Australian Government Australian Taxation Office

# Superannuation reporting – voluntary disclosure

(Superannuation fund has not met reporting requirements)

### When completing this form

You can complete this form in writing or online prior to printing.

If you are completing the form by hand:

print clearly using a black pen only

■ use BLOCK LETTERS and print one character in each box.

## Super fund name

Fund/provider Australian business number (ABN)				
Unique superannuation identifier(s) (USI)				
If more than three USIs please include in additional information on page 2.				
Date you became aware Day Month Year				
Dates of non-compliance				
Services impacted (eg MAAS/MATS/MCS/USM)				
Reporting impacted (eg contributions or account attributes and events)				
Number of members impacted				
Number of accounts impacted				
Number of transactions impacted				
Number of transactions impacted				

## Identification of cause

Action(s) the fund has taken to rectify the issue

How the fund is managing member communications

## Additional information

# Declaration

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** 

#### I declare that:

- the information in this Voluntary Disclosure form is true and correct, including any attachments
- I have the necessary records and/or evidence to support my Voluntary Disclosure
- if the Voluntary Disclosure is being lodged by a supplier/intermediary on behalf of the provider
  - the form has been prepared in accordance with the information supplied by the provider
  - I have received a declaration from the provider stating that the information given to me is true and correct
  - I am authorised by the provider to give the form to the Commissioner.

Name of provider

Name of signatory

#### Signature

	Day	Month	Year
Date		/ /	

## How to lodge your form

Send your completed Voluntary Disclosure form and supporting documents by email to: **SuperCRT@ato.gov.au**