Self-managed superannuation fund annual return

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 2012 (NAT 71287).

The Self-managed superannuation fund annual return instructions 2012 (NAT 71606) (the instructions) can assist you to complete this annual return.

Section A: Fund information

1 Tax file number (TFN)

TO COMPLETE THIS ANNUAL RETURN

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

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

In the Tax Office 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.

2 Name of self-managed superannuation fund (SMSF)

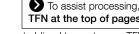
Australian business number (ABN) (if applicable) 3

Current postal address 4

Sub	urb/town									St	ate/territory		Postcode
5		al return an amenc		the SMS	F's 2012 a	nnua	l return?	No	Yes				
6 Auc	Fund a	auditor me											
Title Fam	: Mr ily name	Mrs	Miss	Ms	Other								
First	given nar	ne					Other given	names					
SM	SF Audit	or Numb	er	Prof	essional bo Code	ody	Membersh	nip number		Audit	or's phone	e nun	nber
Pos	tal addre	ess											
Sub	urb/town									St	ate/territory		Postcode
Dat	e audit v	vas comp	oleted	Day	Month	/	Year	Was Par	t B of the au	ıdit report qua	lified? B	No	Yes
7	Provide Write th	ne BSB nu	l's financia Imber, fun	al institution id's accou	on details.			ne below. (Se	ee relevant in:	structions.)			
BS	3 numbe	er (must b	e six digi	ts)			Fun	d account r	number				

