# Self-managed superannuation fund annual return

2016

### WHO SHOULD COMPLETE THIS ANNUAL RETURN?

Only self-managed superannuation funds (SMSFs) can complete this annual return. All other funds must complete the *Fund income tax return 2016* (NAT 71287).

The Self-managed superannuation fund annual return instructions 2016 (NAT 71606) (the instructions) can assist you to complete this annual return.

#### TO COMPLETE THIS ANNUAL RETURN

- Print clearly, using a BLACK pen only.
- Use BLOCK LETTERS.
- Place | X | in ALL applicable boxes.

Section	Λ.	Г	هـ	:		:-	
Section	Α.	Fun	a	INTO	rm	atio	ın

1 Tax file number (TFN
------------------------

Date audit was completed

Was Part B of the audit report qualified?

compliance issues been rectified?

If the audit report was qualified, have the reported

To assist processing, write the fund's TFN at the top of pages 3, 5 and 7.

The ATO is authorised by law to request your TFN. You are not obliged to quote your TFN but not quoting it could increase the chance of delay or error in processing your annual return. See the Privacy note in the Declaration.

### 2 Name of self-managed superannuation fund (SMSF)

		-				
3	Australian business number (ABN) (if applicable)					
4	Current postal address					
Sub	urb/town				State/territory	Postcode
5	Annual return status Is this an amendment to the SMSF's 2016 return?	A	No	Yes		
	Is this the first required return for a newly registered SMSF?	В	No	Yes		
<b>6</b> Aud	SMSF auditor ditor's name					
Title Fam	: Mr Mrs Miss Ms Other illy name					
First	given name Other given	name	S			
SM	SF Auditor Number Auditor's phone number					
Pos	stal address					
Sub	urb/town				State/territory	Postcode

Sensitive (when completed)

Yes

Yes

C No

### 7 Electronic funds transfer (EFT)

We need your self-managed super fund's financial institution details to pay any super payments and tax refunds owing to you.

### A Financial institution details for super payments and tax refunds

You must provide the financial institution details of your fund's nominated super account. If you would like your fund's tax refunds paid to a different account, you can provide additional financial institution details at **B**.

Fund BSB number (must be six digits)

Fund account number

Fund account name (for example, J&Q Citizen ATF J&Q Family SF)

### B Financial institution details for tax refunds only

If you would like your fund's tax refunds paid to a different account, provide additional financial institution details. Tax refunds cannot be paid to a trustee's personal account. (See relevant instructions.)

BSB number (must be six digits)

Account number

Account name (for example, J&Q Citizen ATF J&Q Family SF)

### C Electronic service address alias

We will use your electronic service address alias to communicate with your fund about ATO super payments.

8	Status	of SMSF	Australian superannuation fu	nd 🎜	<b>\</b> No	Yes	Fund benefit structure <b>B</b>	Code
			e fund trust deed allow acceptance vernment's Super Co-contribution a Low Income Super Contributio	nd (	No No	Yes		
9	Was the	e fund wo	ound up during the income ye				Lleve ell terrie element	
	No	Yes )	If yes, provide the date on which the fund was wound up	/	Month /	Year	Have all tax lodgment and payment obligations been met?	s
10	Exempt	current	pension income					
	Did the fu	und pay an	income stream to one or more mer	mbers	in the inc	come year?		
			exemption for current pension inco empt current pension income at La			pay at least	the minimum benefit payment under	
	No )	Go to Sec	stion B: Income.					
	Yes	Exempt c	urrent pension income amount A	\$				
		Which me	thod did you use to calculate your e	exemp	t current	pension inc	ome?	
			Segregated assets method <b>B</b>					
			Unsegregated assets method <b>C</b>	) V	Vas an ac	ctuarial certif	icate obtained? <b>D</b> Yes	
	Did the fu	und have a	ny other income that was assessab	le?				
	<b>E</b> Yes	Go to	Section B: Income.					
	No	) Choos Go to	sing 'No' means that you do not hav Section C: Deductions and non-dec	ve any ductib	assessa le expens	ble income, ses. (Do <b>not</b>	including no-TFN quoted contributions. complete Section B: Income.)	
			tled to claim any tax offsets, you can	n list				

# Section B: Income

been applied.

