

Self-managed superannuation fund annual return

WHO SHOULD COMPLETE THIS ANNUAL RETURN?

Only self-managed superannuation funds (SMSFs) can complete this annual return. All other funds must complete the Fund income tax return 2014 (NAT 71287).

TO COMPLETE THIS ANNUAL RETURN

- Print clearly, using a BLACK pen only.
- Use BLOCK LETTERS and print one character per box.

S	M	7	T	H	8	T		

The Self-managed superannuation fund annual return instructions 2014 (NAT 71606) (the instructions) can assist you to complete this annual return.
Section A: Fund information
1 Tax file number (TFN) To assist processing, write the fund's TFN at the top of pages 3, 5 and 7.
The Tax Office is authorised by law to request your TFN. You are not obliged to quote your TFN but not quoting it could increase the chance of delay or error in processing your annual return. See the Privacy note in the Declaration
2 Name of self-managed superannuation fund (SMSF)
3 Australian business number (ABN) (if applicable)
4 Current postal address
Suburb/town State/territory Postcode
5 Annual return status Is this an amendment to the SMSF's 2014 return? Is this the first required return for a newly registered SMSF? B No Yes
6 SMSF auditor Auditor's name
Title: Mr Mrs Miss Ms Other
Family name
Eight given pages
FIRST GIVEN HATTIES
First given name Other given names
SMSF Auditor Number Auditor's phone number
SMSF Auditor Number Auditor's phone number
SMSF Auditor Number Auditor's phone number
SMSF Auditor Number Auditor's phone number Postal address
SMSF Auditor Number Auditor's phone number Postal address Suburb/town State/territory Postcode
SMSF Auditor Number Auditor's phone number Postal address
SMSF Auditor Number Auditor's phone number Postal address Suburb/town State/territory Postcode

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7	Electronic funds transfer (EFT) We need your fund's financial institution details to pay any refund owing to you, even if you have provided them to us before. Write the fund's BSB number, fund's account number and fund's account name below. We do not issue refunds to a trustee's personal account. (See relevant instructions.)
Fun	d BSB number (must be six digits)
Fun	d account name (for example, J&Q Citizen ATF J&Q Family SF)
8	Status of SMSF Australian superannuation fund A No Yes Fund benefit structure B Code Does the fund trust deed allow acceptance of the Government's Super Co-contribution and Low Income Super Contribution?
9	Was the fund wound up during the income year? No Yes I f yes, provide the date on which the fund was wound up I f yes would up I f yes which the fund was wound up I f yes would up I f yes which the fund was wound up I f yes would up I f yes wo
10	Exempt current pension income Did the fund pay an income stream to one or more members in the income year?
	To claim a tax exemption for current pension income, you must pay at least the minimum benefit payment under the law. Record exempt current pension income at Label A
	No Go to Section B: Income.
	Yes Exempt current pension income amount A\$, , , , , , , , , , , , , , , , , ,
	Which method did you use to calculate your exempt current pension income?
	Segregated assets method B
	Unsegregated assets method C Was an actuarial certificate obtained? D Yes
	Did the fund have any other income that was assessable?
	E Yes Go to Section B: Income.
	No Choosing 'No' means that you do not have any assessable income, including no-TFN quoted contributions. Go to Section C: Deductions and non-deductible expenses. (Do not complete Section B: Income.)
	If you are entitled to claim any tax offsets, you can list