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

IN-CONFIDENCE – when completed



Page 1

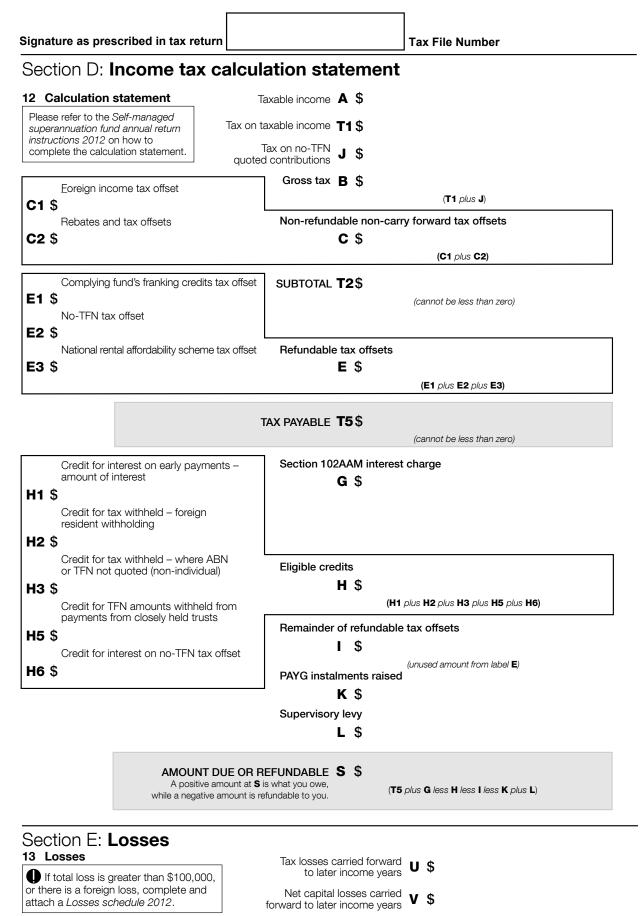
489MS2012

Des the fund trust deed allow acceptance of the C No Yes Was the fund wound up during the income year? Yes No Yes Have all tax lodgment and payment not beligations been met? No Yes Section B: Income Yes Yes Have all tax lodgment and payment not beligations been met? No Yes Income Did the Call capital gains tax (CGT) even take to a forestry managad investment scheme interest that you have a capital gain tax (CGT) schedule 2012. No Yes Yes (CGT) schedule 2012. No Yes Did the CGT even traits to a forestry managad investment scheme interest that s	gnature as prescribed in ta	ax return						Tax File Number	
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Was the fund wound up during the income year? Iver / ver / ver / ver / obligations been met? No Yes No Yes / type, provide the date on Comparison of the the fund verse wound up / / / / / / /) Income Income Income Did the capital gains tax (CGT) event during the year? C No Yes Income Did the CGT event relate to a forestry managed investment scheme interest that you held other than as an initial participant? Z No Yes Interest of the company you held other than as an initial participant? Z No Yes) for your must compate and attach a Capital gain tax (CGT) schedule 2012. Interest of the company you held other than as an initial participant? Z No Yes) for your must compate and attach a Capital gain tax (CGT) schedule 2012. Interest of the company you held other than as an initial participant? Z No Yes) for your must compate and attach a Capital gain tax (CGT) schedule 2012. Interest of the company you held other than as an initial participant? Z No Yes S Gross foreign income D S Company of YES Nombol Australian franking credits from a New Zealand company E S Nombol The sched at divident of assessable contributions Rasesable employer contributions Rasesable personal contributions Rasesable employer contributions Rasesable employer contributions Rasessable personal contribution				C	No		Yes		
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Income Did you have a capital gains tax (CGT) event during the year? G No Yes) "It to total capital gains tax (CGT) schedule 2012." Did the CGT event fields to a forestry you held other then as an initial participant? Z No Yes) "Complete and attach a Capital gains tax (CGT) schedule 2012." Did the CGT event fields to a forestry you held other then as an initial participant? Z No Yes) "Control other a capital gains tax (CGT) schedule 2012." Coress rent and other leasing and hiring income B Gross interest CS Gross rent and other leasing and hiring income D S Carces foreign income D S Australian franking credits from a New Zealand company E Numb Australian franking credits from a New Zealand company E Numb Calculation of assessable contributions Ra S Transfers from from partnerships I S Numb "Unarked dividend dus J S Cores from partnerships I S Calculation of non-arm's length income thet non-arm's length income status of fund S Cores Cores Quis No of the instructors to issue that core and issue of the instructors to render to renared tax S Core	-	-	Day		h /		Yea	and payment No.	Yes
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Calculation of assessable contributions Assessable employer contributions R1 \$ olus Assessable personal contributions R2 \$ olus *No-TFN quoted contributions R3 \$ company or PST R6 \$ Gross distribution from partnerships J \$ *Unfranked dividend amount *Franked dividend amount Cerdit Gross fust M \$ distributions R3 \$ company or PST R6 \$ Calculation of non-arm's length income Net non-arm's length private company dividends U1 \$ olus *Net non-arm's length trust distributions U2 \$ olus *Net other non-arm's length income (subject to 45% tax rate) U3 \$ Calculation to rearm's length income (subject to 45% tax rate) GROSS INCOME (Sum of labels A to U) Code Contributions S S Calculation of non-arm's length income due to changed tax status of fund S Code Code Code Code Code Code Code Code Code						н	\$		
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Items in a modulity to life initial rate company or PST Assessable contributions R \$ R6 \$ (R1 plus R2 plus R3 less R6) R \$ Calculation of non-arm's length income 'Net non-arm's length private company dividends *Other income S \$ Code V1 \$ *Other income due to changed tax status of fund T \$ Code V2 \$ Net non-arm's length income due to changed tax status of fund T \$ V3 \$ Net non-arm's length income (subject to 45% tax rate) (U1 plus U2 plus		inguranaa		Gross	trust	м	\$		Code
(R1 plus R2 plus R3 less R6) Code Calculation of non-arm's length income *Other income S \$ 'Net non-arm's length private company dividends *Other income S \$ U1 \$ *Assessable income *Assessable income olus *Net non-arm's length trust distributions *Assessable income T \$ u2 \$ Net non-arm's length income Net non-arm's U \$ u3 \$ Net non-arm's length income U \$ 'If an amount is entered at this label, check the instructions to ensure the correct tax treatment has been applied. GROSS INCOME W \$ Exempt current pension income Y \$ Loss			_						
*Net non-arm's length private company dividends *Other income \$\$ U1 \$ *Other income \$\$ plus *Net non-arm's length trust distributions *Assessable income T \$ U2 \$ Net non-arm's Image: Company dividends *Assessable income U2 \$ Net non-arm's U \$ plus *Net other non-arm's length income Net non-arm's U \$ U3 \$ (subject to 45% tax rate) U \$ *If an amount is entered at this label, check the instructions to ensure the correct tax treatment has been applied. GROSS INCOME W \$ Exempt current pension income Y \$ Loss	R6 \$		COI R1 plus R2 plus)	ntribut s R3 /es	tions ss R6)	R	\$		
U1 \$ "Other income \$ \$ blus *Net non-arm's length trust distributions *Assessable income due to changed tax T \$ blus *Net other non-arm's length income Net non-arm's length income length income (subject to 45% tax rate) (U1 plus U2 plus U3) U \$ *If an amount is entered at this label, check the instructions to ensure the correct tax treatment has been applied. GROSS INCOME W \$ Loss Loss Exempt current pension income Y \$ Loss		-]						Code
blus *Net non-arm's length trust distributions *Assessable income due to changed tax T \$ U2 \$ Net non-arm's length income due to changed tax status of fund T \$ U3 \$ Net non-arm's length income (subject to 45% tax rate) (U1 plus U2 plus U3) U \$ *If an amount is entered at this label, check the instructions to ensure the correct tax treatment has been applied. GROSS INCOME (Sum of labels A to U) W \$ Exempt current pension income Y \$ Exempt current pension income Y \$ Loss	0 1	mpany dividends	*Ot	her inc	come	S	\$		
U2 \$ Status of fund blus *Net other non-arm's length income Net non-arm's length income U3 \$ Net non-arm's (subject to 45% tax rate) U \$ 'If an amount is entered at this label, check the instructions to ensure the correct tax treatment has been applied. GROSS INCOME W \$ Loss Exempt current pension income Y \$ Loss Loss		st distributions				т	¢		
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*If an amount is entered at this label, check the instructions to ensure the correct tax treatment has been applied. TOTAL ASSESSABLE INCOME Loss	U3 \$						*		
has been applied. Exempt current pension income Y \$	label, check the instructions to	t	GROS (Sum of lai	S INC bels A	OME to U)	w	\$		<u>Loss</u>
			t current pens	ion inc	come	Y	\$		
	т	TOTAL ASSESS		ΛE 🗤	¢				Loss

Tax File Number

Place your attachments here.

