Self-managed superannuation fund annual return 2020

On this	In should complete this annual return? Ity self-managed superannuation funds (SMSFs) can complete annual return. All other funds must complete the Fund ome tax return 2020 (NAT 71287). The Self-managed superannuation fund annual return instructions 2020 (NAT 71606) (the instructions) can assist you to complete this annual return. The SMSF annual return cannot be used to notify us of a change in fund membership. You must update fund details via ABR.gov.au or complete the Change of details for superannuation entities form (NAT 3036).	■ P ■ U	rint clease BLO See BLO Posta Austr GPO [insert of your post of your p	ete this annually, using a BLA CK LETTERS a If I	ACK pen only. and print one character ble boxes. nnual returns: Office d postcode	oter per box.
	ection A: Fund information			•	ocessing, write the f	und's TFN at
1	Tax file number (TFN)				pages 3, 5, 7 and 9.	
	The ATO is authorised by law to request your TFN. You are the chance of delay or error in processing your annual retu	e not c ırn. Se	bliged to the P	to quote your T rivacy note in th	FN but not quoting ne Declaration.	it could increase
2	Name of self-managed superannuation fund (SMSF	·)				
3	Australian business number (ABN) (if applicable)					
4	Current postal address					
Sub	ourb/town				State/territory	Postcode
 5	Annual return status Is this an amendment to the SMSF's 2020 return?	A	No	Yes		
	Is this the first required return for a newly registered SMSF?	В	No	Yes		

6 SMSF auditor

Auditor's name

Title: Mr Mrs Miss Ms Other

Family name

First given name Other given names

SMSF Auditor Number Auditor's phone number

Postal address

Suburb/town State/territory Postcode

Date audit was completed f A / / / /

Was Part A of the audit report qualified? **B** No Yes

Was Part B of the audit report qualified? C No Yes

If Part B of the audit report was qualified, have the reported issues been rectified?

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 Fund's financial institution account details

This account is used for super contributions and rollovers. Do not provide a tax agent account here.

Fund BSB number Fund account number

Fund account name

I would like my tax refunds made to this account. Go to C.

B Financial institution account details for tax refunds

This account is used for tax refunds. You can provide a tax agent account here.

BSB number Account number

Account name

C Electronic service address alias

Provide the electronic service address alias (ESA) issued by your SMSF messaging provider. (For example, SMSFdataESAAlias). See instructions for more information.

Status of SMSF Australian superannuation fund A No Yes Fund benefit structure Code Does the fund trust deed allow acceptance of C No Yes the Government's Super Co-contribution and Low Income Super Amounts? Was the fund wound up during the income year? Have all tax lodgment Month and payment obligations been met? If yes, provide the date on Yes which the fund was wound up 10 Exempt current pension income Did the fund pay retirement phase superannuation income stream benefits to one or more members in the income year? To claim a tax exemption for current pension income, you must pay at least the minimum benefit payment under the law. Record exempt current pension income at Label A. No Go to Section B: Income. Exempt current pension income amount A\$ Yes Which method did you use to calculate your exempt current pension income? Segregated assets method **B** Unsegregated assets method C Was an actuarial certificate obtained? D Yes Did the fund have any other income that was assessable? E Yes Go to Section B: Income. Choosing 'No' means that you do not have any assessable income, including no-TFN quoted contributions. Go to Section C: Deductions and non-deductible expenses. (Do **not** complete Section B: Income.) No If you are entitled to claim any tax offsets, you can list these at Section D: Income tax calculation statement.

Section B: Income

Do not complete this section if all superannuation interests in the SMSF were supporting superannuation income streams in the retirement phase for the **entire year**, there was **no** other income that was assessable, and you **have not** realised a deferred notional gain. If you are entitled to claim any tax offsets, you can record these at Section D: Income tax calculation statement.

