



Australian Government
Australian Taxation Office

Interposed entity election or revocation

2015

Print neatly in BLOCK LETTERS with a black or blue ballpoint pen only.

^AWR **^ABB** **^AAE**

Tax file number (TFN) **^AAD** _____
of the trust, company or partnership

To make or revoke an interposed entity election in accordance with section 272-85 of Schedule 2F to the *Income Tax Assessment Act 1936* (ITAA 1936), you must complete items **1** and **2**, item **3** if it applies, item **4** and the declaration on page 4. You must also complete section **A** for an **election** or section **B** for a **revocation**. If you don't have enough space to complete an item, or if an item requires you to provide further information, attach a separate sheet of paper with the additional information.

1 Are you using this form for an election or a revocation? Print **E** for election or **R** for revocation. **^JAP**

2 Full name and current postal address (including country – if outside Australia) of the trust (including fund), company or partnership for which the interposed entity election or revocation is made (interposed entity). In the case of a company, also provide the Australian company number (ACN) or Australian registered body number (ARBN).

Full name of the interposed entity (trust, company or partnership) **^AAU** _____
ACN/ARBN* _____
* Cross out whichever is not applicable

Current postal address of the interposed entity **^ABH** _____
Suburb or town **^AME** _____ State **^AMF** Postcode **^APE** _____
Country – if not Australia **^AMG** _____

3 If the name and/or the postal address for the trust (including fund), company, or partnership identified in item 2 above has changed since its last tax return (if any) was lodged, print it exactly as shown on the last notice of assessment or the last tax return lodged.

Full name of the interposed entity (trust, company or partnership) as shown on last notice of assessment or last tax return lodged **^APP** _____

Postal address of the interposed entity as shown on last notice of assessment or last tax return lodged **^ABJ** _____
Suburb or town **^AUT** _____ State **^AUU** Postcode **^APG** _____
Country – if not Australia **^AUV** _____

4 Interposed entity election – entity code Print **C** for company, **P** for partnership, **T** for trust or **F** for fund. **^DVU**

Section A Interposed entity election specifying a day in the 2004–05 or later income year

5a If the interposed entity is a trust (including fund), was the central management and control of the trust outside Australia at any time during the period from the election commencement time (see items 7 and 8) until the time the election is made (relevant period)? **^DVV** Print **Y** for yes or **N** for no.

If you printed **Y**, specify the time(s) at which central management and control was outside Australia. Full period **^DVW** Print **F** in the box if the central management and control of the trust was outside Australia at all times during the relevant period OR specify the time(s) during the relevant period at which central management and control of the trust was outside Australia.

If more than one time period is to be specified, attach a separate sheet of paper with details of the additional time periods. from Day Month Year **^DVX** to Day Month Year **^DVY**

5b If the interposed entity is a company, was the company a non-resident for tax purposes at any time during the period from the election commencement time (see items 7 and 8) until the time the election is made (relevant period)? **^DVZ** Print **Y** for yes or **N** for no.

If you printed **Y**, specify the time(s) at which the company was a non-resident for tax purposes. Full period **^DWA** Print **F** in the box if the company was a non-resident for tax purposes at all times during the relevant period OR specify the time(s) during the relevant period at which the company was a non-resident for tax purposes.

If more than one time period is to be specified, attach a separate sheet of paper with details of the additional time periods. from Day Month Year **^DWB** to Day Month Year **^DWC**

6 If the interposed entity is a trust (including fund) or partnership, provide the full name, TFN, current postal address and residency details of every trustee of the trust or partner of the partnership respectively during the period from the election commencement time (see items 7 and 8) until the time the election is made (relevant period). Where any trustee or partner is a company, the ACN or ARBN of each such trustee or partner is also required.

If there was more than one trustee of the trust or partner of the partnership during the relevant period, attach a separate sheet of paper with all the information required for each additional trustee or partner.

TFN of trustee or partner See the Privacy note in the Declaration.

OR

Print **X** in the box if the trustee or partner does not have a TFN.

If the trustee or partner is an individual

Title – for example, Mr, Mrs, Ms, Miss

Surname or family name

Given names

If the trustee or partner is a company

Name

ACN/ARBN* *Cross out whichever is not applicable.

Current postal address of the trustee or partner

Suburb or town State Postcode
Country – if not Australia

At any time during the relevant period was the trustee or partner a non-resident for tax purposes?

Print **Y** for yes or **N** for no.

If you printed **Y**, specify the time(s) at which the trustee or partner was a non-resident for tax purposes.

Print **F** in the box if the trustee or partner was a non-resident for tax purposes at all times during the relevant period

Full period

OR

Specify the time(s) during the relevant period at which the trustee or partner was a non-resident for tax purposes.

Day Month Year to Day Month Year

If more than one time period is to be specified, attach a separate sheet of paper with details of the additional time periods in relation to the trustee or partner.

7 Write the four-digit, 2005 or later, income year specified for the purposes of the interposed entity election. If the specified income year does not end on 30 June, state the substituted accounting period for that specified income year.

Write also the day specified in that income year for the purposes of the election. Note that a day must be specified for an election to be made.