Section C	Deductions				
11 Deduction	ns Interest	expenses within Australia	A	\$	
	In	terest expenses overseas	В	\$	
		Capital works deductions	D	\$	
E	Deduction for decline in va	ue of depreciating assets	Е	\$	
	Small business and g	eneral business tax break	Ρ	\$	
	De	ath or disability premiums	F	\$	
		Death benefit increase	G	i \$	
		Approved auditor fee	Η	\$	
		Investment expenses	I	\$	
		Management expenses	J	\$	
		Administration expenses	Q	\$	
	Forestry managed inves	tment scheme deduction	U	\$ Code	
		Other deductions	L		
		Tax losses deducted	Μ	1\$	
		TOTAL DEDUCTIONS	Ν	·	
T	TAXA TOTAL ASSESSABLE INCOM	BLE INCOME OR LOSS E less TOTAL DEDUCTIONS)	0	Loss	



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 Mrs Miss Ms Other Family name

First given name

Other given names

Member's TFN		Date	e of birth	Day ,	Month	/	Year		
Contributions	OPENING ACCOUNT BALANCE	\$						1	
 Refer to instructions for completing these labels. For example, 	Employer contributions		\$]	
include contributions reported to you on a <i>Rollover benefits statement</i>	ABN of principal employer A1								
(<i>RBS</i>) (NAT 70944).	Personal contributions	В	\$						
CGT s	mall business retirement exemption	С	\$						
CGT small b	usiness 15-year exemption amount	D	\$						
	Personal injury election	Е	\$						
	Spouse and child contributions	F	\$						
	Other third party contributions	G	\$						
Directed termina	tion (taxable component) payments	н	\$						
Assessable f	oreign superannuation fund amount	: 1	\$						
Non-assessable f	oreign superannuation fund amount	J	\$						
Transf	er from reserve: assessable amount	K	\$						
Transfer fro	m reserve: non-assessable amount	L	\$						
Cont	ributions from non-complying funds and previously non-complying funds	Т	\$						
Any other contributions	s (including Super Co-contributions)	M	\$						
	TOTAL CONTRIBUTIONS	N	\$						
Other transactions	Allocated earnings or losses O	\$						Loss	
	vard amounts less any rolled in	\$						Loss	
Contributions reported at A – M Outward amounts less any rolled out									
CO	contributions at item 15K on RBS							Code	
Γ]	
CLO	DSING ACCOUNT BALANCE S	\$							

Signature as prescribed in tax return Tax File Num	ber
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Γ

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 2	
Title: Mr Mrs Miss Ms Other	
Family name	
First given name Other given names	
Day Month Year	
Member's TFN Date of birth / /	
	7
Refer to instructions	
for completing these Employer contributions A \$	
include contributions reported to you on a ABN of principal employer A1	
Rollover benefits statement (RBS) (NAT 70944).Personal contributionsB \$	
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 \mathbf{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 \$	
Other transactions	Loss
Allocated earnings or losses O \$	
Inward amounts less any rolled in \mathbf{P} \$	Loss
Outward amounts less any rolled out contributions at item 15K on RBS	Code
Benefit payments and code R \$	Code
CLOSING ACCOUNT BALANCE S \$	

Signature as prescribed in tax return Tax Fi	le Number
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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 3			
Title: Mr Mrs Miss	Ms Other		
Family name			
First given name	Other give	en names	
Member's TFN		Day Month Year Date of birth / /	
Contributions	OPENING ACCOUNT BALANCE	\$	
Refer to instructions]	
for completing these labels. For example,	Employer contributions	A \$	
include contributions reported to you on a	ABN of principal employer A1		
Rollover benefits statement	Deve en el e entrileutiene	D ¢	
(RBS) (NAT 70944).	Personal contributions	Βφ	
CGT s	small business retirement exemption	C \$	
CGT small b	ousiness 15-year exemption amount	D \$	
	Personal injury election	ΕÞ	
	Spouse and child contributions	F \$	
	Other third party contributions	G \$	
Directed termina	ation (taxable component) payments	Н\$	
Assessable for	oreign superannuation fund amount	1 \$	
Non-assessable for	oreign superannuation fund amount	J \$	
Transfe	er from reserve: assessable amount	К\$	
Transfer fro	om reserve: non-assessable amount	L \$	
Contr	ributions from non-complying funds	т\$	
	and previously non-complying funds		
Any other contributions	s (including Super Co-contributions)	M \$	
	TOTAL CONTRIBUTIONS	N \$	Loss
Other transactions	Allocated earnings or losses	\$	L033
	ç -		Loss
	ward amounts less any rolled in \mathbf{P}	\$	
Outwa	ard amounts less any rolled out	\$	
con	TINDULIONS AL ILEM 15K ON RDS		Code
	Benefit payments and code R	>	
CLC	OSING ACCOUNT BALANCE S	\$	