11 lı	ncome Did you have a capit (CGT) event durin	tal gains tax ng the year?	No	Yes	\$10	0,000 or 17 and t	r you elected to the deferred no	use the transitional gain has	n is greater than tional CGT relief in been realised, (CGT) schedule 2020
		applied an or rollover?	l No	Yes	Co	ode			
			Ne	et capital ga	ain 🖊	A \$			
	Gross rer	nt and other leasi	ng and	hiring incon	ne E	3 \$			
			(Gross intere	est C	\$			
		Forestry		ed investme heme incon		(\$			
	Gross foreign inc	come							Loss
D1	\$		Net fo	reign incon	ne C	\$			
	Australian franking	credits from a Ne	ew Zeala	and compa	ny E	≡ \$			Numahau
				ransfers fro foreign fund		= \$			Number
		G		ments whe		1 \$			
	alculation of assessable of Assessable employer co		Gros	ss distribution partnership	on	I \$			Loss
R1			*Unfrar	nked divider amou		J \$			
plus R2	•	ontributions	*Frar	arriou nked divider amou	nd K	(\$			
plus	·	ntributions	*Divid	dend frankii cre	-	- \$			
R3	(an amount must be include	ed even if it is zero)		*Gross tru	ıst N	1\$			Code
less	Transfer of liability to life company or PS			Assessab					
R6				contribution (R1 plus I plus R3 less F	ns R2 F	R \$			
	alculation of non-arm's le non-arm's length private co	•	*(Other incon	ne S	\$\$			Code
plus	*Net non-arm's length trus	st distributions	due to	sable incon changed to status of fur	ax 🛚	Γ\$			
U2 plus U3	*Net other non-arm's ler	ngth income	le	et non-arm ngth incon to 45% tax ra lus U2 plus U	ne 🛮	J\$			
	*This is a mandatory label.			SS INCOM labels A to		/ \$			Loss
	*If an amount is entered at this label,	Exempt cu	rrent pe	nsion incon	ne Y	/ \$			
	check the instructions to ensure the correct tax treatment has	TOTAL AS	SESSA ME (W /e		5				Loss

Page 4

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	B1 \$	B2 \$
experiature	Β Ι ψ	D2 \$
Decline in value of depreciating assets	E1 \$	E2 \$
Insurance premiums – members		F2 \$
SMSF auditor fee	H1 \$	H2 \$
Investment expenses	I1 \$	12 \$
Management and administration expenses		J2 \$
Forestry managed investment scheme expense	U1 \$	U2 \$
Other amounts	L1 \$	L2\$
Tax losses deducted	M1 \$	

Loss

TOTAL DEDUCTIONS N \$ (Total A1 to M1)

***TAXABLE INCOME OR LOSS**

#This is a mandatory (TOTAL ASSESSABLE INCOME less TOTAL DEDUCTIONS

label.

TOTAL NON-DEDUCTIBLE EXPENSES **Y**\$ (Total A2 to L2)

TOTAL SMSF EXPENSES Z\$ (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 2020 on how to complete the calculation statement. #Taxable income A\$

(an amount must be included even if it is zero)

#Tax on taxable income

#Tax on taxable income

#Tax on no-TFN-quoted contributions

(an amount must be included even if it is zero)

(an amount must be included even if it is zero)

Gross tax **B** \$

(T1 plus J)

Foreign income tax offset

C1 \$

Rebates and tax offsets

Non-refundable non-carry forward tax offsets

C2 \$

(C1 plus C2)

SUBTOTAL 1

T2 \$

(B less C - cannot be less than zero)

Early stage venture capital limited partnership tax offset

D1\$

Early stage venture capital limited partnership tax offset carried forward from previous year

D2\$

Early stage investor tax offset

D3\$

Early stage investor tax offset carried forward from previous year

D4\$

Non-refundable carry forward tax offsets

D\$

(D1 plus D2 plus D3 plus D4)

SUBTOTAL 2

T3 \$

(T2 less D - cannot be less than zero)

Complying fund's franking credits tax offset

E1\$

No-TFN tax offset

E2\$

National rental affordability scheme tax offset

E3\$

Exploration credit tax offset Refundable tax offsets

E4\$

E\$

(E1 plus E2 plus E3 plus E4)

*TAX PAYABLE **T5** \$

(T3 less E – cannot be less than zero)

Section 102AAM interest charge

G\$

Credit for interest on early payments – amount of interest

H1\$

Credit for tax withheld – foreign resident withholding (excluding capital gains)

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\$

Credit for foreign resident capital gains withholding amounts

H8\$

Eligible credits

H\$

1\$

(H1 plus H2 plus H3 plus H5 plus H6 plus H8)

*Tax offset refunds

(Remainder of refundable tax offsets)

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

PAYG instalments raised

K\$

Supervisory levy

L\$

Supervisory levy adjustment for wound up funds

M\$

Supervisory levy adjustment for new funds

N\$

AMOUNT DUE OR REFUNDABLE

S\$

A positive amount at ${\bf S}$ 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

1+ L0330

If total loss is greater than \$100,000, complete and attach a Losses schedule 2020.

