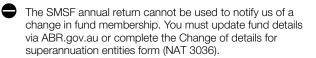
# Self-managed superannuation 2020 fund annual return

### 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 2020 (NAT 71287).

The Self-managed superannuation fund annual return instructions 2020 (NAT 71606) (the instructions) can assist you to complete this annual return.



### To complete this annual return

■ Print clearly, using a BLACK pen only.



■ Place X in ALL applicable boxes.

Postal address for annual returns:

Australian Taxation Office GPO Box 9845 [insert the name and postcode of your capital city]

For example;

Australian Taxation Office **GPO Box 9845** SYDNEY NSW 2001

To assist processing, write the fund's TFN at

## Section A: Fund information

### 1 Tax file number (TFN)

the top of pages 3, 5, 7 and 9. The ATO is authorised by law to request your TFN. You are not obliged to quote your TFN but not quoting it could increase the chance of delay or error in processing your annual return. See the Privacy note in the Declaration.

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

#### 3 Australian business number (ABN) (if applicable)

#### 4 **Current postal address**

Sub	urb/town			State/territory	Postcode
5	Annual return status Is this an amendment to the SMSF's 2020 return?	A No	Yes		
	Is this the first required return for a newly registered SMSF?	B 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
Day     Month     Year       Date audit was completed     A     /     /		
Was Part A of the audit report qualified? <b>B</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? <b>D</b> No Yes		

### 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.

8	Status	s of SMSF	Australian superannuation fu	ind <b>A No</b>	Yes	Fund benefit structure <b>B</b>	Code				
			e fund trust deed allow acceptance vernment's Super Co-contribution a Low Income Super Amoun	ind CNC	Yes						
9	Was t No		bund up during the income year If yes, provide the date on which the fund was wound up	ear? Month	Year	Have all tax lodgment and payment obligations been met? <b>No</b>	Yes				
10	<b>Exempt current pension income</b> 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 Sec	tion B: Income.								
	Yes	Yes Exempt current pension income amount <b>A</b> \$									
		Which method did you use to calculate your exempt current pension income?									
			Segregated assets method <b>B</b>								
	Unsegregated assets method <b>C</b> ) Was an actuarial certificate obtained? <b>D</b> Yes										
	Did the fund have any other income that was assessable?										
	E Yes Go to Section B: Income.										
	No 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 <b>not</b> complete Section B: Income.)										
	-		tled to claim any tax offsets, you ca ion D: Income tax calculation staten								

## 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.

notional gain. If you are entitle <b>11 Income</b> Did you have a capital (CGT) event during	l gains tax	No Yes	lf \$ 2	ecord these at Section D: Income tax calcul If the total capital loss or total capital gain is \$10,000 or you elected to use the transitior 2017 and the deferred notional gain has be	s greater than hal CGT relief in een realised,
Have you a exemption o		No Yes	_	complete and attach a <i>Capital gains tax (Co</i>	GT) schedule <b>2020</b> .
		Net capital	gain	A \$	
Gross rent	and other leasin				
		Gross inte	erest	C \$	
	Forestry n	nanaged investn scheme inco			
Gross foreign inco	me				Loss
D1 \$		Net foreign inco	ome	D \$	
Australian franking cr	redits from a Nev	w Zealand comp	oany	<b>E</b> \$	Number
		Transfers f foreign fu			Number
		oss payments wl ABN not que			
Calculation of assessable co Assessable employer con		Gross distribu from partners			Loss
R1 \$		*Unfranked divid	dend ount	4 L	
<i>plus</i> Assessable personal con <b>R2 \$</b>	tributions	*Franked divid	ا م بم ما	K \$	
plus #*No-TFN-quoted contr	ibutions	*Dividend fran	الم من	I \$	
R3 \$ (an amount must be included	even if it is zero)	*Gross t distribut	trust	МФ	Code
less Transfer of liability to life in company or PST	surance	Assessa contributi (R1 plu plus R3 less	able ions Is <b>R2</b>	D¢	
Calculation of non-arm's len	ath income	pius <b>NS</b> less	s <b>no</b> )		Code
*Net non-arm's length private com	٠ ١	*Other inco	ome	<b>S</b> \$	Code
U1 \$ plus *Net non-arm's length trust = U2 \$	distributions	*Assessable inco due to changed status of t	d tax	Т\$	
plus *Net other non-arm's leng <b>U3 \$</b>	th income (;	Net non-ai length inco subject to 45% tax (U1 plus U2 plus	ome ( rate)	U \$	
"This is a mandatory label.		GROSS INCC Sum of labels <b>A</b> t			Loss
*If an amount is		rent pension inco	10 0)	· · ·	
entered at this label, check the instructions to ensure the correct tax treatment has	TOTAL ASS		/ \$		Loss
been applied.					

