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Attribution Corporate Collective Investment 2025 Vehicle (CCIV) sub-fund tax return to or specify period if part year or approved substitute period. Amendment details (electronic only) Amendment type Amendment indicator Amendment sequence number 3 - Agency error Yes No 4 - Lodgment error Amendment reason **CCIV** sub-fund information Tax file number (TFN) Australian business number (ABN) Australian registered fund number (ARFN) Name of CCIV sub-fund Previous name of CCIV sub-fund Current postal address Suburb/town State/territory Postcode (Australia only) (Australia only) Country Postal address on previous tax return Suburb/town State/territory Postcode (Australia only) (Australia only) Country

JE-67434-06.2025

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	
MIT type	

Electronic funds transfer (EFT)	
	ount name
Overseas transactions/thin cap	pitalisation
Was the aggregate amount of your transactions or dealin value of any property/service transferred or the balance of	
Were the thin capitalisation or debt deduction creation rul	les applicable to you? Yes No
	Interest expenses overseas \$
	Royalty expenses overseas \$
	r had overseas interest or royalty expenses, you must lodge an
International dealings schedule	
Transaction with specified cou	Intries
Funds or property, whether directly or indirectly, have bee specified countries	en sent to, or received from, any of the Yes No
Trustee has the ability or expectation to control, whether	directly or indirectly, the disposition of Yes No
any funds, property, assets or investments located in, or l managed from any of the specified countries	
Key financial information	
	All current assets \$
	Total assets \$
	All current liabilities \$
	Total liabilities
Τα	otal accounting profit or loss of the trust
	Debt deductions \$
	Select your aggregated turnover range (select range A to F
	Aggregated turnover
Capital account election	
Has the CCIV sub-fund elected into managed investment	t trust capital account treatment? Yes No
Stapled entities	
Is the trust stapled to another entity?	Yes No
If Yes , provide the ABN for each stapled entity:	

ABN

ABN

CCIV cross-investme	nt
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Do you own shares that are referable to a sub-fund within the same CCIV as you?

Yes No

Payments from re	elated entities			
-	rom related entities during the income year?		Yes	No
If Yes, advise the amount o	f the payments	\$		
Capital allowance	es			
Have you self-assessed the effe	ctive 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	\$		
Tota	al Division 43 capital works deductions (special building write-off)	\$		
	Build to rent capital works deduction at 4%	\$		
Withholding oblig	jations			
Is the trust a Withholding MIT?		¢	Yes	No
	Total deemed AMIT dividend, interest or royalty (DIR) payments			
	Total deemed fund payments	Φ		
Dabt like truct in				
Dept-like trust in	struments (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 (other than build to rent) \$ BTR excluded from NCMI - non primary production \$ 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 (other than build to rent)	\$
BTR excluded from NCMI capital gains	\$
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	\$

sub-fund

Foreign resident member details	
Tax file number (TFN)	
Individual details	
Title: Mr Mrs Miss Ms Other	
Family name	
First name Other given names	
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	
	assessment code
II USLEE	

Taxable Determined Member Component

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