Г	Fund's tax file number (TFN)							
Section B: Inco	ome							
Do not complete this section if your fund was in full pension phase for the entire year and there was no other income that was assessable. If you are entitled to claim any tax offsets, you can record these at Section D: Income tax calculation statement.								
11 Income Did you ha (CGT) 6	nave a capital gains tax event during the year? G No Yes If the total capital loss or total capital gain is greater than \$10,000 complete and attach a Capital gains tax (CGT) schedule 2014.							
6	Have you applied an exemption or rollover? M No Yes	71						
	Net capital gain A \$ □ □ , □ □ • ▶ €	22607						
Gro	ross rent and other leasing and hiring income B \$,	14						
	Gross interest C\$, , , , , , , , , , , , , , , , , ,							
	Forestry managed investment scheme income X \$,,							
Gross fore	eign income Net foreign income D \$,	Loss						
Australian fra	ranking credits from a New Zealand company E\$,,,							
	Transfers from foreign funds F\$,,	Number						
	Gross payments where ABN not quoted H\$, , , , , , , , , , , , , , , , , ,	Lan						
Calculation of assess Assessable emplo		Loss						
R1 \$	*Unfranked dividend amount J\$							
R2 \$	sonal contributions *Franked dividend							
plus #*No-TFN quote	*Dividend franking L \$							
R3 \$,	*Gross trust distributions *Gross trust distributions	Code						
less Transfer of liability company	y to life insurance y or PST Assessable	1						
R6 \$ _ _ _	contributions (R1 plus R2 plus R3 less R6)							
*Net non-arm's length priv U1 \$,	ivate company dividends *Other income S\$, , , , , , , , , , , , , , , , , ,	Code						
· L L L L L L L L L L	Net non-arm's length income (subject to 45% tax rate) (U1 plus U2 plus U3)							
#This is a mandatory label.	GROSS INCOME (Sum of labels A to U) W \$,,,	Loss						
*If an amount is entered at this label,	Exempt current pension income Y\$, , , , , , , , , , , , , , , , , ,							
check the instructions to ensure the correct tax treatment has been applied.	TOTAL ASSESSABLE INCOME (W less Y) V \$,,,	Loss						

Section C: Deductions and non-deductible expenses

12 Deductions and non-deductible expenses

Under 'Deductions' list all expenses and allowances you are entitled to claim a deduction for. Under 'Non-deductible expenses', list all other expenses or normally allowable deductions that you cannot claim as a deduction (for example, all expenses related to exempt current pension income should be recorded in the 'Non-deductible expenses' column).

	DEDUCTIONS	NON-DEDUCTIBLE EXPENSES
Interest expenses within Australia	A1 \$,∞	A2 \$,, .∞
Interest expenses overseas	B1 \$ □ □ , □ □ ·∞	B2 \$ □ □ □, □ □ □ ·×
Capital works expenditure	D1 \$,∞	D2 \$
Decline in value of depreciating assets	E1 \$	E2 \$
Insurance premiums – members	F1 \$,∞	F2 \$,,∞
Death benefit increase	G1 \$,∞	
SMSF auditor fee	H1 \$ □ □ , □ □ ·∞	H2 \$,,∞
Investment expenses	I1 \$ □ □ , □ □ ·∞	12 \$,,∞
Management and administration expenses	J1 \$,∞	J2 \$,,∞
Forestry managed investment scheme expense	U1 \$,	U2 \$
Other amounts	L1 \$	L2 \$, ,
Tax losses deducted	M1 \$ □□□, □□□, □□□·∞	
	TOTAL DEDUCTIONS N \$,	TOTAL NON-DEDUCTIBLE EXPENSES Y \$ (Total A2 to L2)
	*TAXABLE INCOME OR LOSS O \$,,, (TOTAL ASSESSABLE INCOME /ess TOTAL DEDUCTIONS)	TOTAL SMSF EXPENSES Z \$ (N plus Y)

*This is a mandatory label.

Section D: Income tax calculation statement

#Important:

Section B label R3, Section C label O and Section D labels A,T1, J, T5 and I are mandatory.

13 Calculation statement

Please refer to the Self-managed superannuation fund annual return instructions 2014 on how to complete the calculation statement.

#Taxable income A\$,
#Tax on taxable rincome fincome (an amount must be included even if it is zero)
#Tax on no-TFN quoted contributions J \$,,,
Gross tax B \$,

Г	Fund's tax file number (TFN)
Foreign income tax offset C1 \$	Non-refundable non-carry forward tax offsets C \$
Complying fund's franking credits tax offset E1 \$	SUBTOTAL T2 \$,,, (B less C – cannot be less than zero)
National rental affordability scheme tax offset E3\$	Refundable tax offsets E \$
*TAX PAYAI	BLE T5 \$,,,
Credit for interest on early payments – amount of interest H1\$,	Section 102AAM interest charge G \$
Credit for tax withheld – foreign resident withholding H2\$ Credit for tax withheld – where ABN	Eligible credits H\$,,, (H1 plus H2 plus H3 plus H5 plus H6)
or TFN not quoted (non-individual) H3\$,, Credit for TFN amounts withheld from payments from closely held trusts H5\$,,	#Tax offset refunds (Remainder of refundable tax offsets) I \$,
Credit for interest on no-TFN tax offset H6\$	PAYG instalments raised K \$,
	L\$, , , , , , , , , , , , , , , , , , ,
	M \$, , , , , , , , , , , , , , , , , ,
AMOUNT DUE OR REFUNDAE A positive amount at S is what you of while a negative amount is refundable to	owe, (T5 plus G less H less I less K plus I less M plus N)
#This is a mandatory label.	
Section E: Losses 14 Losses If total loss is greater than \$100,000, complete and attach a Losses schedule 2014.	Tax losses carried forward to later income years Net capital losses carried orward to later income years V \$

