



Office of State Revenue  
NSW TREASURY

ISO 9001-Quality Certified

ABN: 77 456 270 638

# Unit Trust Declaration Form

### NOTE:

- This form should be completed and lodged by the Trustee of the trust
- Under the *Taxation Administration Act 1996*, it is an offence to give false or misleading information
- Print clearly in the boxed spaces and tick the appropriate boxes
- If you need more space, complete your answers on a separate sheet and attach it to this form when lodging
- Please read the explanatory notes below prior to completing this form

## Explanatory notes

95 per cent of units in the trust must be owned by members of the same family group.

Two or more unit holders are members of the same family group if they are related by blood, by marriage or by a de facto relationship.

## Client details

Client ID

Client name	
Phone number (    )	Mobile number
Mailing address	
Suburb	Postcode

**Please complete section A if you wish to apply for the family-held unit trust concession OR section B if the unit trust does not meet the criteria and you intend to restructure.**

## Part A Family-held unit trust concession

- 1 Is the Trust a Unit Trust?  Yes  No
- 2 Was the taxable value of land owned at 31 December 2005 \$1 000 000 or less?  Yes  No
- 3 Are 95 per cent or more of the units currently held by members of the same family group?  Yes  No

Please list the names of all the unit holders as at 31 December 2005 and describe the relationship of the unit holders to each other, having regard to the family group definition.

Name	Family relationship to other members
1	
2	
3	
4	
5	
6	

- 4 Are the unit holders entitled to a fixed portion of income or capital of the trust?  Yes  No
- 5 Does the Trustee have discretion to vary rights of unit holders to income or capital distributions?  Yes  No

## Superannuation funds

If units are held by a trustee (eg a superannuation fund), **all** beneficiaries or members of the superfund **must** be members of the same family group.

If units are held by a superannuation fund, please provide the names of **all** the members as at 31 December 2005 and describe the family relationship between the members of the superannuation fund

Name	Family relationship to other members
1	
2	
3	
4	
5	
6	

## Part B Trust restructures

I intend to restructure the trust deed by 31 December 2007  Yes  No

NOTE: The OSR Information for Trustees and Unit Holders of Unit Trusts factsheet provides a guide to the essential criteria to be met. OSR recommends that you seek professional legal and financial advice in relation to any changes to the trust deed.

## Declaration

This form must be signed by the person completing this application and must state the capacity in which the declaration is made.

I,	
declare that the information I have given is true, accurate and complete in every particular	
Signature	Date / /20

In what capacity are you making this declaration?

--

## PRIVACY STATEMENT

The information in this form is required by the Office of State Revenue (OSR) to determine your land tax liability. The information may be disclosed to third parties with an individual's consent or as required or permitted by law.

An individual may review and update personal information held by OSR by contacting the Office.

## CONTACT DETAILS

**Phone:** 1300 139 816 (Monday – Friday, 8.30 am – 5.00 pm)  
**Website:** [www.osr.nsw.gov.au](http://www.osr.nsw.gov.au)  
**Post:** GPO Box 4269, Sydney NSW 2001  
**Fax:** 1300 363 806

Help in community languages is available.