount L , , , , , , , , , , , , , , , , , ,
			Franking credit M
	TFN amounts withhe from dividen		N

Г	Trust TFN Trust TFN
13	Superannuation lump sums and employment termination payments Death benefit superannuation lump sum where the beneficiary is a non-dependant Death benefit employment termination payment where the beneficiary is a dependant Death benefit employment termination payment where the beneficiary is a non-dependant Taxable component Taxable component Y Taxable component Taxable component Y Taxable component Taxable component Y
14	Other Australian income – give details Type of income Company to the company to
15	Total of items 5 to 14 Add the boxes. □ , □ , □ , □ , □ . ∞ / □
	eductions
17	Deductions relating to: Franked distributions R, , , , , , , , , , , , , , , , , , ,
	Amount
19	Total of items 16 to 18
20	Net Australian income or loss - other than capital gains Subtract item 19 from item 15. Subtract item 19 from item 15.
21	Capital gains Do you need to complete a Capital gains tax (CGT) schedule 2013? Did you have a CGT event during the year? G Yes No Answer Yes at G if the trust had an amount of capital gains from another trust. Have you applied an exemption or rollover? No N

<u>_</u>	
Fo	oreign income
22	Attributed foreign income Did you have overseas branch operations or a direct or indirect interest in a foreign trust, foreign company, controlled foreign entity or transferor trust? If you answered Yes at label S, complete and attach an International dealings schedule 2013. Do you need to complete a Losses schedule 2013?
23	Other assessable foreign source income - other than income shown at item 22 Gross B , Net V Net
24	Total of items 20 to 23 Add the boxes □□□,□□□,□□□,□□□,□□□,□□□,□□□,□□□,□□□,□□
25	Tax losses deducted C □ □ □ , □ □ · ⋈
26	Total net income or loss Subtract item 25 from item 24. □ , □ , □ , □ , □ , □ . ✓ / □
27	Losses information A Losses schedule 2013 must also be completed and attached if the sum of labels U and V is greater than \$100,000 or if the trust has a foreign loss or if the trust is a listed widely held trust and failed the majority ownership test for a loss. Tax losses carried forward to later income years Net capital losses carried forward to later income years V , , , , , , , , , , , , , , , , , ,
28	Landcare and water facility tax offset brought forward from prior years C , , , , , , , , , , , , , , , , , ,
Ov 29	Verseas transactions / thin capitalisation Overseas transactions Was the aggregate amount of your transactions or dealings with international related parties (including the value of any property/service transferred or the balance of any loans) greater than \$2 million? Did the thin capitalisation provisions apply? O Yes
	If you answered Yes at label A , attach the information requested in the instructions.

Г	Trust TFN
	Transactions with specified countries Did you directly or indirectly country and to present the countries appointed in the
	Did you directly or indirectly send to, or receive from, one of the countries specified in the instructions, any funds or property or
	Do you have the ability or expectation to control, whether directly or indirectly, the disposition of any funds, property, assets or investments located in, or located elsewhere but controlled or managed from one of those countries?
30	Personal services income Does your income include an individual's personal services income (PSI)? No No
	Total amount of PSI included at item 5 income labels A
	Total amount of deductions against PSI included at item 5 expense labels
	Did you satisfy the results test in respect of any individual? C Yes No
Do	respect of any individual? Yes No
	For any individual for whom you did not satisfy the results test or hold a PSB determination, and each source of their PSI income yielded less than 80% of their total PSI, indicate if you satisfied any of the following personal services business tests – print X in the appropriate box(es).
	Unrelated clients test E1
	vation of financial arrangements
	xation of financial arrangements Taxation of financial arrangements (TOFA)
	Did you make a gain, loss or transitional balancing adjustment
	from a financial arrangement subject to the TOFA rules?
	Total TOFA losses N
	TOFA transitional balancing adjustment O , , , , , , , , , , , , , , , , , ,
	TOFA gains from unrealised movements in the value of financial arrangements
K	ey financial information
32	All current assets F
33	Total assets G , , , , , , , , , , , , , , , , , ,
34	All current liabilities I □ □ □ , □ □ , □ □ ·≫
35	Total liabilities J □ □ □ , □ □ □ , □ □ · ⋈