Tax losses carried forward to later income years

U \$

Net capital losses carried forward to later income years

V \$

Section F: Member informati	ion					
MEMBER 1						
Title: Mr Mrs Miss Ms Other						
Family name						
First given name	Other given r	names				
Member's TFN See the Privacy note in the Declaration.			Day Month Year Date of birth			
Contributions OPENING ACCOU	JNT BALANCE	\$				
Refer to instructions for completing these lab	els.	Proceeds H \$	from primary residence disposal			
Employer contributions		Receipt d	ate _{Day} Month Year			
A \$		H1	/ /			
ABN of principal employer			le foreign superannuation fund amount			
A1 Personal contributions		I \$	and the fermion of the second			
B \$		J \$	ssable foreign superannuation fund amount			
CGT small business retirement exemption			rom reserve: assessable amount			
C \$		K \$				
CGT small business 15-year exemption am	nount		rom reserve: non-assessable amount			
D \$		L \$				
Personal injury election E \$			ons from non-complying funds ously non-complying funds			
Spouse and child contributions		T \$				
F \$		(including	contributions Super Co-contributions and			
Other third party contributions		Low Inco	ne Super Amounts)			
G \$		M \$				
TOTAL CONTRIBUTIONS	*	of labels A to	o M)			
Other transactions Allo	ocated earnings or losses		Loss			
	nward					
Accumulation phase account balance	rollovers and transfers					
S1 \$	Outward					
Retirement phase account balance – Non CDBIS	rollovers and transfers		Codo			
S2 \$	Lump Sum	R1 \$	Code			
Retirement phase account balance	payments	+	Code			
– CDBIS	Income stream	R2 \$	Code			
S3 \$	payments	+				
TDIS O. J. OLONIA ACCO	LINE DALANO	- - -				
TRIS Count CLOSING ACCO	ONT BALANCI	E 3 3	(S1 plus S2 plus S3)			
			(OT plus G2 plus GG)			
Accumulat	ion phase value	X1 \$				
Retireme	ent phase value	X2 \$				
Outstanding I	Iimited recourse	V ¢				
borrowing arrang	gement amount	Ψ				

Section H: Assets and liabilities 15 ASSETS Listed trusts A\$ 15a Australian managed investments Unlisted trusts **B** \$ Insurance policy C\$ Other managed investments **D** \$ 15b Australian direct investments Cash and term deposits **E**\$ Limited recourse borrowing arrangements Debt securities **F**\$ Australian residential real property Loans G\$ Australian non-residential real property Listed shares **H** \$ **J2**\$ Unlisted shares | \$ Overseas real property **J3**\$ Australian shares Limited recourse borrowing arrangements ${f J}$ \$ **J4**\$ Overseas shares Non-residential **J5**\$ real property Residential Other real property **J6**\$ Collectables and personal use assets **M** \$ Property count **J7** Other assets **O** \$ 15c Other investments Crypto-Currency N \$ 15d Overseas direct investments Overseas shares **P**\$ Overseas non-residential real property Q \$ Overseas residential real property **R** \$ Overseas managed investments \$\$ Other overseas assets **T**\$ TOTAL AUSTRALIAN AND OVERSEAS ASSETS **U**\$ (Sum of labels A to T) 15e In-house assets Did the fund have a loan to, lease to A No \$ or investment in, related parties (known as in-house assets)

at the end of the income year?

15f Limited recourse borrowing arrangements

If the fund had an LRBA were the LRBA borrowings from a licensed financial institution?

No Yes

Did the members or related parties of the fund use personal guarantees or other security for the LRBA?

No Yes

16 LIABILITIES

Borrowings for limited recourse borrowing arrangements

V1 \$

Permissible temporary borrowings

V2\$

Other borrowings

V3\$

Borrowings V \$

Total member closing account balances (total of all **CLOSING ACCOUNT BALANCE**s from Sections F and G) **W** \$

x \$

Reserve accounts X S

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 2019-20 income year, write **2020**).

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* **2020**.

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 2020* for each election.

If revoking an interposed entity election, print **R**, and complete and attach the *Interposed entity election or revocation* **2020**.

