

To be completed by:

Life insurance companies taxation schedule

When completing this form

2019

■ Print clearly in BLOCK LETTERS using a black pen only. a life insurance company or ■ the head company of a consolidated group that includes at least one member that is a life insurance company which derived income from the complying superannuation ■ Place χ in ALL applicable boxes. and/or segregated exempt asset classes. Tax file number (TFN) Australian business number (ABN) Name of entity Contact name Daytime contact number (include area code) Is the entity a consolidated head company? No Yes Income - segregated exempt assets (SEA) Ordinary and statutory income (other than premiums) A \$ Premiums – exempt life insurance policies **B** \$ Ordinary class Complying superannuation class 2 Assessable income Premiums from accident and disability C\$ and term policies Premiums – other life D \$ insurance policies Total ordinary income **F**\$ Total assessable income **G** \$ X TOFA gains **U**\$ (in **f** above) (in **G** above) Allowable deductions Tax losses claimed | \$ Total allowable deductions Taxable income or loss Taxable income or loss (G less K)

5	Transfers
	Transfers to complying superannuation asset pool N\$,
	Transfers from complying superannuation asset pool 0 \$
	Transfers to SEA P\$,
	Transfers from SEA Q \$,
6	Exploration credit tax offset
	Exploration credit tax offset R\$
Ta	xpayer'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 that the information provided is true and correct in every detail. If you are in doubt about any aspect of the form, 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
	Declaration: I declare that the information on this form is true and correct.
	Public officer's signature
	Date Day Month Year Date
	Public officer's name
	Daytime contact number (include area code)