B	Business and professional items											
36	Business name of I	main busir	ness									
Ш												
37	Business address of	of main bu	siness							_		
Subi	urb/town							State/territory	Postcode	7		
									A] _ 		
38	Opening stock	C		·M	43	Total salary wage expen		L	-90	COL		
39	Purchases and	.		50	44	Payments to		М	-94			
	other costs	В		· % (45	associated pringe benef						
40	Closing stock	D		- COI	DE 3	employee contribution		Т	· % (
					46	Unpaid pres	ent	2.5		COD		
41	Trade debtors	E		-90		entitlement to private comp		Υ	-90	/ L		
42	Trade creditors	н		·M	47	Trading stoc election	k	Yes	No 📗			
48	•											
	Depreciating assets fi							· 54				
	Intangible depre	_		_	,_		,					
	Other depre	, and the second	ts first deducte		,_		,	-94				
	effectiv		elf-assessed th of these assets		es	No						
	For all depreciating as					_						
	Did you re any of yo	ecalculate the our assets th	e effective life fonds nis income year	or D Y	es	No						
	Total adjustable	values at end	d of income yea	ar E \$				-94				
	Assessable b	oalancing adj	ustments on thoreciating asset	e F \$				-><				
	Deductible b	oalancing adj	ustments on th	e c c				·%				
			oreciating asset	.5								
	Termination value of in				,_		,					
	Termination value	of other dep	oreciating asset	s I\$ [,_		,					
		Deduction	n for project po	ol J \$,[_			-94				
		Section 40	0-880 deductio	n K \$				·%				
			s and deductions of water facility					-5%				
	.51 40				,		,					

Г	
49	Small business entity simplified depreciation
	Deduction for certain assets (costing less than \$6,500)
	Deduction for general small business pool B , , , , , , , , , , , , , , , , , ,
50	National rental Altional rental affordability scheme National rental affordability scheme tax offset entitlement F , , , , , , , , , , , , , , , , , ,
51	Other refundable tax offsets G , , , , , , , , , , , , , , , , , ,
52	Medicare levy reduction or exemption
	Spouse's 2012–13 taxable income – if nil write '0' A Full 1.5% levy exemption – number of days
	Number of dependent children and students B Half 1.5% levy exemption – number of days D number of days
	Medicare levy surcharge and private health insurance tax offset If the trust is liable for the Medicare levy surcharge or entitled to the private health insurance tax offset, refer to the instructions.
_	
53	Income of the trust estate A , , , , , , , , , , , , , , , , , ,

Statement of distribution

54 Statement of distribution

Distribution details

Complete the distribution details on the following pages for **BENEFICIARY 1** to **5** if required, and for **Income to which no beneficiary is presently entitled and in which no beneficiary has an indefeasible vested interest, and the trustee's share of credit for tax deducted, if it applies.**

If there are more than five beneficiaries see the instructions for more information.

Note: It is not an offence not to quote a TFN for a beneficiary. However, TFNs help the Tax Office to correctly identify each beneficiary's tax records. The Tax Office is authorised by the *Income Tax Assessment Act 1936* and the *Income Tax Assessment Act 1997* to ask for information in this tax return. We need this information to help administer the tax laws. To make a correct Trustee Beneficiary (TB) statement you must quote the TFN of a resident trustee beneficiary of a closely held trust.

Note: If the trust needs to provide annual reports under the Trustee Beneficiary Rules or the TFN withholding rules you will be able to do so by completing the information in the statement of distribution.