Section F: Member information

In Section F report all current members in the fund at 30 June.
Use Section G to report any former members or deceased members who held an interest in the fund at any time during the income year.

MEMBER 1	
	Miss Ms Other Other
Family name	
First given name	Other given names
Member's TFN See the Privacy note in t	the Declaration. Date of birth Day Month Year The Declaration Page of birth
Contributions	OPENING ACCOUNT BALANCE \$
Refer to instruction for completing these labels.	
laboro.	ABN of principal employer A1
	Personal contributions B \$
C	GT small business retirement exemption C\$
CGT sm	nall business 15-year exemption amount D \$,
	Personal injury election E\$,
	Spouse and child contributions F\$, , , , , , , , , , , , , , , , , ,
	Other third party contributions G \$,
Assessa	ble foreign superannuation fund amount \$
Non-assessa	ble foreign superannuation fund amount J\$,,
Tr	ransfer from reserve: assessable amount K\$, , , , , , , , , , , , , , , , , ,
Transfe	er from reserve: non-assessable amount L\$
(Contributions from non-complying funds and previously non-complying funds
Any other contribu	utions (including Super Co-contributions and Low Income Super Contributions) M \$,,
	TOTAL CONTRIBUTIONS N \$,,
Other transactions	Allocated earnings or losses • \$,
	Inward rollovers and transfers P\$, , , , , , , , , , , , , , , , , ,
	Outward rollovers and transfers Q\$, Code
	Lump Sum payment R1 \$
	Income stream payment R2 \$,,
	CLOSING ACCOUNT BALANCE \$\$, , , , , ,

	t all current members in the fund at 30 June. rt any former members or deceased members who held an interest in the fund at any time during the	
MEMBER 2		
	Miss Ms Other Other	
Family name		
First given name	Other given names	
Member's TFN See the Privacy note in	the Declaration. Date of birth Date of birth	ar
Contributions	OPENING ACCOUNT BALANCE \$	
Refer to instruction for completing these		
labels.	Employer contributions A \$,,	
	ABN of principal employer A1	
	Personal contributions B\$, , , , , ,	
C	GT small business retirement exemption C\$	
CGT sr	nall business 15-year exemption amount D\$	
	Personal injury election E\$,	
	Spouse and child contributions F \$	
Assessa	able foreign superannuation fund amount	
Non-assessa	ble foreign superannuation fund amount J\$,,	
Т	ransfer from reserve: assessable amount K\$,,	
Transf	er from reserve: non-assessable amount L\$	
	Contributions from non-complying funds and previously non-complying funds	
Any other contrib	utions (including Super Co-contributions and Low Income Super Contributions)	
	TOTAL CONTRIBUTIONS N \$	
Other transactions	Allocated earnings or losses • \$,	
	Inward rollovers and transfers P\$	
	Outward rollovers and transfers Q \$	
	Lump Sum payment R1 \$	
	Income stream payment R2 \$	
	CLOSING ACCOUNT BALANCE \$\$	

Fund's tax file number (TFN)

Sensitive (when completed)

Page 7

In Section F report all current members in the fund at 30 June. Use Section G to report any former members or deceased members who held an interest in the fund at any time during the income year. **MEMBER 3** Title: Mr Other Family name First given name Member's TFN Date of birth See the Privacy note in the Declaration. **Contributions** OPENING ACCOUNT BALANCE Refer to instructions for completing these Employer contributions labels. ABN of principal employer A1 Personal contributions CGT small business retirement exemption CGT small business 15-year exemption amount D **E** \$ Personal injury election Spouse and child contributions Other third party contributions G Assessable foreign superannuation fund amount Non-assessable foreign superannuation fund amount Transfer from reserve: assessable amount Transfer from reserve: non-assessable amount Contributions from non-complying funds and previously non-complying funds Any other contributions (including Super Co-contributions and Low Income Super Contributions) **TOTAL CONTRIBUTIONS** Other transactions Allocated earnings or losses 0 Inward rollovers and transfers Outward rollovers and transfers

Lump Sum payment R1 \$

Income stream payment R2 \$

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In Section F report all current members in the fund at 30 June.
Use Section G to report any former members or deceased members who held an interest in the fund at any time during the income year.

