

Family trust election, revocation or variation

2020

Print neatly in BLOCK LETTERS with a black or blue ballpoint pen only.

				Tax file number (The of the tr	· ·
To make, revoke or vary a family trust election in accordance with section 272-80 of Schedule 2F to the <i>Income Tax Assessment Act 1936</i> (ITAA 1936), you must complete items 1 and 2 , item 3 if it applies and the declaration on page 4. You must also complete section A for an election , or section B for a revocation . For a variation items 6 or 7 and item 8 in section A must be completed. If you don't have enough space to complete an item, or if an item requires you to provide further information, attach a separate sheet of paper with the additional information.					
1	Are you using this form for a	an election, a revoca	ation or a variation		nt E for election, R for ocation or V for variation.
2 Full name and current postal address (including country – if outside Australia) of trust for which the family true election, revocation or variation is made.				st for which the family trust	
	Full name of the trust				
	Current postal address of the trust				
		Suburb or town Country – if not Australia			State Postcode , ,
If the name and/or the postal address for the trust identified in item 2 above has changed since (if any) was lodged, print it exactly as shown on the last notice of assessment or the last tax ret					
	Full name of the trust as shown on last notice of assessment or last tax return lodged				
	Postal address of the trust as shown on last notice				
	of assessment or last tax return lodged	Suburb or town			State , Postcode , , ,
		Country – if not Australia			
_	oction A: Family tr	est alastian (or variation	dotails	
Section A: Family trust election or variation details 4 Was the central management and control of the trust outside Australia at any time during the period from the election commencement time (see items 6 and 7) until the time the					
	election is made (relevant p	•			or N for no.
	If you printed Y , specify the time(s) a management and control was outside		Full period	of the trust was our relevant period OF	if the central management and control utside Australia at all times during the R specify the time(s) during the relevant entral management and control of the Australia.
	If more than two time periods are to a separate sheet of paper with detaitime periods.		from Day M	onth Year	to Day Month Year
	poriodo:		from Day M	onth Year	to Day Month Year

additional trustee.	If there was more than one trustee of the trust during the relevant period, attach a separate sheet of paper with all the information required for each additional trustee.						
TFN of trustee See the Privacy note in the Declaration.							
OR Print X in the box if t	the trustee does not have a TFN .						
If the trustee is	on individual						
Title – for example,							
Given names							
If the trustee is	a company						
Name	а соптрапу						
rane	ACN/ARBN* *Cross out whichever is not applicate						
	7 (O) 47/11 IDI V O O O O O O O O O O O O O O O O O O						
Current postal add	urrent postal address of the trustee						
Suburb or town	State Postcode						
Country – if not Australia							
	g the relevant period was the ident for tax purposes? Print Y for yes or N for no. If you printed Y, specify the time(s) at which the trustee we non-resident for tax purposes.						
	пол техности тог ках рагроссо.						
Print F in the box if the trustee was a non-resident for tax purposes at all times during the relevant period Full period							
OR Specify the time(s) d	during the relevant period at which the trustee was a non-resident for tax purposes.						
Day Month	Year Day Month Year						
If more than one tim	ne period is to be specified, attach a separate sheet of paper with details of the additional time periods in relation to the truste						
	a family trust election – write the four-digit, 2005 or later, income year specified for the purposes						
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}	Full name, TFN, date of birth and current address of principal place of residence (including country – if outside Australia) of the individual (specified individual) whose family group is taken into account in relation to the family trust election.						
	Note: Only one i	ndividual can be specified.					
5	TFN of the specified individual See the Privacy note in the Declaration.		ne box if the specified does not have a TFN.				
	Full name of the specified individual	Title - for example, Mr, Mrs, Ms, Miss	Date of birth of the specified individual				
		Surname or family name	Given names				
	Current address of principal place of residence of the specified individual						
		Suburb or town	State Postcode ,				
		Country – if not Australia					
_		lete section B if revoking a family trust electi	on otherwise go to Declaration on page 4.				
36	ection B: Fa	amily trust revocation					
а		inder paragraph 272-80(6)(b) of Schedule 2F to the					
	OR	y trust election referred to in items 10 and 11 cea	Income year				
b	The income year	r from which the revocation is to be effective und					
0	The income year for which the details of the election being revoked were included in the tax return for the trust or given to the Commissioner as required under subsection 272-80(2) of Schedule 2F to the ITAA 1936 or sub-items 22(4) or 22A(4) of Schedule 1 to the Taxation Laws Amendment (Trust Loss and Other Deductions) Act 1998.						
1	election include	Specify the income year exactly as it appears in Section A of the relevant family trust election included in the tax return for the trust or given to the Commissioner for the ncome year identified, and the current TFN of the individual specified in that election.					
	Income year	TFN of the specified individual	OR Print X in the box if the specified individual does not have a TFN.				
2	entity election i	and current postal address of any company, fund n force in respect of the trust and the specified in also provide the ACN or ARBN.					
	TFN of the *company/fund/partnership/trust	OR Print X in the b	oox if the *company/fund/partnership/trust a TFN.				
	Full name and ACN or ARBN of the *company/fund/						
	partnership/trust		ACN/ARBN*				
	Current postal address of the *company/fund/ partnership/trust						
	* Cross out whichever is not applicable.	Suburb or town Country – if not Australia	State , Postcode , , ,				
		nan one company, fund, partnership or trust which has an interpolicentified in items 2 and 11, attach a separate sheet of paper witnership or trust.					