54 \$	Statement	of d	istri	ibuti	ion	ı – C	ontin	ued																					
	EFICIARY		Tax	file r	num	nber	(TFN	l) [Enti	ity co	ode	U							
Title:	Mr Mrs		Miss		Ms		Othe	r																					
Surnar	ne or family na	me 																											
First gi	ven name									0	ther g	given	nar	nes															
OR NON.	-INDIVIDUA	ΙΝΔ	ME	lcom	าทอ	nv i	artn	orchi	n t	ruel	t etc	. 1																	
					ipa	, i i y,			D , t																				
Resid	dential addre	ess f	or in	divid	dua	ls o	r bus	iness	ad	dre	ss fo	or no	on i	indi	vidu	als						7	7					1	
Suburk	JLJLJLJL o/town				[]]						 			Sta	ate/te	errito	ry	L F	Postco	de	
Countr	y if outside Aus	stralia																				(AL	ustralia	only)			(Austi	alia on	nly)
	Da		Mo] onth			Year																						
Date	of birth				/[
A	ssessment c	alcula	ation	cod	е	v										F	ran	ıkin	g cr	edit	D						•		
Share	of income of	the t	rust	estat	e \	N					-5	×					TFI			unts neld	Ε						·		
	Credit for foreign resid					L [-6	×	Sha		f creatives with	neld	fron	n pa	aym		0						٠		
Austr New	alian franking Zealand frai	g crea	dits f con	rom npan	a ıy	N [-5	×			IIOI	TT CIC				ains	F						-0	1	
Share	of Prim	nary p	orodi	uctio	n ,	A					-6	×	/[)SS		Att	ribu	ted	fore	eign ome	G						-0		
incor		nary _l	orod	uctio	n	В					-5	×	/[SS	forei					able ome	н						-0		LOSS
	Credit to where A					c [-6	×				F	orei			ome ffset	1						•		
	Frank	ed di	strib	ution	is I	u [-6	×						of N	Vatio	onal oility	R						•		
Non-	resident be					ona	l info	rmat	ion											fset									
	s98	3(3) a		sabl nour		J					-5	×																	
	s98	3(4) a		ssabl nour		K					-5	×																	
	tatement in ach trustee b				icat	- W	hatha	r VOLI	will	ha	mak	ina :	a Ti	2 et	atom	nant													
1 01 6		ΓB st					es [-i	No		l lan	any (ا ا ل	نان ر	atori	ioi il													
	Tax pre	ferrec	d am	ount	:S	P					-6	×																	
	l share	Jntax e of n	ed p	oart o	of e	Q [-6	×																	
	ıal Trustee I	Payn	nent	rep	ort	info	ormat	tion																					
l tatutor	Distribution for y income dur	rom o ing in	ordin com	ary c e yea	or ar	s					-6	×																	
	Tota withheld	l TFN from	l am	ount ment	S S	T					-0	×																	

54 Sta	atement of distributio	n –	continued		
	FICIARY 2 Tax file nu	mbe	r (TFN)	Entity co	ode U
		/Is	Other		
Surname	or family name				
First giver	n name		Other given na	mes	
OR					
NON-IN	IDIVIDUAL NAME (comp	any,	partnership, trust etc.)		
		Ļ			
Residei	ntial address for individu	als d	or business address for non	Individuals	
Suburb/to	own				State/territory Postcode
Country if	f outside Australia				(Australia only) (Australia only)
	Day Month		Year		
Date of					
Asse	essment calculation code	V		Franking credit	D .
Share of	income of the trust estate	w	· %	TFN amounts withheld	E
fo	Credit for tax withheld – reign resident withholding	L	- % Sha	are of credit for TFN amounts withheld from payments	0
Australia	an franking credits from a ealand franking company	N	· %	from closely held trusts Capital gains	F ·M
	☐ Primary production	A	· % /	Attributed foreign income	G ·M
Share of income				Other assessable	H · · · · Loss
	Credit for tax withheld	C	· % (foreign source income Foreign income	
	where ABN not quoted Franked distributions		-04	tax offset Share of National	R
				rental affordability scheme tax offset	
Non-re	sident beneficiary addit s98(3) assessable	tiona •	ll information		
	amount s98(4) assessable				
	amount	K	· % (
	ement information n trustee beneficiary, indica	ate v	hether you will be making a T	B statement:	
	TB statement?		Yes No		
	Tax preferred amounts	P	-94		
	Untaxed part of share of net income	Q	·%		
	Trustee Payment repor	t inf	ormation		
Dis statutory in	stribution from ordinary or accome during income year	S	·M		
	Total TFN amounts withheld from payments	т	-94		ı

