Sig	gnature as prescribed in	tax return			
			elf-managed nd annual re	superannuation 2	2012
On cor	no should complete this and ly self-managed superannuat mplete this annual return. All and income tax return 2012 (N	ion funds (SMSFs) car other funds must com	n Print o	MPLETE THIS ANNUAL RETURN clearly, using a BLACK pen only. LOCK LETTERS.	489MS2012
in	The Self-managed superant structions 2012 (NAT 71606) ou to complete this annual re	(the instructions) can	eturn		
 Se 1	ection A: Fund in Tax file number (TFN)	formation		To assist processing, write the fund's N at the top of pages 3, 5 and 7.	
	The Tax Office is authoris could increase the chance of			iged to quote your TFN but not quoting it .	_
3	Australian business nu	ımber (ABN) (if appl	licable)		
4 Sub	Current postal address	•		State/territory	Postcode
5	Annual return status Is this an amendment to the	e SMSF's 2012 annua	ıl return? No	Yes	
6 Au	Fund auditor ditor's name				
Title Fan	e: Mr Mrs Miss nily name	Ms Other			
Firs	t given name		Other given names		
SM	ISF Auditor Number	Professional body Code	Membership number	Auditor's phone nu	mber
Po	stal address				
Sub	ourb/town			State/territory	Postcode
Da	te audit was completed A	Day Month	Year Was Pa	rt B of the audit report qualified? B No	Yes
7	Electronic funds trans Provide your fund's financial Write the BSB number, fund' We do not issue refunds to a	institution details. 's account number and		See relevant instructions.)	

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Fund account number

BSB number (must be six digits)

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

Sig	nature as prescribed in tax return				Tax File Number	
8	Status of SMSF Australian sup	perannuation fund A No		Yes	Fund benefit structure B	Code
	Does the fund trust deed allow a Government's Super (Yes		
9	Was the fund wound up during th	_		.,	r Have all tax lodgment	
	No Yes If yes, provide the date which the fund was w			Year	and payment obligations been met?	Yes
	ection B: Income					
10	Income Did you have a capital gains (CGT) event during the year				al capital loss or total capital gain is greater than see and attach a Capital gains tax (CGT) schedule 2	
	Did the CGT event relate to a forest managed investment scheme interest the you held other than as an initial participal	hát Z No Yes			t complete and attach a Capital gains tax hedule 2012.	
		Net capital gain	A	\$		
	Gross rent and oth	her leasing and hiring income	В	\$		
		Gross interest	С	\$		
	F	Forestry managed investment scheme income	X	\$		
Г	Gross foreign income					Loss
C	1 \$	Net foreign income	D	\$		
	Australian franking credits fr	om a New Zealand company	E	\$		N Is seed to as
		Transfers from foreign funds	F	\$		Number
_		Gross payments where ABN not quoted	н	\$		Loss
	Calculation of assessable contribution Assessable employer contributions	Gross distribution from partnerships	I	\$		
F	1 \$	*Unfranked dividend amount	J	\$		
l'	Assessable personal contributions	*Franked dividend	K	\$		
	2 \$ us *No-TFN quoted contributions	amount *Dividend franking				
	3 \$	credit *Gross trust	<u>.</u>	\$		Code
le	ss Transfer of liability to life insurance company or PST	distributions	М	\$		
F	6 \$	Assessable contributions (R1 plus R2 plus R3 less R6)	R	\$		
*N	Calculation of non-arm's length incom					Code
	et non-arm's length private company divide	*Other income	S	\$		
Ι΄.	us*Net non-arm's length trust distribution	*Assessable income due to changed tax status of fund	T	\$		
l'	*Net other non-arm's length income	Net non-arm's length income (subject to 45% tax rate) (U1 plus U2 plus U3)	U	\$		
la	f an amount is entered at this abel, check the instructions to assure the correct tax treatment	GROSS INCOME (Sum of labels A to U)	w	\$		Loss
	as been applied	empt current pension income	Y	\$		
	TOTAL ASSI	ESSABLE INCOME (W Jess Y) V \$				Loss

Loss

Signature as prescribed in tax return **Tax File Number** // Place your attachments here. Section C: Deductions 11 Deductions Interest expenses within Australia A \$ Interest expenses overseas **B** \$ Capital works deductions **D** \$ Deduction for decline in value of depreciating assets **E** \$ Small business and general business tax break **P** \$ Death or disability premiums **F** \$ Death benefit increase **G** \$ Approved auditor fee **H** \$ Investment expenses I \$ Management expenses **J** \$ Administration expenses **Q** \$ Forestry managed investment scheme deduction **U** \$ Code Other deductions L \$ Tax losses deducted M \$

TOTAL DEDUCTIONS N \$

TAXABLE INCOME OR LOSS

(TOTAL ASSESSABLE INCOME less TOTAL DEDUCTIONS)

) \$

Signature as prescribed in tax return Tax File Number

Section D: Income tax calculation statement

12 Calculation statement

Please refer to the Self-managed superannuation fund annual return instructions 2012 on how to complete the calculation statement.

