

TRUST BENEFICIARY INCOME RETURN

Declaration of Share of Trust Income

FINANCIAL YEAR: 20____ - 20____

SECTION A: TRUST DETAILS

NAME OF TRUST _____

TRUST TAX FILE NUMBER / TAX ID _____

TRUST BUSINESS NUMBER / ABN _____

SECTION B: BENEFICIARY DETAILS

FULL NAME OF BENEFICIARY _____

RESIDENTIAL / REGISTERED ADDRESS _____

BENEFICIARY TAX FILE NUMBER / TAX ID _____

DATE OF BIRTH (IF INDIVIDUAL) _____

SECTION C: SHARE OF TRUST INCOME & CREDITS

Income Category / Description	Amount (\$)
Primary Production Income	
Non-Primary Production Income	
Franked Distributions (including Franking Credits)	
Net Capital Gains (attributed to beneficiary)	
Foreign Source Income	
Other Trust Income / Assessable Distributions	
Total Net Distribution	
TFN / Tax Withheld (where applicable)	

SECTION D: BENEFICIARY DECLARATION

I declare that the information provided in this form is true, correct, and complete to the best of my knowledge and belief. I am authorized to submit this return in relation to my share of the trust income for the specified financial year.

SIGNATURE OF BENEFICIARY / AUTHORIZED REPRESENTATIVE

DATE