Signature as prescrib	ed in ta	x return					Tax File Numb	er	
							<u> </u>		
Report current mer rollover) during the finance									
MEMBER 4 Title: Mr Mrs M Family name	fiss M	ls Other							
First given name			Othe	r givei	n nar	nes			
Member's TFN				I	Date	e of birth	Day Month	Year	
Contributions		ENING ACC	OUNT BALAN	ICE	\$]
Refer to instructions for completing these labels. For example,	s L	Emp	loyer contribut	ions	A	\$			1
include contributions reported to you on a		3N of princip	oal employer	A1					
Rollover benefits statem (RBS) (NAT 70944).	ent	Pers	sonal contribut	ions	В	\$			
CC	GT small b	ousiness ret	irement exemp	otion	С	\$			
CGT sm	all busine:	ss 15-year	exemption ame	ount	D	\$			
		Pers	onal injury elec	ction	Ε	\$			
	S	pouse and	child contribut	ions	F	\$			
	(Other third	party contribut	ions	G	\$			
Directed term	nination (t	axable com	nponent) paym	ents	Η	\$			
Assessab	ole foreign	ı superannu	ation fund am	ount	I	\$			
Non-assessab	ole foreign	ı superannu	ation fund am	ount	J	\$			
Tra	ansfer fron	n reserve: a	assessable am	ount	K	\$			
Transfe	er from res	erve: non-a	assessable am	ount	L	\$			
C	Contributic and pr	ons from no reviously no	n-complying function functi function function function function function function fu	unds unds	т	\$			
Any other contributions (including Super Co-contributions)			Μ	\$			-		
		TOTAL	CONTRIBUTIO	ONS	N	\$			Loss
Other transactions	Allc	ocated earn	ings or losses	0	\$				
			s any rolled in $\Delta = \mathbf{M}$	Ρ	\$				Loss
contributions reported at A – M C Outward amounts <i>less</i> any rolled out contributions at item 15K on RBS					\$				
			ents and code	R	\$				Code
[CLOSING	G ACCOUN	IT BALANCE	S	\$				

gnature as prescribed in tax retur	n		Tax File Number	
Section H: Assets and I	iabilities			
4 ASSETS 4a Australian managed investments	Listed trusts	Δ	\$	
	Unlisted trusts			
	Insurance policy	С	\$	
	Other managed investments			
4b Australian direct investments	Cash and term deposits	Е	\$	
	Debt securities	F	\$	
	Loans	G	\$	
	Listed shares	н	\$	
	Unlisted shares	I	\$	
Limited	recourse borrowing arrangements	J	\$	
	Non-residential real property	κ	\$	
	Residential real property	L	\$	
Cc	llectables and personal use assets	Μ	\$	
	Other assets	0	\$	
4c Overseas direct investments	Overseas shares	Ρ	\$	
Ove	erseas non-residential real property	Q	\$	
	Overseas residential real property	R	\$	
	Overseas managed investments	S	\$	
	Other overseas assets	т	\$	
TOTAL AUSTR	ALIAN AND OVERSEAS ASSETS	U	\$	
5 LIABILITIES	Borrowings	V	\$	
Total (total of all CLOSING ACCOUNT E	member closing account balances BALANCEs from Sections F and G)	w	/\$	
	Reserve accounts	X	\$	
	Other liabilities	Y	\$	
	TOTAL LIABILITIES	z	\$	

Did you make a gain, loss or transitional balancing adjustment from a financial arrangement subject to the TOFA rules?	G	No Yes
Total TOFA gains	H	\$
Total TOFA losses	I	\$
TOFA transitional balancing adjustment IN-CONFIDENCE – whe		

Loss

Tax File Number

Α

В

С

D

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

In-house and related party assets				
Did the SMSF loan, lease to or invest in related parties (known as in-house assets)?	A	No	Yes	\$
Did the SMSF hold in-house assets at any time during the year that exceeded 5% of total assets?	В	No	Yes	
Did the SMSF hold an investment in a related party at any time during the year (excluding in-house assets)?	С	No	Yes	\$
Did the SMSF acquire any exempt assets from related parties?	Ρ	No	Yes	\$
Did the SMSF acquire any assets (other than exempt assets) from related parties?	D	No	Yes	\$
Other regulatory questions				
Did the SMSF lend money or provide financial assistance to a member or relative of a member of the fund?	Е	No	Yes	
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?	Η	No	Yes	
Did members have the personal use of the SMSF's assets before retirement?	I	No	Yes	
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?	K	No	Yes	
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?	Μ	No	Yes	
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?	0	No	Yes	

Section K: Other information

Forestry managed investment schemes	Code	Year		Number
Product or private ruling information	G	н	/ 1	
Family trust election status				
If the trust or fund has made, or is making specified of the election				
If revoking or varying a family and complete and attac				
Interposed entity election status				
If the trust or fund has an existing ele- or fund is making one or mor specified and complete an <i>Interpo</i>	re elections t	his year, write t	he earliest inc	come year being
	0 1	,	2 I I	R , and complete evocation 2012.
Page 12			n complete	ad a set of the set of

Tax File Number

Section L: Declarations

Penalties may be imposed for false or misleading information in addition to penalties relating to any tax shortfalls.