MEMBER 4	
Title: Mr Mrs III	Aiss Ms Other Other
First given name	Other given names
Member's TFN See the Privacy note in the	he Declaration. Date of birth Date of birth
Contributions	
Refer to instruction	OPENING ACCOUNT BALANCE \$,
for completing these labels.	Employer contributions A\$
	ABN of principal employer A1
	Personal contributions B \$,,
C	GT small business retirement exemption C \$,
CGT sn	nall business 15-year exemption amount D \$,
	Personal injury election E\$,
	Spouse and child contributions F \$
	Other third party contributions G \$
Assessa	ble foreign superannuation fund amount
Non-assessa	ble foreign superannuation fund amount J \$
Tr	ansfer from reserve: assessable amount K\$
Transf	er from reserve: non-assessable amount
	Contributions from non-complying funds T\$
Any other contrib	utions (including Super Co-contributions
	and Low Income Super Contributions) TOTAL CONTRIBUTIONS N \$
Other transactions	Loss
	Allocated earnings or losses • , , , , , , , , , , , , , , , , , ,
	Inward rollovers and transfers P\$,,,,
	Outward rollovers and transfers Q\$, ,
	Lump Sum payment R1 \$
	Income stream payment R2 \$,
	CLOSING ACCOUNT BALANCE \$\$,

Section G: Supplementary member information

In Section G report any former members or deceased members who held an interest in the fund at any time during the income year. Also in Section G report any other members who cannot be included at pages 6 to 9.

MEMBER 5		Code
Title: Mr Mrs Family name	Miss Ms Other Account status	
Tarrie Tarrie		
First given name	Other given names	
Member's TFN	Date of birth If deceased, date of dea	_ ath
See the Privacy note in the	e Declaration. Day Month Year Day Month	Year
Contributions		
Refer to instruction	OPENING ACCOUNT BALANCE \$, , , ,	
for completing these labels.	Employer contributions A\$, , , , , , , , , , , , , , , , , ,	
	ABN of principal employer A1	
	Personal contributions B \$	
C	CGT small business retirement exemption C\$, , , , , , , , , , , , , , , , , ,	
CGT sn	mall business 15-year exemption amount D\$,	
	Personal injury election E \$,	
	Spouse and child contributions F\$	
	Other third party contributions G \$	
Assessa	able foreign superannuation fund amount \$	
Non-assessa	able foreign superannuation fund amount J\$,,	
Т	ransfer from reserve: assessable amount K\$, , , , , , , , , , , , , , , , , ,	
Transf	fer from reserve: non-assessable amount L\$	
	Contributions from non-complying funds T \$	
Any other contrib	and previously non-complying funds outions (including Super Co-contributions and Low Income Super Contributions) M \$	
	and Low Income Super Contributions) M \$,	
	TOTAL CONTRIBUTIONS N \$,,	
Other transactions	Allocated earnings or losses • \$,	
	Inward rollovers and transfers P\$	
	Outward rollovers and transfers Q\$,,	
	Lump Sum payment R1 \$	
	Income stream payment R2 \$,,	
	CLOSING ACCOUNT BALANCE \$\$,	

	y former members or deceased n G report any other members		t in the fund at any time during the ges 6 to 9.
MEMBER 6 Title: Mr Mrs Miss	Ms Other		Account status Code
Family name			
First given name	Othe	er given names	
Member's TFN See the Privacy note in the Decl	Date of I	OITTN Month Year The second of the second	If deceased, date of death Day Month Year Year
Contributions	OPENING ACCOUNT BALAR	NCE \$	
Refer to instructions for completing these labels.	Employer contribu	tions A\$,	
	ABN of principal employer	A1	
	Personal contribu	tions B \$	
COT			
	mall business retirement exem		
CGT small b	usiness 15-year exemption am	ount D \$	
	Personal injury ele	ction E \$,	
	Spouse and child contribu	tions F \$,	
	Other third party contribu	tions G \$	
Assessable for	oreign superannuation fund am	ount \$	
Non-assessable fo	oreign superannuation fund am	ount J \$	
Transfe	er from reserve: assessable am	ount K \$	
Transfer fro	om reserve: non-assessable am	ount L\$	
Cont	ributions from non-complying f	unds T\$	
Any other contribution	and previously non-complying f is (including Super Co-contribut d Low Income Super Contribut	tions na c	
ail			
Other transactions	TOTAL CONTRIBUTION	ons N \$	Loss
Other transactions	Allocated earnings or losses	o \$,	
	Inward rollovers and transfers	P\$, ,]_,
	Outward rollovers and transfers	Q \$	
	Lump Sum payment	R1 \$	Code
	Income stream payment	R2 \$	Code