O 1'	1/		
Section	ĸ.	Ioroti	nne
OCCUUNI	I \ .	ıaıaıı	uio



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

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 leave labels blank, you will have specified a zero amount or the label was not applicable to you. If you are in doubt about any aspect of the annual return, place all the facts before the ATO.

The ATO is authorised by the Taxation Administration Act 1953 to request the provision of tax file numbers (TFNs). We will use the TFN to identify the entity in our records. It is not an offence not to provide the TFN. However if you do not provide the TFN, the processing of this form may be delayed.

Taxation law authorises the ATO to collect information and disclose it to other government agencies. For information about your privacy go to ato.gov.au/privacy

TRUSTEE'S OR DIRECTOR'S DECLARATION:

Authorised trustee's, direct	or's or pub	lic officer's	signature						
					Day		Month		Year
				Date		/		/	
Preferred trustee or di	rector co	ontact de	etails:						
Title: Mr Mrs Miss	s Ms	Other							
amily name									
First given name			Other given names						
Phone number									
Email address									
Non-individual trustee nam	e (if applica	able)							
ABN of non-individual trust	ee								
ABN of non-individual trust		ken to prep	pare and complete this annual return	n I	Hrs				
The Commissioner of	Time tak	Registrar o	pare and complete this annual return of the Australian Business Register, m integrity of the register. For further info	ay use the ABI	N and b) ousine	ess deta	ails wh	ich you
The Commissioner of provide on this annual TAX AGENT'S DECLA I declare that the Self-mana provided by the trustees, the	Time tak Taxation, as return to material return to material returns to material retur	Registrar caintain the i	of the Australian Business Register, m	ay use the ABI ormation, refer	N and k to the in	nstruc ce wit	tions.	mation	
The Commissioner of provide on this annual TAX AGENT'S DECLA I declare that the Self-mana provided by the trustees, the	Time tak Taxation, as return to material return to material returns to material retur	Registrar caintain the i	of the Australian Business Register, mintegrity of the register. For further information from the second se	ay use the ABI ormation, refer	N and k to the in	nstruc ce wit	tions.	mation	
The Commissioner of provide on this annual TAX AGENT'S DECLA I declare that the Self-mana provided by the trustees, than dorrect, and that the trustees.	Time tak Taxation, as return to material return to material returns to material retur	Registrar caintain the i	of the Australian Business Register, mintegrity of the register. For further information from the second se	ay use the ABI ormation, refer	N and k to the in	ce wit	tions.	mation	
The Commissioner of provide on this annual TAX AGENT'S DECLA I declare that the Self-mana provided by the trustees, than dorrect, and that the trax agent's signature	Time take Taxation, as return to managed supera at the trust ustees have	Registrar caintain the i	of the Australian Business Register, mintegrity of the register. For further information from the second se	ay use the AB ormation, refer orepared in acc ne information	N and to the incordance provide	ce wit	tions. th infor me is	mation	1
The Commissioner of provide on this annual TAX AGENT'S DECLA I declare that the Self-mana provided by the trustees, than dorrect, and that the trustees.	Time take Taxation, as return to make Taxation. Taxation and the trust sustees have tails	Registrar caintain the i	of the Australian Business Register, mintegrity of the register. For further information from the second se	ay use the AB ormation, refer orepared in acc ne information	N and to the incordance provide	ce wit	tions. th infor me is	mation	1
The Commissioner of provide on this annual TAX AGENT'S DECLA I declare that the Self-mana provided by the trustees, the and correct, and that the trust agent's signature Tax agent's contact definition of the contact definit	Time take Taxation, as return to make Taxation. Taxation and the trust sustees have tails	Registrar of aintain the intain the interest annuation of the sees have on the authorise	of the Australian Business Register, mintegrity of the register. For further information from the second se	ay use the AB ormation, refer orepared in acc ne information	N and to the incordance provide	ce wit	tions. th infor me is	mation	1
The Commissioner of provide on this annual TAX AGENT'S DECLA I declare that the Self-mana provided by the trustees, thand correct, and that the trax agent's signature Tax agent's contact defitte: Mr Mrs Missipanily name	Time take Taxation, as return to make Taxation. Taxation and the trust sustees have tails	Registrar of aintain the intain the interest annuation of the sees have on the authorise	of the Australian Business Register, mintegrity of the register. For further information of the register of the register of the register of the following that the distribution of the register of the register.	ay use the AB ormation, refer orepared in acc ne information	N and to the incordance provide	ce wit	tions. th infor me is	mation	1

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		
	is true and correct; and the agent is authorised to	lodge this tax return.					
•	the information provided to the agent for the preparation of this tax return, including any applicable schedules						
Deciaration.	i deciare mai.						