Important

Before making this declaration check to ensure that all income has been disclosed and the annual return, all attached schedules and any additional documents are true and correct in every detail. If you are in doubt about any aspect of the annual return, place all the facts before the ATO.

TRUSTEE'S OR DIRECTOR'S DECLARATION:

I declare that current trustees and directors have authorised this annual return and it is documented as such in the SMSF's records. I have received the audit report and I am aware of any matters raised. I declare that the information on this annual return, including any attached schedules and additional documentation is true and correct. I also authorise the ATO to make any tax refunds to the nominated bank account (if applicable).

Authorised trustee's, director's or public officer's signature

		Date	Day	Month	/	Year
Preferred trustee or director con	tact details:					
Title: Mr Mrs Miss Ms Family name	Other					
First given name	Other given names					
Phone number Email address						
Non-individual trustee name (if applicabl	e)					
ABN of non-individual trustee						
Time taker	n to prepare and complete this annual return	Hrs				
•	Registrar of the Australian Business Register, ma aintain the integrity of the register. For further info	-				ils which
	nuation fund annual return 2012 has been prepar ven me a declaration stating that the information e this annual return.					
Tax agent's signature						
		Date	Day	Month	/	Year
Tax agent's contact details Title: Mr Mrs Miss Ms Family name	Other					
First given name	Other given names					
Tax agent's practice						
Tax agent's phone number	Reference number		Tax	agent nur	nber	

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

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 of this tax return, including any applicable schedules is true and correct; and
- the agent is authorised to lodge this tax return.

Signature of Partner, Trustee, Director or Public 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

I authorise the refund to be deposited directly to the specified account

Signature

1

Date

/

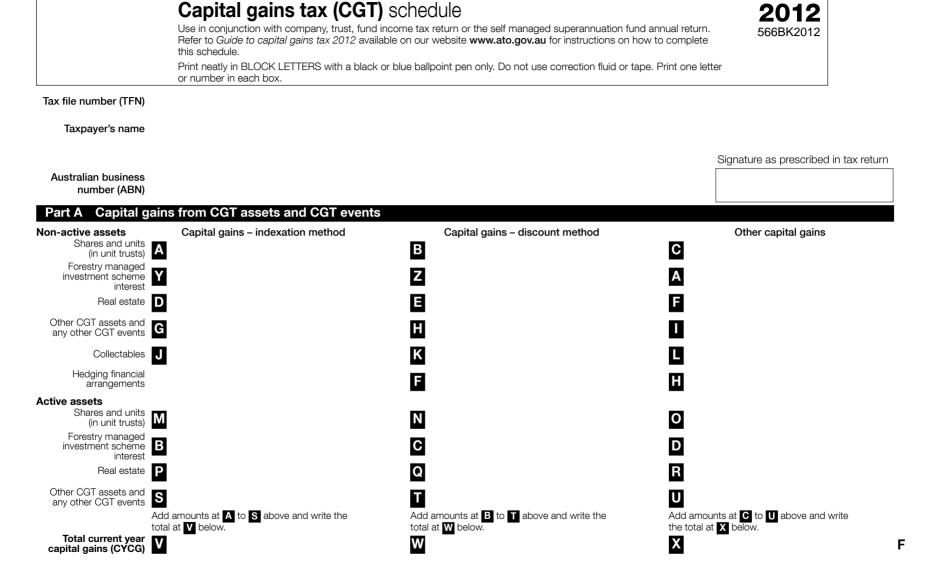
PART D

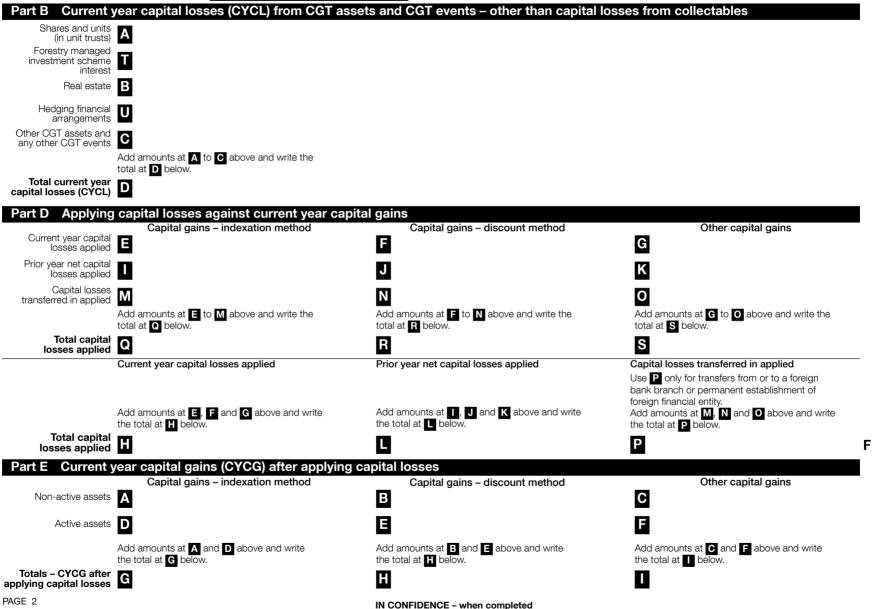
Tax Agent's Certificate (shared facilities only)

