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# Attribution Corporate Collective Investment Vehicle (CCIV) sub-fund tax return

Day / Month / Year to Day / Month / Year or approved substitute period.					
Amendment details (electror	nic only)				
Amendment indicator	Amendment type	Ame	endment sequ	ence number	
Yes No	3 – Agency error 4 – Lodgment error				
Amendment reason					
CCIV sub-fund information	on				
Tax file number (TFN)	Australian business number (AB	N)			
Australian registered fund number (ARFN)					
Name of CCIV sub-fund					
Previous name of CCIV sub-fund					
Current postal address					
Suburb/town			State/territory	Postcode	
Country			(Australia only)	(Australia only)	
Postal address on previous tax return					
Suburb/town			State/territory		
Country			(Australia only)	(Australia only)	
Attribution CON( sub-fund tox roturn 2024		a a lata al\		Daga 1	

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# For illustration only (must lodge electronically)

### Name of the CCIV to whom notices should be sent

CCIV name	
CCIV Australian company number (ACN)	
CCIV corporate director details	
Corporate director name	
Corporate director Australian business number (ABN)	
Daytime contact phone number	
Area code Phone number	
AMIT eligibility requirements	
Did the CCIV sub-fund meet the AMIT eligibility requirements for the income year?	Yes No
Did the CCIV sub-fund rely on a safe harbour provision to meet AMIT eligibility for the income ye	ear? Yes No
Safe Harbour period of time	(select range A to C)
Trustee liabilities	
Is any tax payable by the trustee?	Yes No
Trust component deficit of character relating to tax offset	\$
Shortfall in determined member components of character relating to assessable income	\$
Excess in determined member components of character relating to tax offset	\$
Determined trust component amounts that are not reflected in Member Components	\$
INTERNAL ATO USE ONLY	
Amounts of under of character relating to assessable income not properly carried forward	\$
Amounts of over of character relating to tax offset not properly carried forward	\$
Amounts of non-arm's length income of MIT	\$
Additional information	
Final tax return Yes No	
Number of members in the CCIV sub-fund at the end of the income year	
Significant global entity Country by country reporting entity	
Industry code Description of main business activity	

Electronic	funds transfer (E	EFT)			
BSB number	Account number	Account name			
	transactions/thin	-			
		r dealings with international related parties (incl lance of any loans) greater than \$2 million?	luding the	Yes	No 🗌
Did the thin capitali	sation provisions affect you?			Yes	No 🗌
		Interest expenses overseas	\$		
		Royalty expenses overseas	\$		
If you answere International de	ed <b>Yes</b> to either of the questions ealings schedule	s above or had overseas interest or royalty exp	penses, you	u must lodge an	
<b>T</b>					
	on with specified	<b>COUNTRIES</b> ave been sent to, or received from, any of the			
specified countries		ave been sent to, or received norm, any of the		Yes	No
any funds, property		hether directly or indirectly, the disposition of I in, or located elsewhere but controlled or		Yes	No
Kov financ	ial information				
Ney mane		All current assets	\$		
		Total assets			
		All current liabilities			
		Total liabilities			
		Total accounting profit or loss of the trust			
		Debt deductions			
		Select your aggregated turnover range		(select ran	ge A to F
		Aggregated turnover			
			<b>.</b>		
Capital ac	count election				
Has the CCIV sub-	fund elected into managed inve	estment trust capital account treatment?		Yes	No
Stapled en	itities				
Is the trust stapled				Yes	No
lf <b>Yes</b> , provide	the ABN for each stapled entit	y: ABN			

ABN

ABN

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CCIV cross-investment		
Do you own shares that are referable to a sub-fund within the same CCIV as you?	Yes	No
Payments from related entities		
Did the trust receive payments from related entities during the income year?	Yes	No
If Yes, advise the amount of the payments	\$	
Capital allowances		
Have you self-assessed the effective life of any depreciating assets acquired in the income year?	Yes	No
Did you recalculate the effective life for any of your depreciating assets this income year?	Yes	No
Total depreciation deducted for income year	\$	
Total section 40-880 deductions	\$ r 	
Total Division 43 capital works deductions (special building write-off)	\$ 	
Small business bonus deductions		
Small business energy incentive	\$	
Withholding obligations		
Total deemed AMIT dividend, interest or royalty (DIR) payments	\$ 	
Total deemed fund payments	\$ 	
Debt-like trust instruments (Subdivision 276-J)		
Total deductions claimed for returns paid	\$ 	

## **Division 6C amounts**

Main category of eligible investment business Total amount of eligible investment business income Did the trust rely on the following during the income year: The rental safe harbour rule in subsection 102MB(2)? No Yes The 2% non-eligible investment business safe harbour in section 102MC? No Yes If Yes, advise: % The percentage of income from things other than an eligible investment business 0% to 0.5% 0.5% to 1.0% > 1.0% to 1.5% > 1.5% to 2.0% Assessable income Income – other than capital gains Assessable income \$ \$ **Direct deductions** Other deductions \$ \$ Non-Concessional MIT Income (NCMI) \$ Excluded from NCMI \$ Trust components \$ Total unders \$ Total overs \$ Determined trust components \$ Carry-forward trust component deficits

## Assessable income

Income – capital gains	
Net capital gain	\$
Direct deductions	\$
Other deductions	\$
Non-Concessional MIT Income (NCMI)	\$
Excluded from NCMI	\$
Trust components	\$
Total unders	\$
Total overs	\$
Determined trust components	\$
Carry-forward trust component deficits	\$
INTERNAL ATO USE ONLY	
Total assessable income	\$
Total deductions	\$
Total determined trust components of characters relating to assessable income	\$
Exempt income	
Determined trust components	\$
Non-assessable non-exempt income (NANE)	
Determined trust components	\$
Tax offsets	
Trust components	\$
Total unders	\$
Total overs	\$
Determined trust components	\$
Trust component deficits	\$

Tax losses information	
Balance of tax losses brought forward from prior income years	\$
Net forgiven amount of debt	\$
Tax losses incurred (if any) during the current year	\$
Net exempt income	\$
Tax losses forgone	\$
Tax losses deducted	\$
Tax losses carried forward to later income years	\$
Statement of attribution for non-withholding	g attribution CCIV sub-fund

Foreign resident member details	
Tax file number (TFN)	
Individual details	
Title: Mr Miss Ms Other	
Surname or family name	
First name Other given name	es
Date of birth	
Individual member residential address	
Suburb/town	Postal/Zip code
Country	
Non-individual details	
Non-individual name	
Member business address	
Suburb/town	Postal/Zip code
Country	
Trustee assessment details	
	[]
Truste	e assessment code

## 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 director, company secretary or public officer of the corporate director of the CCIV in its representative capacity of the CCIV as trustee.

#### Privacy statement

We are authorised to request TFNs by the *Taxation Administration Act 1953*. We use them to identify you in our records. It is not an offence not to provide TFNs. However, this may cause delays in processing your form or errors in each beneficiary's assessment. Taxation law authorises us to collect information and disclose it to other government agencies. This includes personal information of the person authorised to complete the form and sign the declaration.

See more about your privacy at ato.gov.au/privacy.

#### **Declaration:**

I declare that the information on this tax return, including any attached schedules and additional documentation is true and correct.

#### Taxpayer's signature

	[electronic signature accepted]	Date Day Month Year
Declarer position		
Declarer identifier		
Contact name		
Telephone number		

#### 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 sig	Inature
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[electronic signature accepted]	Date
Client reference Contact name	
Agent's reference	
Agent's contact phone number	
Area code Phone number	

Hours taken to prepare and complete this tax return