



- 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

Substituted accounting period

Day Month Year

from Day Month Year

to Day Month Year

- 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	<b>^DWV</b> <input type="text"/>	OR	<input type="checkbox"/> Print <b>X</b> in the box if the family trust does not have a TFN.	<b>^DYI</b>
Full name of the family trust	<b>^DWX</b> <input type="text"/>			
	<b>^DWX</b> <input type="text"/>			
Current postal address of the family trust	<b>^DWY</b> <input type="text"/>			
	<b>^DWY</b> <input type="text"/>			
	Suburb or town	<b>^DWZ</b> <input type="text"/>	State	<b>^DXA</b> <input type="text"/> <b>^DXB</b> <input type="text"/>
	Country – if not Australia	<b>^DXC</b> <input type="text"/>		

**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	Election commencement time for the family trust election	Substituted accounting period of the family trust	
<b>^DXP</b> <input type="text"/>	Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>	from	Day <input type="text"/> Month <input type="text"/> Year <input type="text"/> to Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>
	<b>^DXS</b> <input type="text"/>		<b>^DXQ</b> <input type="text"/> <b>^DXR</b> <input type="text"/>

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

**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.**

TFN of the family trust	<b>^IRS</b> <input type="text"/>	
Full name of the family trust	<b>^IQK</b> <input type="text"/>	
	<input type="text"/>	
Current postal address of the family trust	<b>^IQL</b> <input type="text"/>	
	<input type="text"/>	
	Suburb or town	<b>^IQM</b> <input type="text"/> State <b>^IQN</b> <input type="text"/> <b>^IQO</b> <input type="text"/>
	Country – if not Australia	<b>^IQP</b> <input type="text"/>

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

Income year **^IQQ**

**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

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**  (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.