S\$

CLOSING ACCOUNT BALANCE

In Section G report any former members or deceased members who held an interest in the fund at any time during income year. Also in Section G report any other members who cannot be included at pages 6 to 9.	g the
MEMBER 7 Title: Mr	
Contributions OPENING ACCOUNT BALANCE \$	
Refer to instructions for completing these Employer contributions A \$	
labels. ABN of principal employer A1	
Personal contributions B\$	
CGT small business retirement exemption C\$	
CGT small business 15-year exemption amount D \$	
Personal injury election E\$	
Other third party contributions G \$,	
Assessable foreign superannuation fund amount I \$,	
Non-assessable foreign superannuation fund amount J \$,	
Transfer from reserve: assessable amount K\$,	
Transfer from reserve: non-assessable amount L\$	
Contributions from non-complying funds and previously non-complying funds Any other contributions (including Super Co-contributions	
and Low Income Super Contributions) M \$,	
TOTAL CONTRIBUTIONS N \$,	DSS
Other transactions Allocated earnings or losses \$\mathbb{O}\$, \qquad	
Inward rollovers and transfers P\$	
Outward rollovers and transfers Q\$	
	ode
	ode
CLOSING ACCOUNT BALANCE \$\$	

In Section G report any income year. Also in Section	y former members or deceased members who held an interest in the fund at any time during the n G report any other members who cannot be included at pages 6 to 9.
MEMBER 8 Title: Mr Mrs Miss Family name	Ms Other Account status
First given name Member's TFN	Other given names Date of birth If deceased, date of death
See the Privacy note in the Decl	aration. Day Month Year Day Month Year Day Month Year
Contributions	OPENING ACCOUNT BALANCE \$
Refer to instructions for completing these labels.	Employer contributions A \$,
	ABN of principal employer A1
	Personal contributions B \$,
CGT s	mall business retirement exemption C\$, , , , , , , , , , , , , , , , , ,
CGT small b	usiness 15-year exemption amount D\$,
	Personal injury election E\$,
	Spouse and child contributions F\$, , , , , , , , , , , , , , , , , , ,
	Other third party contributions G \$,
Assessable for	preign superannuation fund amount \$
Non-assessable for	preign superannuation fund amount J\$, , , , , , , , , , , , , , , , , ,
Transf	er from reserve: assessable amount K\$, , , , , , , , , , , , , , , , , ,
Transfer fro	m reserve: non-assessable amount L\$, , , , , , , , , , , , , , , , , ,
	ributions from non-complying funds T\$, , , , , , , , , , , , , , , , , ,
Any other contribution and	s (including Super Co-contributions d Low Income Super Contributions) M \$,
	TOTAL CONTRIBUTIONS N \$,
Other transactions	Allocated earnings or losses O \$,
	Inward rollovers and transfers P\$, , , , , , , , , , , , , , , , , , ,
(Dutward rollovers and transfers Q\$,,,
	Lump Sum payment R1 \$,