**Do not complete this section** if your fund was in **full** pension phase for the **entire year** and there was **no** other income that was assessable. If you are entitled to claim any tax offsets, you can record these at Section D: Income tax calculation statement.

11 Income Did you ha (CGT) e	ve a capital gains tax vent during the year?	<b>G</b> No	Yes	) (	the total capital loss or total capital gain is greater than \$10,000 complete and attach a Capital gains tax (CGT) schedule 2016.	
e.	Have you applied an xemption or rollover?	M No	Yes		Code	
		Net ca	pital gain	A	\$	
Gro	ss rent and other leasi	ng and hiring	g income	В	\$	
		Gross	s interest	С	\$	
	Forestry	managed inv	vestment e income	X	\$	
Gross foreig	an income					Loss
D1 \$	911 111001110	Net foreigr	n income	D	\$	L033
Australian fran	nking credits from a Ne	ew Zealand o	company	E	\$	
			fers from gn funds	F	\$	Number
	Gr	ross paymen ABN no	nts where	Н	\$	Loop
Calculation of assess Assessable emplo		Gross dis		ı	\$	Loss
R1 \$		*Unfranked	dividend amount	J	\$	
plus Assessable perso	nal contributions	*Franked	dividend amount	K	\$	
plus #*No-TFN-quote	d contributions	*Dividend	I franking credit	L	\$	01 -
R3 \$ (an amount must be it	included even if it is zero)		oss trust	М	\$	Code
less Transfer of liability t			inbations			
company	or PST		sessable ributions		_	
R6 \$		(R	11 plus R2 13 less R6)	R	<b>\$</b>	
Calculation of non-ar	m's length income	]				Code
*Net non-arm's length priva	-	*Othe	r income	s	\$	
U1 \$					•	
plus *Net non-arm's lengt	h trust distributions	*Assessable due to cha		Т	\$	
U2 \$			s of fund	•	•	
plus *Net other non-arn	n's lenath income		on-arm's			
U3 \$	O .	(subject to 47° ( <b>U1</b> plus <b>U</b> 2	income % tax rate) 2 plus U3)	U	<b>\$</b>	
#This is a mandatory label.		GROSS I	NCOME	w	\$	Loss
*If an amount is		(Sum of label	IS A TO U)		7	
entered at this label, check the instructions	Exempt cui	rrent pensior	n income	Y	<b>\$</b> 	Loss
to ensure the correct	TOTAL ASSESSABI	LE INCOME (W less Y)				LUSS

# Section C: Deductions and non-deductible expenses

# 12 Deductions and non-deductible expenses

Under 'Deductions' list all expenses and allowances you are entitled to claim a deduction for. Under 'Non-deductible expenses', list all other expenses or normally allowable deductions that you cannot claim as a deduction (for example, all expenses related to exempt current pension income should be recorded in the 'Non-deductible expenses' column).

	DEDUCTIONS		NON-DEDUCTIBLE EXPENSES	
Interest expenses within Australia	A1 \$		A2 \$	
Interest expenses overseas	<b>B1</b> \$		B2\$	
Capital works expenditure	D1 \$		D2 \$	
Decline in value of depreciating assets	E1 \$		<b>E2</b> \$	
Insurance premiums – members	F1 \$		F2 \$	
Death benefit increase	G1 \$			
SMSF auditor fee	H1 \$		H2\$	
Investment expenses	I1 \$		<b>12</b> \$	
Management and administration expenses	J1 \$		<b>J2</b> \$	
Forestry managed investment scheme expense	U1 \$	Code	<b>U2</b> \$	Code
Other amounts	L1 \$		L2 \$	
Tax losses deducted	M1 \$			
	TOTAL DEDUCTIONS		TOTAL NON-DEDUCTIBLE EXPENSES	
	N \$		<b>Y</b> \$	
	(Total A1 to M1)		(Total <b>A2</b> to <b>L2</b> )	
	*TAXABLE INCOME OR LOSS	Loss	TOTAL SMSF EXPENSES	]
	0\$		z\$	
#This is a mandatory label.	(TOTAL ASSESSABLE INCOME less TOTAL DEDUCTIONS)		(N plus Y)	

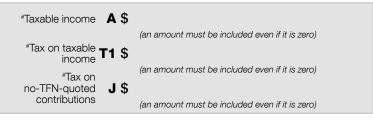
# Section D: Income tax calculation statement

#### #Important:

Section B label R3, Section C label O and Section D labels A,T1, J, T5 and I are mandatory. If you leave these labels blank, you will have specified a zero amount.