Sensitive (when completed)

# 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).

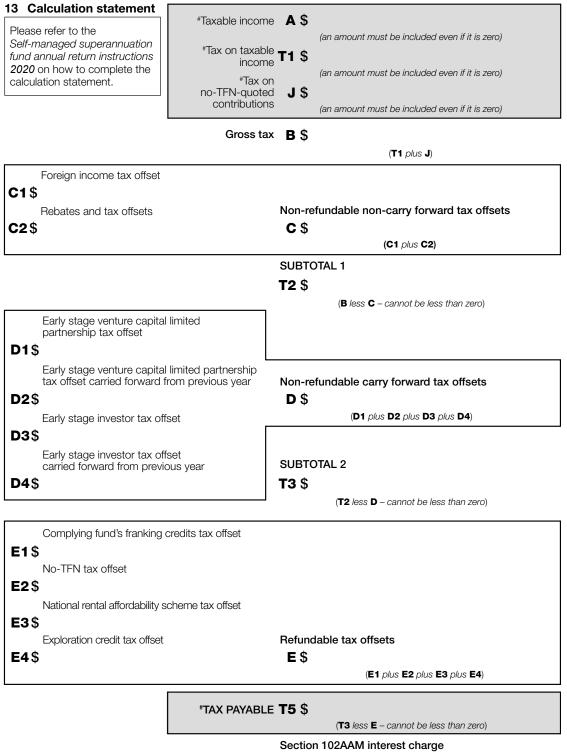
	DEDUCTIONS	NON-DEDUCTIBLE EXPENSES
Interest expenses within Australia	A1 \$	A2 \$
Interest expenses overseas	ЫŞ	B2 \$
Capital works expenditure	D1 \$	D2 \$
Decline in value of depreciating assets		E2 \$
Insurance premiums – members	F1 \$	F2 \$
SMSF auditor fee	H1 \$	H2 \$
Investment expenses	l1 \$	12 \$
Management and administration expenses		J2 \$
Forestry managed investment scheme expense	U1 \$	U2 \$
Other amounts	L1 \$	L2 \$
Tax losses deducted	M1 \$	

	TOTAL DEDUCTIONS		TOTAL NON-DEDUCTIBLE EXPENSES
	N \$		<b>Y</b> \$
	(Total <b>A1</b> to <b>M1</b> )		(Total <b>A2</b> to <b>L2</b> )
	<b>#TAXABLE INCOME OR LOSS</b>	Loss	TOTAL SMSF EXPENSES
	<b>O</b> \$		Z \$
<sup>#</sup> This is a mandatory label.	(TOTAL ASSESSABLE INCOME less TOTAL DEDUCTIONS)		(N plus Y)

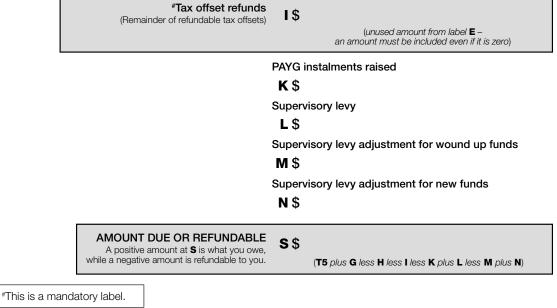
## Section D: Income tax calculation statement

