



When completing this form

- Print clearly using a black pen only.

SMITH ST

- Place **X** in ALL applicable boxes.
- Do not use pins or staples to attach any extra details you may provide.

- You can report to us electronically if you follow the [Member contributions statement \(MCS\) specification](#). Visit softwaredevelopers.ato.gov.au or contact us at DPO@ato.gov.au

! It's important to complete the MCS accurately and fully. If your MCS contains errors, we may not accept it and you may have to submit another MCS containing all the information, not just the items in error.

You can complete this form in writing or online. We recommend completing it online and printing it, as you will need two completed and signed copies (one for your records and one to mail to us).

Section A: Supplier details

1 **Tax file number (TFN)**

2 **Australian business number (ABN)**

3 **Tax agent number (TAN)**

4 **Organisation name**

5 **Street address**

Suburb/town/locality

State/territory

(Australia only)

Postcode

(Australia only)

Country if other than Australia

6 **Postal address**

Suburb/town/locality

State/territory

(Australia only)

Postcode

(Australia only)

Country if other than Australia

7 **Contact person**

Name

Daytime phone number (including area or country code)

Fax number (including area or country code)

Email address

8 **Reference**

9 **Number of member records reported**

! You must report for all members who held an interest in the fund during the financial year that you are reporting.

Section B: Provider details

! If you are the provider and you are reporting the MCS details, you do not have to complete all of section B. You only need to complete **question 10** and report code 'A' at **question 11**.

10 Financial year

11 What is the supplier's relationship with the provider?

12 TFN

13 ABN

14 Provider type

15 Name

16 Previous name

17 Street address

Suburb/town/locality

State/territory

(Australia only)

Postcode

(Australia only)

Country if other than Australia

18 Postal address

Suburb/town/locality

State/territory

(Australia only)

Postcode

(Australia only)

Country if other than Australia

19 Address for service of notices Provider's address Supplier's address

20 Contact person

Name

Daytime phone number (including area or country code)

Fax number (including area or country code)

Email address

Section C: Member details

21 Is this an amended MCS? No Yes

22 Provider's TFN

23 Member's TFN

24 Name

Title: Mr Mrs Miss Ms Other

Family name

First given name

Other given names

25 Has the member's name changed?

No Yes Provide previous name

Title: Mr Mrs Miss Ms Other

Family name

First given name

Other given names

26 Address

Suburb/town/locality

State/territory

(Australia only)

Postcode

(Australia only)

Country if other than Australia

27 Sex Male Female

28 Date of birth / /

29 Is the member deceased? No Yes What was the date of death? (if known) / /

Section D: Member account details

! If the member has more than one account, complete a separate section C, D, E & F for each account.

30 Member account number

31 Client identifier

32 Does the member's account accept super co-contributions and low-income super contributions?

No Yes

! The member must still be in the fund to accept super co-contributions and low-income super contributions.

33 Are inward rollovers accepted? No Yes

34 Date account was opened / /

35 **Date of last contribution (including rollovers)** / /

36 **Account status** Open and not lost Open and lost Closed

37 **Account phase**

38 **Date pension phase or benefit payment phase commenced** / /

39 **Insurance indicator** No Yes

40 **Defined benefit interest** No Yes

41 **Are rollover requests from the member accepted?** No Yes

42 **Unique superannuation identifier (USI)**

! The USI must be either the provider's ABN followed by three digits, or the provider's SPIN preceded by five zeros.

Section E: Member contribution amounts

! The member must still be in the fund to accept super co-contributions.

43 **Employer contributed amount** \$

44 **Notional taxed contributions** \$
For the concessional contributions cap

45 **Defined benefits contributions** \$
For Division 293 tax purposes

46 **Personal contributed amount** \$

47 **Capital gains tax cap election amounts** \$
■ small business retirement exemption amount

■ small business 15-year exemption amount \$

48 **Personal injury election amount** \$

49 **Spouse and child contributions amount** \$

50 **Other family and friend contributions amount** \$

51 **Assessable foreign fund amount** \$

52 **Non-assessable foreign fund amount** \$

53 **Transferred from reserves amounts** \$
■ assessable

■ non-assessable \$

54 **Contributions made to a previously non-complying fund** \$

55 **All contributions received for the current year** \$

This is the sum of amounts from question 43 through to question 54 plus all other contributions received with the exception of question 44 as it overlaps question 45 and to include it would double up these amounts.

Section F: Member account balance

56 **Account balance** \$

Section G: Employer details

57 ABN

58 Registered business name

59 Trading name

60 Address

Suburb/town/locality

State/territory

(Australia only)

Postcode

(Australia only)

Country if other than Australia

Section H: Declarations

! Before you sign this statement, check you have provided true and correct information. Penalties may be imposed for giving false and misleading information.

Privacy

The ATO is a government agency bound by the *Privacy Act 1988* in terms of handling personal information and TFNs.

We are authorised by the *Taxation Administration Act 1953* to ask for the information requested on this form including your member's TFN. We require this information to help us administer taxation and superannuation laws. We may give this information to other government agencies.

For further information about privacy go to ato.gov.au/privacy

PROVIDER DECLARATION

I declare that:

- the current provider has authorised this MCS
- the information in this MCS is true and correct and includes all contributions received for each reported member
- if the MCS is being lodged by a supplier on my behalf
 - the information provided to my supplier for the preparation of this MCS is true and correct, and
 - I authorise my supplier to lodge this MCS.

Name of provider

Name of signatory

Signature

Date / /

SUPPLIER DECLARATION

I declare that the:

- MCS has been prepared in accordance with information supplied by the provider
- provider has given me a declaration stating that the information provided to me is true and correct
- provider has authorised me to lodge the MCS.

Name of provider

Name of signatory

Signature

Date / /

➤ Send your completed MCS to us at:

Australian Taxation Office
PO Box 3333
PENRITH NSW 2740

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First given name

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