I declare that:

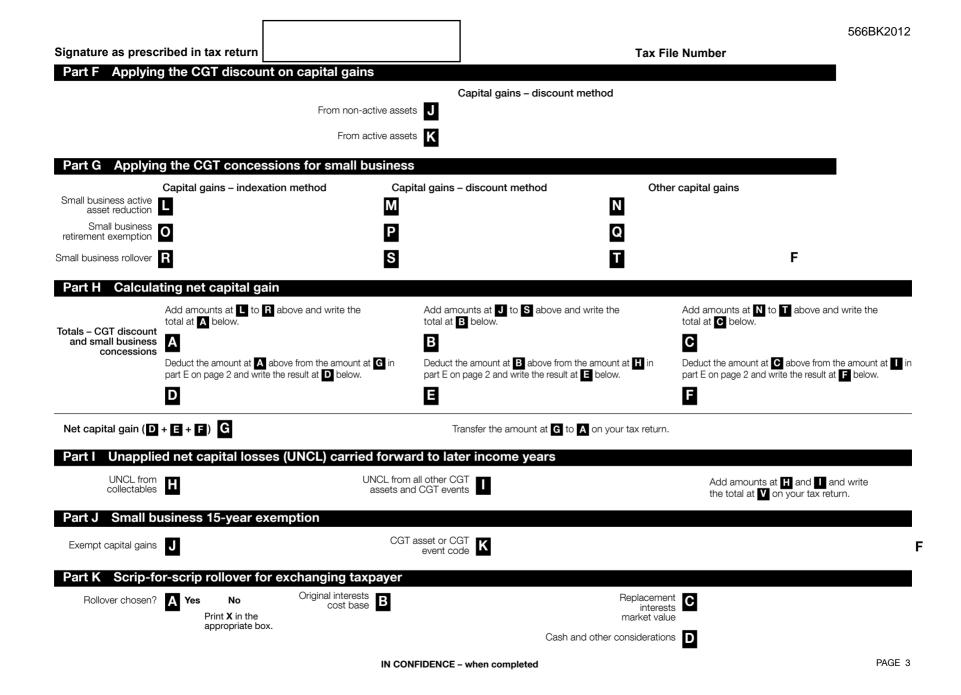
- I have prepared this tax return in accordance with the information supplied by the partner, trustee, director or public officer
- I have received a declaration made by the entity that the information provided to me for the preparation of this tax return is true and correct; and
- I am authorised by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

Agent's signature	Date		1	
Contact name				Agent Ref No
Agent's Phone No				





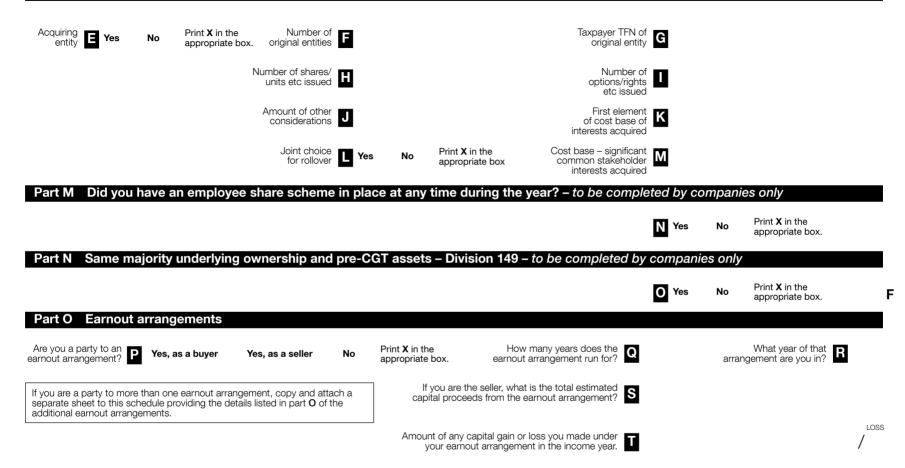
PAGE 2



Tax File Number

Signature as prescribed in tax return

Part L Scrip-for-scrip rollover for acquiring entity – to be completed by companies and trusts only



Taxpayer's declaration

Tax File Number

If the schedule is not lodged with the income tax return you are required to sign and date the schedule.

Before making this declaration check to ensure that all required information has been disclosed and is true and correct in every detail. The income tax law imposes heavy penalties for false or misleading statements in tax returns. For further information refer to the instruction guide.

DECLARATION

I declare that the information in this schedule and additional documentation is true and correct.

Signature

	Date	Day /	Month	Year	
Contact person	Date	/	/		Daytime contact

Daytime contact number (include area code)

F

Capital allowances	2012
schedule	617BL2012
Read Capital allowances schedule instructions 2012 available on our website www.ato.gov.au for instructions on how to complete this schedule.	
Print neatly in BLOCK LETTERS with a black pen only. Print one letter or number in each box. Do not use correction fluid or tape.	