Eoreign income tax offset

Taxable income **A** \$

Tax on taxable income **T1**\$

Tax on no-TFN quoted contributions

Gross tax B \$

(T1 plus J)

Rebates and tax offsets

Non-refundable non-carry forward tax offsets

C \$

Complying fund's franking credits tax offset SUBTOTAL T2\$

E1 \$

No-TFN tax offset

National rental affordability scheme tax offset

Refundable tax offsets

E3 \$ E \$

(E1 plus E2 plus E3)

(C1 plus C2)

(cannot be less than zero)

TAX PAYABLE **T5**\$

(cannot be less than zero)

Credit for interest on early payments – amount of interest

H1 \$

C1 \$

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)

Remainder of refundable tax offsets

I \$

(unused amount from label **E**)

PAYG instalments raised

K \$

Supervisory levy

L \$

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)

Section E: Losses

13 Losses

(1) If total loss is greater than \$100,000, or there is a foreign loss, complete and attach a *Losses schedule 2012*.

Tax losses carried forward to later income years

Net capital losses carried forward to later income years **V** \$

Signature as prescribed in tax return	Tax File Number

Section F: Member information

Report current members at 30 June 2012 and former members who were paid a benefit (lump sum or income stream, but not a rollover) during the financial year. Include members for whom no contributions were received. Report deceased members in Section G. **MEMBER 1** Title: Mr Other Mrs Miss Ms Family name First given name Other given names Dav Month Member's TFN Date of birth Contributions OPENING ACCOUNT BALANCE \$ Refer to instructions for completing these Employer contributions A \$ labels. For example, include contributions ABN of principal employer A1 reported to you on a Rollover benefits statement Personal contributions **B** \$ (RBS) (NAT 70944). CGT small business retirement exemption **C** \$ CGT small business 15-year exemption amount **D** \$ Personal injury election **E** \$ Spouse and child contributions **F** Other third party contributions **G** \$ Directed termination (taxable component) payments **H** \$ Assessable foreign superannuation fund amount Non-assessable foreign superannuation fund amount **J** Transfer from reserve: assessable amount **K** \$ Transfer from reserve: non-assessable amount L Contributions from non-complying funds and previously non-complying funds Any other contributions (including Super Co-contributions) **M** \$ TOTAL CONTRIBUTIONS N \$ Loss Other transactions Allocated earnings or losses **O** \$ Loss Inward amounts less any rolled in contributions reported at A - M Outward amounts less any rolled out contributions at item 15K on RBS Code Benefit payments and code R \$

CLOSING ACCOUNT BALANCE \$ \$

Signature as prescribed in tax return	Tax File Number

	ernbers at 30 June 2012 and former members who were paid a benefit (jump sum or income ncial year. Include members for whom no contributions were received. Report deceased mer	
AENADED O		
MEMBER 2 tle: Mr Mrs M amily name	Miss Ms Other	
rst given name	Other given names	
	Day Month Year	
lember's TFN	Date of birth	
ontributions	OPENING ACCOUNT BALANCE \$	
Refer to instructions or completing these	Employer contributions A \$	
bels. For example, clude contributions eported to you on a	ABN of principal employer A1	
ollover benefits stateme RBS) (NAT 70944).	Personal contributions B \$	
CG	GT small business retirement exemption C \$	
CGT sma	nall business 15-year exemption amount D \$	
	Personal injury election E \$	
	Spouse and child contributions F \$	
	Other third party contributions G \$	
Directed term	mination (taxable component) payments H \$	
Assessab	ble foreign superannuation fund amount \$	
Non-assessab	able foreign superannuation fund amount J \$	
Tra	ransfer from reserve: assessable amount K \$	
	er from reserve: non-assessable amount L\$	
С	Contributions from non-complying funds and previously non-complying funds	
Any other contribut	utions (including Super Co-contributions) M \$	
	TOTAL CONTRIBUTIONS N \$	
ther transactions	Allocated earnings or losses O \$	Loss
	Inward amounts <i>less</i> any rolled in contributions reported at A – M	Loss
	Outward amounts less any rolled out contributions at item 15K on RBS	Code
	Benefit payments and code R \$	3040
	CLOSING ACCOUNT BALANCE S \$	

Signature as prescribed in tax return **Tax File Number** Section H: Assets and liabilities 14 ASSETS Listed trusts A \$ 14a Australian managed investments Unlisted trusts **B** \$ Insurance policy C \$ Other managed investments **D** \$ 14b Australian direct investments Cash and term deposits **E** \$ Debt securities **F** \$ Loans G \$ Listed shares **H** \$ Unlisted shares **I** \$ Limited recourse borrowing arrangements **J** \$ Non-residential real property K \$ Residential real property **L** \$ Collectables and personal use assets **M** \$ Other assets **O** \$ 14c 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 OVERSEAS ASSETS U \$ 15 LIABILITIES Borrowings V \$ Total member closing account balances (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 16 Taxation of financial arrangements (TOFA) Did you make a gain, loss or transitional balancing adjustment from a financial arrangement subject to the TOFA rules? Total TOFA gains **H** \$ Total TOFA losses | \$ Loss

TOFA transitional balancing adjustment **J** \$

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Page 11

Signature as prescribed in tax return Tax File Number

Section J: Regulatory information

The following questions indicate the operational status of the SMSF. Penalties will apply for false or misleading information. You must answer either **No** or **Yes** for all questions listed and provide dollar amounts if applicable.