### #Important:

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



		(H1 plus H2 plus H3 plus H5 plus H6 plus H8)	
<b>H8</b> \$	6	H\$	
	Credit for foreign resident capital gains withholding amounts	Eligible credits	
<b>H6</b> \$			
	Credit for interest on no-TFN tax offset		
<b>H5</b> \$	;		
	Credit for TFN amounts withheld from payments from closely held trusts		
Н3\$	6		
	Credit for tax withheld – where ABN or TFN not quoted (non-individual)		
H2\$	6		
	Credit for tax withheld – foreign resident withholding (excluding capital gains)		
H1\$	6		
	Credit for interest on early payments – amount of interest		



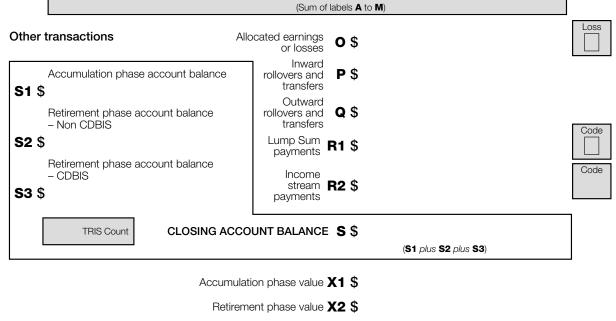
# Section E: Losses

### 14 Losses

If total loss is greater than \$100,000, complete and attach a Losses schedule 2020. Tax losses carried forward U \$

Net capital losses carried forward to later income years

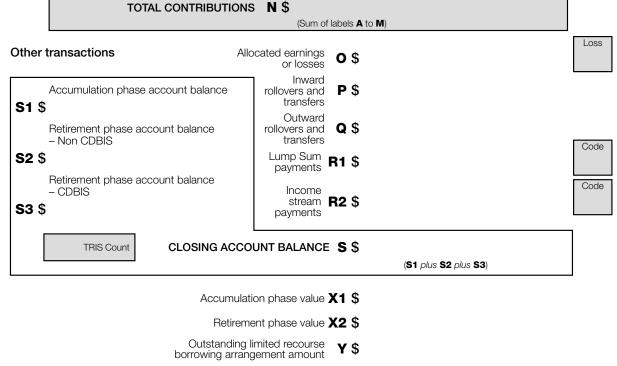
Section F: Member information							
MEMBER 1							
Title: Mr Mrs Miss Ms Other Family name							
First given name Other	given names						
Member's TFN See the Privacy note in the Declaration.	Day Month Year Date of birth / /						
Contributions OPENING ACCOUNT BALA	NCE \$						
Refer to instructions for completing these labels.	Proceeds from primary residence disposal <b>H</b> \$						
Employer contributions	Receipt date Day Month Year						
A \$	H1 / /						
ABN of principal employer	Assessable foreign superannuation fund amount						
A1	I \$						
Personal contributions	Non-assessable foreign superannuation fund amount						
B \$	J \$						
CGT small business retirement exemption C \$	Transfer from reserve: assessable amount						
✓ ♥ CGT small business 15-year exemption amount	K \$						
D \$	Transfer from reserve: non-assessable amount						
Personal injury election	L \$						
E \$	Contributions from non-complying funds and previously non-complying funds						
Spouse and child contributions	T \$						
F \$	Any other contributions						
Other third party contributions	(including Super Co-contributions and Low Income Super Amounts)						
G \$	M \$						



Outstanding limited recourse borrowing arrangement amount

### **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 1 See the Privacy note in the Declaration. OPENING ACCOUNT BALANCE \$ Contributions Proceeds from primary residence disposal Refer to instructions for completing these labels. н \$ Employer contributions Receipt date Day Month Year A \$ H1 ABN of principal employer Assessable foreign superannuation fund amount A1 L \$ Personal contributions Non-assessable foreign superannuation fund amount **B** \$ J CGT small business retirement exemption Transfer from reserve: assessable amount С - \$ Κ S CGT small business 15-year exemption amount Transfer from reserve: non-assessable amount D \$ L Personal injury election Contributions from non-complying funds and previously non-complying funds Е - \$ \$ Т Spouse and child contributions Any other contributions (including Super Co-contributions and Low Income Super Amounts) F \$ Other third party contributions G Μ \$ \$