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 public officer to lodge this tax return, including any applicable schedules.					
Date / /					
Client Reference					
Agent's Reference Number					
1					

Capital gains tax (CGT) schedule

2020

When	comp	letina	this	form
4411611	COLLID	ie ui iu	นแจ	101111

- Print clearly, using a black or dark blue pen only.
- Use BLOCK LETTERS and print one character in each box.

 SM/7/7/H/S/7/
- Do not use correction fluid or covering stickers.
- Sign next to any corrections with your **full signature** (not initials).
- Use in conjunction with company, trust, fund income tax return or the self-managed superannuation fund annual return.
- Refer to the *Guide to capital gains tax 2020* available on our website at **ato.gov.au** for instructions on how to complete this schedule.

Tax file number (TFN)

We are authorised by law to request your TFN. You do not have to quote your TFN. However, if you don't it could increase the chance of delay or error in processing your form.

Australian business number (ABN)

Taxpayer's name

1 Current year cap	pital gains an	d capital losses	
Shares in companies listed on an Australian securities exchange	A \$	Capital gain	Capital loss
Other shares	В\$		L \$
Units in unit trusts listed on an Australian securities exchange	C \$		M\$
Other units	D\$		N \$
Real estate situated in Australia	E\$		o \$
Other real estate	F \$		P \$
Amount of capital gains from a trust (including a managed fund)	G \$		
Collectables	Н\$		Q \$
Other CGT assets and any other CGT events			R \$
Amount of capital gain previously deferred under transitional CGT relief for superannuation funds	s \$		Add the amounts at labels K to R and write the total in item 2 label A – Total current year capital losses .
Total current year capital gains	J \$		

2	Capital losses	
	Total current year capital losses	A \$
	Total current year capital losses applied	В\$
	Total prior year net capital losses applied	C \$
	Total capital losses transferred in applied (only for transfers involving a foreign bank branch or permanent establishment of a foreign financial entity)	D \$
	Total capital losses applied	E \$
		Add amounts at B, C and D.
3	Unapplied net capital losses carried forward	
	Net capital losses from collectables carried forward to later income years	A \$
	Other net capital losses carried forward to later income years	B \$
		Add amounts at A and B and transfer the total to label V – Net capital losses carried forward to later income years on your tax return.
4	CGT discount	
	Total CGT discount applied	A \$
5	CGT concessions for small business	
	Small business active asset reduction	A \$
	Small business retirement exemption	B \$
	Small business rollover	C \$
	Total small business concessions applied	D \$
6	Net capital gain	
	Net capital gain	A \$
		1J less 2E less 4A less 5D (cannot be less than zero). Transfer the amount at A to label A – Net capital gain on your tax return.

7	Earnout arrangements				
	Are you a party to an earnout arrangement? A Yes, as a buyer (Print X in the appropriate box.)	Yes, as a seller	No		
	If you are a party to more than one earnout arrangement, copy and attach a separate sheet to this schedule prodetails requested here for each additional earnout arrangement.				
	How many years does the earnout arrangement run for?	В			
	What year of that arrangement are you in?	С			
	If you are the seller, what is the total estimated capital proceeds from the earnout arrangement?	D \$	1000		
	Amount of any capital gain or loss you made under your non-qualifying arrangement in the income year.	E \$	LOSS		
	Request for amendment				
	If you received or provided a financial benefit under a look-through earn to seek an amendment to that earlier income year, complete the following		ou wish		
	Income year earnout right created	F			
	Amended net capital gain or capital losses carried forward	G \$	LOSS /		
8	Other CGT information required (if applicable)		CODE		
	Small business 15 year exemption - exempt capital gains	A \$	/		
	Capital gains disregarded by a foreign resident	B \$			
	Capital gains disregarded as a result of a scrip for scrip rollover	C \$			
	Capital gains disregarded as a result of an inter-company asset rollover	D \$			
	Capital gains disregarded by a demerging entity	E \$			

Taxpayer's declaration

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.