Tax file number (TFN) See Privacy note on page 2 of this schedule.

Australian business number (ABN)

Na	ame of entity			Signature		
E	art A Depreciating assets	first deducted in the 2	2012 income	vear		
1	Total cost of depreciating ass Assets each costing less than \$1,0	ets (excluding motor vehicle		A		
2	—	ets (excluding motor vehicle	es)	В		
3 Total cost of motor vehicles				С		
4	Self-assessed effective life	Have you s effective life of any	self-assessed the of these assets?	D Yes	No	Print X in the appropriate box.
			If yes , complete	E and F a	s appropr	iate. If no , go to part B.
		Depreciating assets (excluding motor vehicles)			Motor	vehicles
	Total cost of assets for which effective life self-assessed	(excluding motor vehicles)		B	WOLDI	venicies
	effective life self-assessed					
P	art B For all depreciating a	issets				
1	Information from depreciating assets worksheet		sable balancing stment amounts	G		
	assels worksheet		ictible balancing stment amounts	Н		
		Total deduction for – prir	decline in value me cost method	1		
		Total deduction for – diminishir	decline in value	J		
			djustable values I of income year	K		
2	Information from low-value		pool balance for ous income year	L		
	pool worksheet		cost of low-cost allocated to pool	Μ		
		Total opening adju low-value assets a		Ν		
			element of cost allocated to pool	0		
			ng pool balance this income year	Ρ		
	fi	Total termination values of or which balancing adjustment		Q		
3	Recalculation of effective life	Did you recalculate any of your assets th		R Yes	No	Print X in the appropriate box.
			If yes, complete	S and T a	s appropr	iate. If no , go to part C.
		Depreciating assets (excluding motor vehicles)			Motor	vehicles
	Total opening adjustable values of assets for which effective life recalculated			T	WOUT	Venieles

		617BL2012
Signature as prescribed in tax return		Tax File Number
Part C Project pools		
1 Project pools		
	Number of project p	bools U
	Total closing pool va for previous income	
	Total closing pool va for this income	
2 Amounts allocated this income	year	
	Total amounts incurred environmental assessme	
	Total mining capital expenditure an transport capital expendi	
	Total of other project amo	punts Z
Part D Entities engaged in exp	oloration or prospecting	
Total deduction	for decline in value of intangible deprecia assets used in exploration or prospec	
Total deduc	tion for decline in value of other deprecia assets used in exploration or prospec	
Part E Taxation of financial ar	rangements	
Total gains f	rom relevant hedging financial arrangeme	nents C
Total losses f	rom relevant hedging financial arrangeme	nents D
Is your Capital allowances sched Make sure you have completed your C may be ineffective and will be returned Before you lodge the Capital allowance	apital allowances schedule 2012 c to you to complete correctly.	correctly. If there are any errors your schedule

- you have included your **tax file number (TFN)** at the top of page 1 of the schedule
- you have included your Australian business number (ABN) at the top of page 1 of the schedule
- your name is printed on page 1 of the schedule
- you have completed the appropriate parts of the schedule.

Ensure your Capital allowances schedule 2012 is attached to your tax return.

If the schedule is not lodged with the income tax return you are required to sign and date the schedule.

Important

Before making this declaration check to ensure 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. If you are in doubt about any aspect of the tax return, place all the facts before the ATO. The income tax law imposes heavy penalties for false or misleading statements.

TAXPAYER'S DECLARATION

I declare that the information on this form is true and correct.

Signature

Contact person

	[Day	r	Month		Yea
	Date		/		/	
ļ	Daytime contact nur	nber	(incl	ude ar	rea co	ode)

F

Privacy: The Tax Office is authorised by the *Taxation Administration Act 1953* to request you to quote your TFN. It is not an offence not to quote your TFN. However, your assessment will be delayed 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 schedule. We need this information to help us to administer the taxation laws. We may give this information to other government agencies as authorised in taxation law – for example, benefit payment agencies such as Centrelink and the Department of Education, Employment and Workplace Relations; law enforcement agencies such as state and federal police; and other agencies such as the Child Support Agency and the Australian Bureau of Statistics.





Companies and trusts that do not join consolidated groups should complete and attach this schedule to their 2012 tax return. Superannuation funds should complete and attach this schedule to their 2012 tax return. Print neatly in BLOCK LETTERS with a black or blue ballpoint pen only. Print one letter or number in each box. Do not use correction fluid or tape.

Refer to *Losses schedule instructions 2012*, available on our website **www.ato.gov.au** for instructions on how to complete this schedule.