Income stream payment R2 \$

CLOSING ACCOUNT BALANCE \$\$

Section H: Assets and liab	ilities		
15 ASSETS15a Australian managed investments	Listed trusts	s A \$ \\	
	Unlisted trusts	s B \$	
	Insurance policy	y c \$,	
	Other managed investments	s D \$,	
15b Australian direct investments	Cash and term deposits	s E \$	
Limited recourse borrowing arrangem Australian residential real property	ents Debt securities	s F \$	
J1 \$,	- ₩ Loans	s G \$,	
Australian non-residential real property J2 \$	Listed shares	s H \$□□□,□□□,□□□·≫	
Overseas real property	Unlisted shares	s I\$ □□□,□□□,□□□•∞	
J3 \$,,,,	Limited recourse borrowing arrangements		
J4 \$	Non-residential real property		
Overseas shares J5 \$	Residential real property		
Other	Collectables and		
J6 \$	Other assets	s O \$,	
15c Overseas direct investments	Overseas shares	s P \$,	
Oversea	s non-residential real property	y Q \$,	
Ove	rseas residential real property	y R \$ □ □ □, □ □ □ ·≫	
Ov	erseas managed investments	s S \$,,,	
	Other overseas assets	s T \$,,,	
	I AND OVERSEAS ASSETS of labels A to T)	s U \$□□□,□□□.∞	
15d In-house assets Did the fund have a loan to, leas or investment in, related parties (known as in-house assets) at the end of income years.	own A No res/ the) \$ <u></u> , <u></u> , <u></u> .∞	

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16 LIABILITIES	Borrowings	v \$				-	X
Total member clos (total of all CLOSING ACCOUNT BALANCE s fr	sing account balances om Sections F and G)	w \$,			%
	Reserve accounts	X \$,		-	×
	Other liabilities	Y \$,			%
	TOTAL LIABILITIES	z \$,		<u> </u>	×
Section I: Taxation of financial 17 Taxation of financial arrangements (TOFA)		nts					
Did you make a gain, loss or transitional bala from a financial arrangement subject to		No	Yes				
	Total TOFA gains H	\$					×
7	otal TOFA losses	\$ [mir		%
TOFA transitional bala	ncing adjustment J	\$ <u></u>		,			Loss
		ŕ					
Section J: Other information							
Family trust election status If the trust or fund has made, or is making, a family specified of the election (for example).							
If revoking or varying a family trust el and complete and attach the <i>Fa</i>					В		
Interposed entity election status If the trust or fund has an existing election, we or fund is making one or more election specified and complete an Interposed entitle.	ns this year, write the e	earliest i	ncome yea	ar being	c		
	nterposed entity electic e <i>Interposed entity elec</i>				D		

Section K: Declarations					
Penalties may be imposed for false or misleading information in addition to penalties relating to any tax shortfalls.					
Important Before making this declaration check to ensure that all income has been disclosed and the annual 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 annual return, place all the facts before the ATO. Privacy The ATO is authorised by the Taxation Administration Act 1953 to request the provision of tax file numbers (TFNs). We will use the TFN to identify the entity in our records. It is not an offence not to provide the TFN. However if you do not provide the TFN, the processing of this form may be delayed. Taxation law authorises the ATO to collect information and disclose it to other government agencies. For information about your privacy go to ato.gov.au/privacy					
TRUSTEE'S OR DIRECTOR'S DECLARATION: I declare that current trustees and directors have authorised this annual return and it is documented as such in the SMSF's records. I have received the audit report and I am aware of any matters raised. I declare that the information on this annual return, including any attached schedules and additional documentation is true and correct. I also authorise the ATO to make any tax refunds to the nominated bank account (if applicable). Authorised trustee's, director's or public officer's signature					
Date Day Month Year Date Day / Day / Date					
Preferred trustee or director contact details:					
Title: Mr Mrs Miss Ms Other Ms Other					
Family name					
First given name Other given names					
Phone number Email address					
Non-individual trustee name (if applicable)					
ABN of non-individual trustee					
Time taken to prepare and complete this annual return Hrs					
The Commissioner of Taxation, as Registrar of the Australian Business Register, may use the ABN and business details which you provide on this annual return to maintain the integrity of the register. For further information, refer to the instructions.					
TAX AGENT'S DECLARATION: I declare that the <i>Self-managed superannuation fund annual return 2014</i> has been prepared in accordance with information provided by the trustees, that the trustees have given me a declaration stating that the information provided to me is true and correct, and that the trustees have authorised me to lodge this annual return. Tax agent's signature					
Date Day Month Year Date Day / Day					
Tax agent's contact details					
Title: Mr Mrs Miss Ms Other Miss Ms Other					
Family name					
First given name Other given names					
Toy ogest's prestice					
Tax agent's practice					
Tax agent's phone number Reference number Tax agent number Tax agent number					

Postal address for annual returns: Australian Taxation Office, GPO Box 9845, IN YOUR CAPITAL CITY