54 Statement of distribution – continued	
BENEFICIARY 3 Tax file number (TFN) Entity code U	
INDIVIDUAL NAME Title: Mr Mrs Miss Ms Other Ms Other Ms	
Surname or family name	
First given name Other given names	
OR NON-INDIVIDUAL NAME (company, partnership, trust etc.)	
Residential address for individuals or business address for non individuals	
Suburb/town State/territory Postcode	
Country if outside Australia (Australia only) (Australia only) (Australia only)	nly)
Day Month Year	
Date of birth / / / / / / / / / / / / / / / / / / /	
Assessment calculation code V Franking credit D	
Share of income of the trust estate W TFN amounts withheld E	
Credit for tax withheld – foreign resident withholding L Share of credit for TFN amounts withheld from payments from closely held trusts	
Australian franking credits from a New Zealand franking company N Capital gains	
Share of Primary production A - Attributed foreign income G - SA	1.000
income Non-primary production B Other assessable foreign source income	LOSS
Credit for tax withheld where ABN not quoted C Foreign income tax offset	
Franked distributions U Share of National rental affordability R	
Non-resident beneficiary additional information	
s98(3) assessable amount	
s98(4) assessable amount K	
TB statement information For each trustee beneficiary, indicate whether you will be making a TB statement:	
TB statement? Yes No	
Tax preferred amounts P	
Untaxed part of share of net income • • • • • • • • • • • • • • • • • • •	
Annual Trustee Payment report information	
Distribution from ordinary or statutory income during income year	
Total TFN amounts withheld from payments	,

54 8	Statemer	it of c	listri	ibuti	ion	- c	ontin	ued																			
	EFICIARY		Tax	file n	num	ber	(TFN)										En	tity c	ode	U						
Title:	Mr N	Irs	Miss		Ms		Othe	r																			
Surnan	ne or family i	name	7													7											
First giv	ven name								7	Oth	ner g	iven	nam	nes								_ 					
OR										L]									
NON-	INDIVIDU	AL NA	ME	(com	npar	ny, p	artne	ership	o, tru	ust	etc.)		1		7	7	1				7	1			7	
					L] <u> </u>																	
Posid	lential add	lross f	or in	divid			busi		244	lroc	s fo	L no		 div	uidua.												
nesid					Juai	3 01	Dusi	11633	auu				1111		luua												
											Ī					 											
Suburb	o/town															_ 	7				St	ate/t	erritor	У	Po	stcode	; ;
Countr	y if outside A	Australia												<u> </u>							(A	ustralia	a only)			Australia	a only)
] Day	Mc	Donth			Year																				
Date	of birth		/ [/[
As	ssessment	calcul	ation	code	e \	V										Fra	ankir	ng c	redit	D							
Share	of income	of the	trust (estate	e V	V					-0	9				Т			ounts nheld							•	
	Credit to					L					-0	_ Q	Sha		credit withhe		ΓFN	amo	ounts								,]
Austra	alian franki	na cre	dits f	rom a	a .	N					-0	0			from	close	ely h	eld t	rusts gains							-000]
New	Zealand fr	imary			У	-					-0	_	LO:	SS	A			d fo	reign	G						-00]
Share incon	ot ne					_						_	/ Lo	SS				inc	ome sable	•							LOSS
	Non-p	rimary it for ta			_1	B					-0	_	/ L		oreig	n so	urce	inc								· %] / <u> </u>
	where	ABN i	not q	uote	d (C [•0	Q			_		t	ax c	offset		L					-]
	Fran	iked d	istribı	ution	s	U					-0				re	ental	affo	orda	ional bility	n	L					•	
Non-	resident k					onal	info	mati	on						S	cner	ne t	ax c	offset								
		98(3) 8	ar	noun	nt '	J					->	9															
	S	98(4) 8		sable noun		K					-0	Q															
	atement																										
For ea	ach trustee	benet TB st					etner es	\neg	VIII K	be n	nakıı	ng a	a IE	3 sta	ateme	nt:											
	Tax p	referre									-0	Q															
		Unta are of r	xed p	oart c	of "	ຸ ຊ [-0	_															
Annu	al Trustee					info	rmat	ion																			
[Distribution income d	from	ordin	ary o	or .	S					-0	Q															
		tal TFI	N am	ount	s •	т					-0	Q															ı