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Declaration

Privacy

The ATO is authorised by the *Taxation Administration Act 1953* to request the provision of your tax file number (TFN). The ATO will use your TFN to identify you in our records. It is not an offence not to provide your TFN. However if you do not provide your TFN, the processing of this form could be delayed.

Taxation law authorises the ATO to collect information including personal information about the person authorised to sign the declaration. For information about your privacy go to ato.gov.au/privacy

I/We declare that all the information required has been provided on this form and any attachments to this form, and that the information provided is true and correct in every detail, and that the trustee(s) is/are making, varying or revoking a family trust election, the details of which are set out above, for the purposes of section 272-80 of Schedule 2F to the ITAA 1936 and that the trustee(s) is/are able to make, vary or revoke the election in accordance with that section.

Full name of the trustee(s) at the time the family trust election is made or, where this form is being used to revoke a family trust election, the time the 2020 tax return is lodged with this form or this form is required to be given to the Commissioner.

Note: If section A is required to be completed, the name of the trustee(s) must be written exactly as it appears in item 5.

If the trustee is an individual					
Title - for example, Mr, Mrs, Ms, Miss	Surname or family name				
Given names					
If the trustee is a company					
Name					
Signature of the trustee or, if the trustee is a company, the signature of the public officer of the corporate trustee					
	Date declaration made				
	Day Month Year				
If there is more than and twister of the twist at the time the family twist als	ation is made as a family twent election is socied as varied attack a				
If there is more than one trustee of the trust at the time the family trust election is made or a family trust election is revoked or varied, attach a separate sheet of paper with the above details and signature for each additional trustee.					
For more information, see the explanatory notes for the Family trust election, revocation or variation 2020.					
Hours taken to prepare and complete this form	(See notes below.)				
The ATO is committed to reducing the costs of complying with you	ur taxation obligations				

By completing this item you will help us to monitor these costs as closely as possible.

When completing this item the trust should consider the time, rounded up to the nearest hour, which the trust (including the trustees) spent:

- · reading the instructions
- collecting the necessary information to complete this form
- · making any necessary calculations, and/or
- actually completing this form.

Notes:

- 1. The answer should reflect the time both your business and tax agent spent preparing and completing this form. This includes the time spent by any other person whose assistance was obtained in doing this, such as an employee of the business.
- 2. If this form is lodged with the 2020 tax return, the answer should be included in the time box provided on the tax return.