Income year specified Day specified from to

8 The election commencement time for the interposed entity election.

Day Month Year

Note: Only complete this item if specifying the 2014–15 income year and if the family control test in section 272-87 of Schedule 2F to the ITAA 1936 has NOT been satisfied at all times during the 2014–15 income year from the day specified in item 7. In these circumstances, the election commencement time will be the later of the earliest time from which the family control test was passed continuously until the end of the 2014–15 income year and the beginning of the day specified in item 7.

9 Full name, TFN and current postal address (including country – if outside Australia) of the family trust in respect of which the interposed entity election in this form is made.

TFN of the family trust ^DWV OR Print X in the box if the family trust does not have a TFN. ^DYI
Full name of the family trust ^DWX
Current postal address of the family trust ^DWY
Suburb or town ^DWZ State ^DXA Postcode ^DXB
Country – if not Australia ^DXC

Note: If an interposed entity election is made in respect of more than one family trust a separate Interposed entity election or revocation 2015 must be completed for each election in respect of each family trust.

10 The income year specified in the family trust election for the trust identified in item 9 which specifies the individual identified in item 11 AND the election commencement time for that election. If the family trust's specified income year does not end on 30 June, state the substituted accounting period for that income year.

Income year specified in the family trust election ^DXP
Election commencement time for the family trust election Day Month Year ^DXS
Substituted accounting period of the family trust from Day Month Year ^DXQ to Day Month Year ^DXR

Note: The specified income year and the election commencement time shown here must correspond exactly to the details provided in section A of the relevant family trust election that has been lodged or given to the Commissioner for the family trust identified. If no date was specified on the relevant family trust election, leave the election commencement time box at this item blank.

11 Full name, TFN, date of birth and current address of principal place of residence (including country – if outside Australia) of the individual (specified individual) whose family group is taken into account in relation to the family trust election for the trust identified in items 9 and 10, and in whose family group the interposed entity is electing to be included.

TFN of the specified individual ^DXD OR Print X in the box if the specified individual does not have a TFN.
Date of birth of the specified individual Day Month Year ^DXE
Full name of the specified individual Title – for example, Mr, Mrs, Ms, Miss ^DXF
Surname or family name ^DXG Given names ^DXH ^DXI ^DXJ
Current address of principal place of residence of the specified individual ^DXK
Suburb or town ^DXL State ^DXM Postcode ^DXN
Country – if not Australia ^DXO

Note: Only complete section B if revoking an interposed entity election otherwise go to Declaration on page 4.

Section B Interposed entity revocation

12 Full name, TFN and current postal address (including country – if outside Australia) of the family trust in respect of which the interposed entity election in this form is being revoked.

NOT APPLICABLE TO ELS LODGERS

TFN of the family trust
Full name of the family trust
Current postal address of the family trust
Suburb or town State Postcode
Country – if not Australia

13 The income year from which the revocation is to be effective. Income year

Note: If revoking an interposed entity election in respect of more than one family trust, a separate Interposed entity election or revocation 2015 must be completed for each election being revoked in respect of each family trust.

Declaration:**Privacy**

The ATO is authorised by the *Taxation Administration Act 1953* to request the provision of tax file numbers (TFNs). We will use the TFN to identify the entity in our records. It is not an offence not to provide the TFN. However if you do not provide the TFN, the processing of this form may be delayed.

Taxation law authorises the ATO to collect information and to disclose it to other government agencies. For information about your privacy go to **ato.gov.au/privacy**

I/We declare that all the information required has been provided on this form and any attachments to this form, and that the information provided is true and correct in every detail, and that the trustee(s)/company/partners is/are making or revoking an interposed entity election, the details of which are set out above, for the purposes of section 272-85 of Schedule 2F to the ITAA 1936 and that the trustee(s)/company/partners is/are able to make or revoke the election in accordance with that section.

Full name of the trustee(s)/the company public officer/the partners at the time the election is made.

Note: If the election is being made for a trust (including fund) or partnership, the name of the trustee or partner must be written exactly as it appears at item 6.

If an individual	
Title – for example, Mr, Mrs, Ms, Miss	Surname or family name
^FGX	^FGY ^FGZ
Given names	
^FHA	^FHB

If the trustee or partner is a company	
Name	
^FHN	
^FHO	

Signature of the trustee/company public officer/partner or, if the trustee or partner is a company, the signature of the public officer of the corporate trustee/partner

^ACR ^BLI ^BLJ	Date declaration made
	Day Month Year
	^FHC

If there is more than one trustee of the trust or partner of the partnership at the time the election is made, attach a separate sheet of paper with the above details and signature for each additional trustee or partner.

For more information, see the explanatory notes for the *Interposed entity election or revocation 2015*.

Hours taken to prepare and complete this form **^DYF** (See notes below.)

The Tax Office is committed to reducing the costs of complying with your taxation obligations.

By completing this item you will help us to monitor these costs as closely as possible.

When completing this item the trust, company or partnership should consider the time, rounded up to the nearest hour spent:

- reading the instructions
- collecting the necessary information to complete this form
- making any necessary calculations, and/or
- actually completing this form.

Notes:

1. The answer should reflect the time both your business and tax agent spent preparing and completing this form. This includes the time spent by any other person whose assistance was obtained, such as an employee of the business.
2. If this form is lodged with the 2015 tax return, the answer should be included in the time box provided on the tax return.