Sensitive (when completed)

5a A	Australian managed investments	Listed trusts	A	\$ ۱
		Unlisted trusts	B	<b>3</b> \$
		Insurance policy	С	: \$
	Oth	er managed investments		
15b A	Australian direct investments	Cash and term deposits	E	\$
	Limited recourse borrowing arrangements Australian residential real property	Debt securities	F	\$
	J1 \$	Loans	G	\$
	Australian non-residential real property <b>J2</b> \$	Listed shares	Η	I \$
	Οverseas real property	Unlisted shares	l	I \$
	<b>J3</b> \$			
	Australian shares	Limited recourse borrowing arrangements		J \$
	J4 \$			
	Overseas shares	Non-residential	Ľ	с ф
	J5 \$	real property	n	ζ\$
	Other	Residential real property	L	- \$
	J6 \$	Collectables and personal use assets	M	I \$
	Property count J7	Other assets		
 15c (	Other investments	Crypto-Currency		
15d C	Overseas direct investments	Overseas shares		·
	Overseas non	residential real property	G	₹ \$
	Overseas	s residential real property	R	8\$
	Oversea	as managed investments	S	\$
		Other overseas assets	T	\$
	TOTAL AUSTRALIAN ANI (Sum of label		U	J \$

### 15e In-house assets

Did the fund have a loan to, lease to or investment in, related parties (known as in-house assets) at the end of the income year?

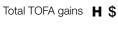
Yes

\$

15f	Limited recourse borrowing arrangements If the fund had an LRBA were the LRBA borrowings from a licensed financial institution?	A	No	١	/es			
	Did the members or related parties of the fund use personal guarantees or other security for the LRBA?	В	No	١	/es			
16	LIABILITIES							
	Borrowings for limited recourse borrowing arrangements							
	V1 \$							
	Permissible temporary borrowings							
	V2 \$							
	Other borrowings							
	V3 \$			Borrow	wings	V	\$	
	Total member clos (total of all <b>CLOSING ACCOUNT BALANCE</b> s fi					w	\$	
			Rese	rve acco	ounts	X	\$	
			0	ther liab	oilities	Y	\$	
		-	τοτα	L LIABI	ILITIES	Z	\$	

## Section I: Taxation of financial arrangements

17 Taxation of financial arrangements (TOFA)



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*.

### Section K: 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 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. **Privacy** 

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:**

I declare that, the current trustees and directors have authorised this annual return and it is documented as such in the SMSF's records. I have received a copy of the audit report and are aware of any matters raised therein. The information on this annual return, including any attached schedules and additional documentation is true and correct.

Authorised trustee's, directo	r's or publi	ic officer's s	signature	_				
				Date	Day	Mor	1th	Year
Preferred trustee or di	rector co	ntact det	ails:					
Title: Mr Mrs Miss	Ms	Other						
Family name								
First given name			Other given names					
Phone number								
Email address								
Non-individual trustee name	, (if applica	hla)						
	i (ii applica							
ABN of non-individual truste	e							
	Timo tak	on to propo	are and complete this appual return	L	<b>I</b>			
		en lo prepa	are and complete this annual return		lrs			
The Commissioner of Ta	axation, as	Registrar of	the Australian Business Register, may	use the ABN	l and b	ousiness	details v	/hich you
provide on this annual r	eturn to ma	aintain the in	tegrity of the register. For further information	ation, refer to	o the ir	Istruction	ns.	
TAX AGENT'S DECLAP								
			und annual return 2020 has been prep ven me a declaration stating that the i					on
			d me to lodge this annual return.	nionnation	proviu			
Tax agent's signature			-					
					Day	Mor	nth	Year
				Date		/	/	
Tax agent's contact de	tails					,	,	
Title: Mr Mrs Miss		Other						
Family name								
First given name			Other given names					
Tax agent's practice								
Tax agent's phone number			Reference number		Tax aq	ent num	nber	
<b>G</b> 1					0			

### 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

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.

**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, or Director	Date	/	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 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

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 / /		
Contact name	Client Reference		
Agent's Phone Number	Agent's Reference Number		