# 13 Calculation statement

Please refer to the Self-managed superannuation fund annual return instructions 2016 on how to complete the calculation statement.



Gross tax **B** \$

(T1 plus J)

Foreign income tax offset

C1\$

Rebates and tax offsets

C2\$

Non-refundable non-carry forward tax offsets

C\$

(C1 plus C2)

Complying fund's franking credits tax offset

E1\$

No-TFN tax offset

**E2**\$

National rental affordability scheme tax offset

**E3**\$

Exploration credit tax offset

**E4**\$

T2 \$

**SUBTOTAL** 

(B less C - cannot be less than zero)

Refundable tax offsets

(E1 plus E2 plus E3 plus E4)

\*TAX PAYABLE **T5** \$

(T2 less E - cannot be less than zero)

Credit for interest on early payments amount of interest

H1\$

Credit for tax withheld – foreign resident withholding

**H2**\$

Credit for tax withheld – where ABN or TFN not quoted (non-individual)

**H3**\$

Credit for TFN amounts withheld from payments from closely held trusts

**H5**\$

Credit for interest on no-TFN tax offset

**H6**\$

Section 102AAM interest charge

**G**\$

Eligible credits

**H**\$

(H1 plus H2 plus H3 plus H5 plus H6)

\*Tax offset refunds

(Remainder of refundable tax offsets)

1\$

(unused amount from label **E** – an amount must be included even if it is zero)

PAYG instalments raised

**K**\$

Supervisory levy

Supervisory levy adjustment for wound up funds

Supervisory levy adjustment for new funds

N \$

AMOUNT DUE OR REFUNDABLE \$\$

A positive amount at **S** is what you owe, while a negative amount is refundable to you.

(T5 plus G less H less I less K plus L less M plus N)

\*This is a mandatory label.

# Section E: Losses

# 14 Losses

If total loss is greater than \$100,000, complete and attach a Losses schedule 2016.

Tax losses carried forward to later income years

Net capital losses carried forward to later income years

# Section F: Member information

In Section F report all current members in the fund at 30 June. Use Section G to report any former members or deceased members who held an interest in the fund at any time during the income year. **MEMBER 1** Title: Mr Ms Other Family name First given name Other given names Day Month Member's TFN Date of birth See the Privacy note in the Declaration. Contributions OPENING ACCOUNT BALANCE \$ Refer to instructions for completing these Employer contributions A\$ labels. ABN of principal employer A1 Personal contributions **B**\$ CGT small business retirement exemption CGT small business 15-year exemption amount **D** \$ Personal injury election **E**\$ Spouse and child contributions Other third party contributions Assessable foreign superannuation fund amount Non-assessable foreign superannuation fund amount Transfer from reserve: assessable amount L\$ Transfer from reserve: non-assessable amount Contributions from non-complying funds **T**\$ and previously non-complying funds Any other contributions (including Super Co-contributions and Low Income Super Contributions) TOTAL CONTRIBUTIONS N \$ Loss Other transactions Allocated earnings or losses **O** \$ Inward rollovers and transfers Outward rollovers and transfers Q\$ Code Lump Sum payment R1 \$ Code Income stream payment R2 \$

S\$

**CLOSING ACCOUNT BALANCE** 

Use Section G to report any former members or deceased members who held an interest in the fund at any time during the income year. **MEMBER 2** Title: Mr Miss Ms Other Family name First given name Other given names Day Month Member's TFN Date of birth See the Privacy note in the Declaration. Contributions OPENING ACCOUNT BALANCE \$ Refer to instructions for completing these Employer contributions A\$ labels. ABN of principal employer A1 Personal contributions **B**\$ CGT small business retirement exemption **C**\$ CGT small business 15-year exemption amount **D** \$ Personal injury election **E**\$ Spouse and child contributions Other third party contributions **G** \$ Assessable foreign superannuation fund amount Non-assessable foreign superannuation fund amount Transfer from reserve: assessable amount L\$ Transfer from reserve: non-assessable amount Contributions from non-complying funds **T**\$ and previously non-complying funds Any other contributions (including Super Co-contributions and Low Income Super Contributions) м\$ TOTAL CONTRIBUTIONS N \$ Loss Other transactions Allocated earnings or losses **O** \$ Inward rollovers and transfers Outward rollovers and transfers Q\$ Code Lump Sum payment R1 \$ Code Income stream payment R2 \$ **CLOSING ACCOUNT BALANCE** S\$

