TRANSFER DUTY STATEMENT

DUTIES ACT 2008

SUBSEQUENT LIABILITY FOLLOWING AN EXEMPT FAMILY FARM TRANSACTION

This form must only be used in respect of a lodgment required to be made under section 105(2) of the Duties Act 2008 (‘Duties Act’). For information on section 105 and the requirements for this Transfer Duty Statement please refer to the Duties Fact Sheet ‘Exempt Family Farm Transactions – Transfer Duty’ which is available on the website at www.osr.wa.gov.au.

To the Commissioner of State Revenue

1. I/We ____________________________________________

of ____________________________________________

__________________________________________________

(Name of Trustee of Discretionary Trust)

declare that an event, as described in section 105(1) of the Duties Act, has occurred. This statement is provided in accordance with section 105(2) of the Duties Act.

2. Provide the bundle ID under which the exempt family farm transaction was assessed:

   __________ __________ __________ __________ __________ __________

3. Provide full details of the farming property held by the trust at the date of the event that was the subject of the exempt transaction mentioned in 2. Please also attach form FDA28 ‘Duties Valuation - Country Land’ in respect of the land listed below.

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

4. Advise the date on which the event that triggered the requirement to lodge this form occurred:

   / / 20
IMPORTANT
A person who provides information to the Commissioner knowing it to be false or misleading in a material particular commits an offence under the Taxation Administration Act 2003. The penalty for the offence is:

a) $20,000 and
b) three times the amount of duty that was avoided or might have been avoided if the false or misleading information had been accepted as true.

DECLARATION

I/we do solemnly and sincerely declare that the answers and information which I/we have given in this Transfer Duty Statement are true, complete and correct.

Signature

Date / / 20

Signature

Date / / 20

CONTACT THE OFFICE OF STATE REVENUE


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