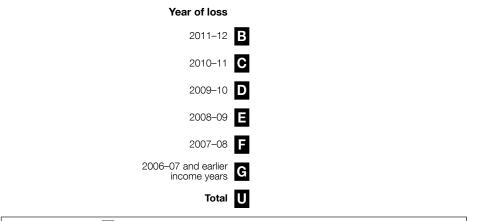
Tax file number (TFN)

Name of entity

Australian business number (ABN)

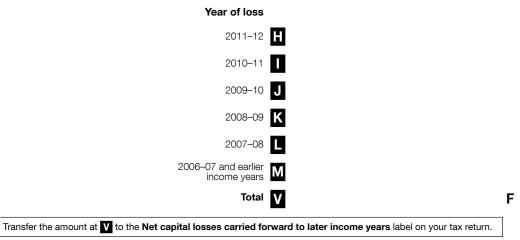
Part A Losses carried forward to the 2012-13 income year - excludes film losses

1 Tax losses carried forward to later income years



Transfer the amount at U to the Tax losses carried forward to later income years label on your tax return.

2 Net capital losses carried forward to later income years



s	ignature as prescribed in tax return		Tax File N	lumber	
		siness test – company and listed wid	ely hel <u>d trus</u>	t only	
С	complete item 3 of Part B if a loss is beir atisfied in relation to that loss.				pusiness test has to be
	o not complete items 1 , 2 or 4 of Part B ase of companies, losses have not been		oss has be	en claim	ed as a deduction or, in the
1	Whether continuity of majority	Year of loss			
	ownership test passed	2011–12	A Yes	No	Print X in the appropriate box.
	Note: If the entity has deducted, transferred in or transferred out (as applicable) in the	2010–11	B Yes	No	Print X in the appropriate box.
	2011–12 income year a loss incurred in any of the listed years, print X in the Yes	2009–10	C Yes	No	Print X in the appropriate box.
	or No box to indicate whether the entity has satisfied the continuity of majority ownership test in respect of that loss.	2008–09	D Yes	No	Print X in the appropriate box.
		2007–08	E Yes	No	Print X in the appropriate box.
		2006–07 and earlier income years	F Yes	No	Print X in the appropriate box.
2	Amount of losses deducted for whi business test is satisfied – excludes fi		nership te	st is not	t passed but the same
		Tax losses	G		
		Net capital losses	Н		
3	Losses carried forward for which the	ne same business test must be s	atisfied b	efore th	ey can be deducted in later
	years – excludes film losses	Tax losses			
		Net capital losses			
			U		
4	Do current year loss provisions app Is the company required to calculate its to the year under Subdivision 165-B or its net for the year under Subdivision 165-CB of th 1997 (ITAA 1997)?	axable income or tax loss for capital gain or net capital loss	K Yes	No	Print X in the appropriate box.
	Part C Unrealised losses - compar	ny only			
	Note: These questions relate to the operation	n of Subdivision 165-CC of ITAA 1997.			
	Has a changeover time occurred in relation after 1.00pm by legal time in the Australian 11 November 1999?		Yes	No	Print X in the appropriate box.
	If you printed X in the No box at L , do not c	omplete M, N or O.			
	At the changeover time did the company sa net asset value test under section 152-15 c	-	M Yes	No	Print X in the appropriate box.
	If you printed X in the No box at M , has the determined it had an unrealised net loss at t		N Yes	No	Print X in the appropriate box.
	If you printed X in the Yes box at N , what unrealised net loss calculated under section		0		
	Part D Life insurance companie	s			
	Complying sup	erannuation/FHSA class tax losses carriec forward to later income years	Ρ		
	Complying super	rannuation/FHSA net capital losses carried forward to later income years			I

Signature as prescribed in tax return	x File Number
Part E Foreign source losses	
1 Foreign loss component of a tax loss – excludes losses of CFCs	
Foreign loss component of tax losses deducted – included at the Tax losses deducted label on your tax return	
Foreign loss component of tax losses carried forward – included at the Tax losses carried forward to later income years label on your tax return	
2 Controlled foreign company losses	
Current year CFC losses	
CFC losses deducted	N
CFC losses carried forward	F

Signature as prescribed in tax return		Tax File Number	
Part F Tax losses reconciliation	statement		
Balance of tax losse	es brought forward from the prior income	e year A	
	SUBTRACT Net forgiven amount of	of debt	
ADI	D Tax loss incurred (if any) during current	nt year D	
ADD Tax loss amon	unt from conversion of excess franking off	offsets	
	SUBTRACT Net exempt inco		
	SUBTRACT Tax losses for	orgone G	
	SUBTRACT Tax losses deduc	ducted H	
SUBTRACT Tax lo (only for transfers involving a foreign ba	osses transferred out under Subdivision 17 ank branch or a PE of a foreign financial er	170-A entity)	
Total ta	x losses carried forward to later income y	years J	F
Transfer th	ne amount at J to the Tax losses carried	ied forward to later income years label on your tax return.]

If the schedule is not lodged with the income tax return you are required to sign and date the schedule.

Important

Before making this declaration check to ensure 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. If you are in doubt about any aspect of the tax return, place all the facts before the ATO. The income tax law imposes heavy penalties for false or misleading statements.

TAXPAYER'S DECLARATION

I declare that the information on this form is true and correct.

Signature		_			
			Day	Month	Year
		Date		/ /	
Contact person	Dayt	ime contact	number	(include area	code)

F