Sensitive (when completed)

Page 7

In Section F report all current members in the fund at 30 June.

	ction H: <b>Assets and liabilitie</b>	es			
15a	Australian managed investments	Listed trusts	A	\$	
		Unlisted trusts	В	\$	
		Insurance policy	С	\$	
	Other	managed investments	D	\$	
15b	Australian direct investments	Cash and term deposits	E	\$	
	Limited recourse borrowing arrangements  Australian residential real property	Debt securities	F	\$	
	J1 \$	Loans	G	\$	
	Australian non-residential real property	Listed shares	Н	\$	
	J2 \$ Overseas real property	Unlisted shares	ı	\$	
	J3 \$ Australian shares	Limited recourse orrowing arrangements	J	\$	
	J4 \$	Non-residential	K	\$	J
	Overseas shares	real property Residential			
	J5 \$	real property		\$	
	Other	Collectables and personal use assets	M	\$	
	J6 \$	Other assets	0	\$	
15c	Overseas direct investments	Overseas shares	P	\$	
	Overseas non-	residential real property	Q	\$	
	Overseas	residential real property	R	\$	
	Overseas	managed investments	S	\$	
		Other overseas assets	T	\$	
	TOTAL AUSTRALIAN AND (Sum of labels		U	\$	
15d	In-house assets  Did the fund have a loan to, lease to or investment in, related parties (known	No Yes		\$	

as in-house assets) at the end of the income year?

Sensitive (when completed)

16 LIABILITIES Borrowings  $\boldsymbol{V}$  \$

Total member closing account balances **W \$** 

(total of all CLOSING ACCOUNT BALANCEs from Sections F and G)

Reserve accounts X \$

Other liabilities Y \$

TOTAL LIABILITIES **Z** \$

# Section I: Taxation of financial arrangements

17 Taxation of financial arrangements (TOFA)

Total TOFA gains **H** \$

Total TOFA losses | \$

# Section J: Other information

### Family trust election status

If the trust or fund has made, or is making, a family trust election, write the four-digit **income year** specified of the election (for example, for the 2015–16 income year, write 2016).

> If revoking or varying a family trust election, print  ${\bf R}$  for revoke or print  ${\bf V}$  for variation, and complete and attach the Family trust election, revocation or variation 2016.

#### Interposed entity election status

If the trust or fund has an existing election, write the earliest income year specified. If the trust or fund is making one or more elections this year, write the earliest income year being specified and complete an Interposed entity election or revocation 2016 for each election.

> If revoking an interposed entity election, print **R**, and complete and attach the Interposed entity election or revocation 2016.

Section K: <b>Declarations</b>				
Penalties may be imposed for false or misleading information in addition to	penalties relating	to any	tax short	falls.
Important Before making this declaration check to ensure that all income has been disclosed and the a any additional documents are true and correct in every detail. If you leave labels blank, you we label was not applicable to you. If you are in doubt about any aspect of the annual return, ple Privacy The ATO is authorised by the Taxation Administration Act 1953 to request the provision of tax identify the entity in our records. It is not an offence not to provide the TFN. However if you deform may be delayed.  Taxation law authorises the ATO to collect information and disclose it to other government age to ato.gov.au/privacy	vill have specified ace all the facts book of the facts book of the facts book of the facts of t	a zero a efore the Ns). We TFN, th	amount or e ATO. e will use the ne process	the he TFN to sing of this
TRUSTEE'S OR DIRECTOR'S DECLARATION:  I declare that current trustees and directors have authorised this annual return and it is a law received the audit report and I am aware of any matters raised. I declare that the any attached schedules and additional documentation is true and correct. I also authorise nominated bank account (if applicable).	information on th	nis annu	ual return,	including
Authorised trustee's, director's or public officer's signature	Day	Mo	onth	Year
	Date	/	nun /	rear
Preferred trustee or director contact details:	J	,	,	
Title: Mr Mrs Miss Ms Other				
Family name				
First given name Other given names				
Phone number				
Email address				
Non-individual trustee name (if applicable)				
ABN of non-individual trustee				
Time taken to prepare and complete this annual return	Hrs			
The Commissioner of Taxation, as Registrar of the Australian Business Register, m you provide on this annual return to maintain the integrity of the register. For further info	ay use the ABN rmation, refer to	and bus	siness det tructions.	tails which
TAX AGENT'S DECLARATION:  I declare that the Self-managed superannuation fund annual return 2016 has been prepared in accordance with information provided by the trustees, that the trustees have given me a declaration stating that the information provided to me is true and correct, and that the trustees have authorised me to lodge this annual return.  Tax agent's signature				
	Day Day	Mo	onth /	Year
Tax agent's contact details				
Title: Mr Mrs Miss Ms Other				
Family name				
First given name Other given names				