In-house and related party assets

(known as in-house assets)?	A No	Yes	\$
Did the CMCE held in house assets at any time during			

Did the SMSF hold in-house assets at any time during the year that exceeded 5% of total assets?

Did the SMSF hold an investment in a related party at any time during the year (excluding in-house assets)? C No Yes \$

Did the SMSF acquire any exempt assets from related parties? P No Yes \$

Did the SMSF acquire any assets (other than exempt assets) from related parties?

Other regulatory questions

Did the SMSF lend money or provide financial assistance to a member or relative of a member of the fund?

Did the SMSF receive in specie contributions during the year? **F** No Yes \$

Did the SMSF make and maintain all investments on an arm's length basis? **G** No Yes

Did the SMSF borrow for purposes that are not permissible? **H** No Yes

Did members have the personal use of the SMSF's assets before retirement?

Did the SMSF provide money to members without a condition of release being met? **J** No Yes

Did trustees of the fund receive any remuneration for their services as a trustee?

Are any trustees or directors currently disqualified persons as defined by SISA? L No Yes

Are all SMSF assets appropriately documented as owned by the fund?

Did the SMSF carry on a business of selling goods or services? N No Yes

Does the auditor provide services to the SMSF as either a tax agent, accountant or financial advisor or administrator?

Section K: Other information

Forestry managed investment schemes

Product or private ruling information **G** H / I

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 2011–12 income year, write 2012).

If revoking or varying a family trust election, print **R** for revoke or print **V** for variation, and complete and attach the *Family trust election*, revocation or variation 2012. **B**

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 2012* for each election.

If revoking an interposed entity election, print **R**, and complete and attach the *Interposed entity election or revocation 2012*.

Number

Tax File Number

Section L: Declara	ations		
Penalties may be	imposed for false or misleading information in addit	ion to penalties relati	ing to any tax shortfalls.
_	check to ensure that all income has been disclosed are true and correct in every detail. If you are in dou O.		
I have received the audit report	nd directors have authorised this annual return and and I am aware of any matters raised. I declare tha ditional documentation is true and correct. I also au	t the information on	this annual return, including
Authorised trustee's, director's	or public officer's signature		
		Day Date	Month Year
Preferred trustee or direc	tor contact details:		,
Title: Mr Mrs Miss Family name	Ms Other		
First given name	Other given names		
Phone number Email address Non-individual trustee name (if	applicable)		
ton marviada trascos namo (m	друпоского)		
ABN of non-individual trustee			
Ti	me taken to prepare and complete this annual retur	Hrs n	
	tion, as Registrar of the Australian Business Regist urn to maintain the integrity of the register. For furth		
	superannuation fund annual return 2012 has been shave given me a declaration stating that the inform		
		Day Date	Month Year
Tax agent's contact detail	s		•
Title: Mr Mrs Miss Family name	Ms Other		
First given name	Other given names		

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

Reference number

Tax agent's practice

Tax agent's phone number

Tax agent number

PART A

Electronic Lodgement Declaration (Form P, T, C, F, SMSF or EX)

This declaration is to be completed where the tax return is to be lodged via the Tax Office's Electronic Lodgment Service (ELS). 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

Your tax file number

It is not an offence not to quote your (or if applicable, the partner's or beneficiary's) tax file number (TFN). However, you cannot lodge your tax return electronically if you do not quote your TFN. The Tax Office is authorised by the *Income Tax Assessment Act 1936* and the *Income Tax Assessment Act 1997* to ask for information on this tax return.

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

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 the Electronic Lodgment Service.

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.

Declaration:	I declare that: the information provided to the agent for the preparation is true and correct; and	on of this tax return, including any applicable so	chedules	
•	the agent is authorised to lodge this tax return.			
Signature of Pa	artner, Trustee, olic Officer	Date	1 1	

PART B

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 the electronic lodgment service ELS.

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 Ref No

Account name

authorise the refund to be deposited directly to the specified account							
Signature		Date	1	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
- is true and correct; and ■ I am authorised by the partner, trustee, director or public officer to lodge this tax return, including any applicable schedules.

I am authorised by the	partner, trustee, director or	public office	er to loage t	nis tax re	eturn, including any applicable schedules.	
Agent's signature		Date	1	1		
Contact name					Agent Ref No	
Agent's Phone No						