54 Statement of distribution – continued	
BENEFICIARY 5 Tax file number (TFN) Entity code U	
Title: Mr Mrs Miss Ms Other	
Surname or family name	
First given name Other given names	
OR NON-INDIVIDUAL NAME (company, partnership, trust etc.)	
Residential address for individuals or business address for non individuals	
Suburb/town State	e/territory Postcode
Country if outside Australia (Aust	ralia only) (Australia only)
Day Month Year	
Date of birth / / / / / / / / / / / / / / / / / / /	
Assessment calculation code V Franking credit D	•
Share of income of the trust estate W TFN amounts withheld E	
Credit for tax withheld – foreign resident withholding L Share of credit for TFN amounts withheld from payments from closely held trusts	
Australian franking credits from a New Zealand franking company	-94
Share of Primary production A Attributed foreign income G	·SC
income Non-primary production B Other assessable foreign source income	· %]/[
Credit for tax withheld where ABN not quoted C Foreign income tax offset	•
Franked distributions U Share of National rental affordability R	•
Non-resident beneficiary additional information	
s98(3) assessable amount	
s98(4) assessable amount K	
TB statement information For each trustee beneficiary, indicate whether you will be making a TB statement:	
TB statement? Yes No	
Tax preferred amounts P • • • • • • • • • • • • • • • • • •	
Untaxed part of share of net income • • • • • • • • • • • • • • • • • • •	
Annual Trustee Payment report information	
Distribution from ordinary or statutory income during income year	
Total TFN amounts withheld from payments	

Statement of distribution - continued Income to which no beneficiary is presently entitled and in which no beneficiary has an indefeasible vested interest, and the trustee's share of credit for tax deducted. Assessment calculation code V **-**200 Share of income of the trust estate **W** D Franking credit Credit for tax withheld -TFN amounts **-**DQ ÷ foreign resident withholding withheld Share of credit for TFN amounts Australian franking credits from a · DQ withheld from payments New Zealand franking company Loss from closely held trusts -00 -00 Primary production Capital gains Share of income Attributed foreign -00 **-M** Non-primary production income Credit for tax withheld where ABN not quoted Other assessable foreign · **M - M** source income Foreign income -30 Franked distributions ÷ tax offset Share of National rental affordability scheme tax offset Share of other refundable tax offsets ÷ 55 Choice for resident trustee to be assessed to capital gains on behalf of beneficiaries Assessment calculation code Amount of capital gains on which the trustee has chosen to be assessed on behalf of beneficiaries Items 56 and 57 must be answered for all trusts - if you answer yes to any of these questions, answer Yes to the

'other attachments' question on page 1 of this tax return.

56 Beneficiary under legal disability who is presently entitled to income from another trust

Was any beneficiary in this trust, who was under a legal disability on 30 June 2013, also

presently entitled to a share of the income of another trust? If yes, or the answer is not known, furnish the information requested in the instructions.

Non-resident trust

is the trust a	
non-resident	trust?

Yes

If yes, state the amount of income derived outside Australia to which no beneficiary is presently entitled. Print **NIL** if applicable.

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DECLARATIONS

TAXPAYER'S DECLARATION

Important

Before making this declaration check to ensure that all income has been disclosed and the tax return, all attached schedules and any additional documents are 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 in tax returns.

This declaration must be signed by a trustee or public officer.

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. For further information, refer to the instruction guide.

DECLARATION: I declare that the information on this tax return, including any attached schedules and additional documentation is true and correct.
Signature
Date Day Month Year Date Day Month Year
Hours taken to prepare and complete this tax return
TAX AGENT'S DECLARATION
I, declare that this tax return has been prepared in accordance with information supplied by the taxpayer, that the taxpayer has
given me a declaration stating that the information provided to me is true and correct and that the taxpayer has authorised me to lodge the tax return.
Agent's signature Client's reference
Day Month Year
Date Date Date
Contact name
Agent's phone number (include area code) Agent's reference number Office use only Indics X