Page 16

Tax agent's practice

Tax agent's phone number

Postal address for annual returns: Australian Taxation Office, GPO Box 9845, IN YOUR CAPITAL CITY

Reference number

Tax agent number

#### **PART A**

## **Electronic Lodgment Declaration (Form P, T, F, SMSF or EX)**

This declaration is to be completed where the tax return is to be lodged via an approved ATO electronic channel. It is the responsibility of the taxpayer to retain this declaration for a period of five years after the declaration is made, penalties may apply for failure to do so.

#### Privacy

The ATO is authorised by the Taxation Administration Act 1953 to request the provision of tax file numbers (TFNs). The ATO will use the TFNs to identify each partner or beneficiary or entity in our records. It is not an offence not to provide the TFNs. However, you cannot lodge your tax return electronically if you do not quote your TFN.

Taxation law authorises the ATO to collect information and disclose it to other government agencies, including personal information about the person authorised to sign the declaration. For information about privacy go to ato.gov.au/privacy

### The Australian Business Register

The Commissioner of Taxation, as Registrar of the Australian Business Register, may use the ABN and business details which you provide on this tax return to maintain the integrity of the register.

Please refer to the privacy statement on the Australian Business Register (ABR) website (www.abr.gov.au) for further information - it outlines our commitment to safeguarding your details.

#### Electronic funds transfer - direct debit

Declarations I declare that

Where you have requested an EFT direct debit some of your details will be provided to your financial institution and the Tax Office's sponsor bank to facilitate the payment of your taxation liability from your nominated account.

Tax File Number Name of Partnership, Trust, Fund or Entity Year

I authorise my tax agent to electronically transmit this tax return via an approved ATO electronic channel.

#### Important

Before making this declaration please check to ensure that all income has been disclosed and the tax return is true and correct in every detail. If you are in doubt about any aspect of the tax return, place all the facts before the Tax Office. The tax law provides heavy penalties for false or misleading statements on tax returns.

PART B						
Signature of Pa	artner, Trustee, or		Date	1	1	
	is true and correct; and the agent is authorised to	lodge this tax return.				
•		o the agent for the preparation of this tax return, includir	ng any applicable	schedules		
Deciaration.	i deciare mat.					

### **ELECTRONIC FUNDS TRANSFER CONSENT**

This declaration is to be completed when an electronic funds transfer (EFT) of a refund is requested and the tax return is being lodged through an approved ATO electronic channel.

This declaration must be signed by the partner, trustee, director or public officer prior to the EFT details being transmitted to the Tax Office. If you elect for an EFT, all details below must be completed.

Important: Care should be taken when completing EFT details as the payment of any refund will be made to the account specified.

### Agent's reference number

### **Account name**

I authorise the refund to be deposited directly to the specified account					
Signature		Date	1	/	

# **PART D**

# Tax Agent's Certificate (shared facilities only)

### I declare that:

- I have prepared this tax return in accordance with the information supplied by the partner, trustee, director or public officer
- I have received a declaration made by the entity that the information provided to me for the preparation of this tax return is true and correct; and

I am authorised by the partner, trustee, director or pu	blic officer to lodge this tax return, including any applicable schedules.
Agent's signature	Date / /
Contact name	Client Reference
Agent's Phone Number	Agent's Reference Number