Privacy

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

I declare that the information on this form is true and correct.					
Signature					
	Date Day	Month	/	Year	
Contact name					

Daytime contact number (include area code)

Losses schedule

2020

Companies and trusts that do not join consolidated groups should complete and attach this schedule to their 2020 tax return. Superannuation funds should complete and attach this schedule to their 2020 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.

Place X in all applicable boxes.

Refer to Losses schedule instructions 2020, available on our website ato.gov.au for instructions on how to complete this schedule.

Tax file number (TFN)

Name of entity

Australian business number

Part A - Losses carried forward to the 2020-21 income year - excludes film losses

1 Tax losses carried forward to later income years

Year of loss

2019–20 **B**

2018-19 **C**

2017–18 **D**

2016–17 **E**

2015–16 **F**

2014–15 and earlier income years

Total **U**

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

Year of loss

2019–20 **H**

2018–19

2017–18 **J**

2016–17 **K**

2015–16 **L**

2014–15 and earlier income years

Total V

Transfer the amount at V to the Net capital losses carried forward to later income years label on your tax return.

Part B - Ownership and business continuity test - company and listed widely held trust only

Complete item 3 of Part B if a loss is being carried forward to later income years and the business continuity test has to be satis ied in relation to that loss.

Do not complete items 1 or 2 of Part B if, in the 2019–20 income year, no loss has been claimed as a deduction, applied against a net capital gain or, in the case of companies, losses have not been transferred in or out.

1 Whether continuity of majority ownership test passed

Note: If the entity has deducted, applied, transferred in or transferred out (as applicable) in the 2019–20 income year a loss incurred in any of the listed years, print **X** in the **Yes** or **No** box to indicate whether the entity has satisfied the continuity of majority ownership test in respect of that loss.

Year of loss

2019–20 A	Yes	No
2018–19 B	Yes	No
2017–18 C	Yes	No
2016–17 D	Yes	No
2015–16 E	Yes	No
2014–15 and earlier income years	Yes	No

2 Amount of losses deducted/applied for which the continuity of majority ownership test is not passed but the business continuity test is satisfied – excludes film losses

Tax losses **G**

Net capital losses H

3 Losses carried forward for which the business continuity test must be satisfied before they can be deducted/ applied in later years – excludes film losses

Tax losses

Net capital losses J

4 Do current year loss provisions apply?

Is the company required to calculate its taxable income or tax loss for the year under Subdivision 165-B or its net capital gain or net capital loss for the year under Subdivision 165-CB of the *Income Tax Assessment Act* 1997 (ITAA 1997)?

K Yes No

Part C - Unrealised losses - company only

Note: These questions relate to the operation of Subdivision 165-CC of ITAA 1997.

Has a changeover time occurred in relation to the company after 1.00pm by legal time in the Australian Capital Territory on 11 November 1999?

. Yes No

If you printed X in the No box at L, do not complete M, N or O.

At the changeover time did the company satisfy the maximum net asset value test under section 152-15 of ITAA 1997?

M Yes No

If you printed ${\bf X}$ in the ${\bf No}$ box at ${\bf M}$, has the company determined it had an unrealised net loss at the changeover time?

N Yes No

If you printed **X** in the **Yes** box at **N**, what was the amount of unrealised net loss calculated under section 165-115E of ITAA 1997?

0

Part D - Life insurance companies

Complying superannuation class tax losses carried forward to later income years

Complying superannuation net capital losses carried forward to later income years

Part E - Controlled foreign company losses

Current year CFC losses M

CFC losses deducted N

CFC losses carried forward O

Part F - Tax losses reconciliation statement

Balance of tax losses brought forward from the prior income year A

ADD Uplift of tax losses of designated infrastructure project entities **B**

SUBTRACT Net forgiven amount of debt C

ADD Tax loss incurred (if any) during current year D

ADD Tax loss amount from conversion of excess franking offsets

SUBTRACT Net exempt income | |

SUBTRACT Tax losses forgone **G**

SUBTRACT Tax losses deducted

SUBTRACT Tax losses transferred out under Subdivision 170-A (only for transfers involving a foreign bank branch or a PE of a foreign financial entity)

Total tax losses carried forward to later income years J

Transfer the amount at **J** to the **Tax losses carried 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.

Privacy

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

Taxpayer's declaration

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

Signature		_				
			Day	Month		Year
		Date		/	/	
Contact person	Dayti	me contact	number	(include a	area co	de)