Signature as prescribed in tax return

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.

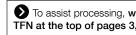
2 Name of self-managed superannuation fund (SMSF)

Australian business number (ABN) (if applicable) 3

Current postal address 4

| Sub | urb/town | | | | | | | | S | State/territory | | Postcode |
|-----------------|---------------------|------------------------------|---------------------------|---------------------------|--------------------|--------|-------------------------|------------------|-------------------|-----------------|-------|----------|
| 5 | | al return an amend | | he SMS | F's 2012 a | annua | l return? No | o Yes | | | | |
| 6 Auc | Fund a | auditor me | | | | | | | | | | |
| Title Fam | : Mr iily name | Mrs | Miss | Ms | Other | | | | | | | |
| First | : given nam | ne | | | | | Other given name | S | | | | |
| SM | SF Audite | or Numbe | er | Prof | essional b Code | body | Membership nu | umber | Aud | itor's phone | e nun | nber |
| Pos | stal addre | ess | | | | | | | | | | |
| Sub | urb/town | | | | | | | | S | State/territory | | Postcode |
| Dat | e audit w | /as comp | leted 🗴 | Day | Month | / | Year | as Part B of th | e audit report qu | alified? | No | Yes |
| 7 | Provide Write th | e BSB nu | l's financia mber, fun | al instituti d's accoi | on details. | er and | account name be unt. | low. (See releva | nt instructions.) | | | |
| BSE | 3 numbe | r (must b | e six digit | s) | | | Fund acc | count number | | | | |

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



489MS2012

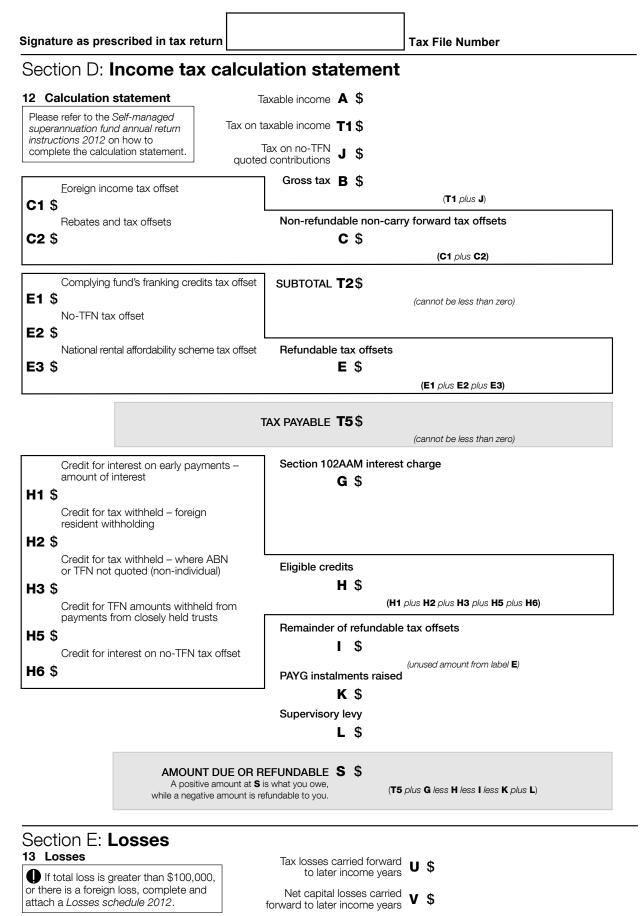
| ignature as prescribed in ta | x return | | | | | | Tax File Number | |
|--|---------------------------------|---------------------------------|---------------------------|--------------------------------|------------|----------------|---|-------|
| Status of SMSF Aux | stralian supera | nnuation fund | Α | No | | Yes | Fund benefit structure B | Coc |
| Does the fund trust d | | | | No | | Yes | 1 | |
| | nt's Super Co-c | | _ | | | | | |
| No Yes If yes, prov which the | vide the date on fund was wound | Day | Mont / | th / | | Yea | Have all tax lodgment and payment obligations been met? | Yes |
| Section B: Income | | | | | | | | |
| Did you have a ca (CGT) event du | | G No | Yes | | | | al capital loss or total capital gain is greater than a and attach a <i>Capital gains tax</i> (CGT) schedule | |
| Did the CGT event relat managed investment schem you held other than as an initia | ne interest that | Z No | Yes |) | You (CG | must T) scł | t complete and attach a <i>Capital gains tax</i> hedule 2012. | |
| | | Net | capita | l gain | A | \$ | | |
| Gross r | rent and other le | easing and hir | ring ind | come | В | \$ | | |
| | | Gro | oss int | terest | С | \$ | | |
| | Fores | stry managed | invest | ment | X | \$ | | |
| Gross foreign inco | me | sche | me in | come | | • | | 1000 |
| D1 \$ | | Net fore | ign ind | come | D | \$ | | Loss |
| | | | | | - | ¢ | | |
| Australian frankin | ig credits from a | | | | | | | Numbe |
| | | | nsfers reign 1 | | F | \$ | | |
| | | Gross paym ABN | ients v not qu | | Н | \$ | | _ |
| Calculation of assessable co Assessable employer con | | Gross | distrib | oution | ī | \$ | | Loss |
| R1 \$ | in building | from p *Unfranke | | | | | | |
| plus Assessable personal con | ntributions | | an | nount | J | \$ | | |
| R2 \$ | | *Franke | | nount | Κ | \$ | | |
| plus *No-TFN quoted contri | ibutions | *Divide | | nking credit | | \$ | | |
| R3 \$ | | | Gross | trust | | \$ | | Code |
| less Transfer of liability to life in company or PST | | | listribu | | | | | |
| R6 \$ | (| COI R1 plus R2 plus | ntribu s R3 /e: | tions ss R6) | R | \$ | | |
| Calculation of non-arm's len | - |] | | | | | | Code |
| *Net non-arm's length private com | npany dividends | *Ot | her ind | come | S | \$ | | |
| plus *Net non-arm's length trust | distributions | *Assessa due to c | | | т | \$ | | |
| U2 \$ | | sta | atus of | fund | <u> </u> | φ | | |
| plus *Net other non-arm's leng | th income | leng | non-a | come | U | \$ | | |
| U3 \$ | | (subject to (U1 plus | | | U | Ψ | | |
| *If an amount is entered at this label, check the instructions to ensure the correct tax treatment | | GROS (Sum of la | S INC bels A | OME to U) | W | \$ | | Loss |
| has been applied. | Exempt | current pens | ion ind | come | Y | \$ | | |
| тс | OTAL ASSESS | | /E 🗤 | , ¢ | | | | Loss |
| | | (W less | | \$ | | | | |

Signature as prescribed in tax return

Tax File Number

Place your attachments here.

| Section C: | Deductions | | | | |
|--------------|-------------------------------|--|---|------------|--|
| 11 Deduction | Interest | expenses within Australia | A | \$ | |
| | Int | erest expenses overseas | В | \$ | |
| | | Capital works deductions | D | \$ | |
| C | Deduction for decline in val | ue of depreciating assets | Е | \$ | |
| | Small business and g | eneral business tax break | Ρ | \$ | |
| | Dea | ath or disability premiums | F | \$ | |
| | | Death benefit increase | G | i \$ | |
| | | Approved auditor fee | Н | \$ | |
| | | 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 | N | \$ | |
| Т | TAXA OTAL ASSESSABLE INCOM | BLE INCOME OR LOSS E less TOTAL DEDUCTIONS) | 0 | Loss | |



Signature as prescribed in tax return

Tax File Number

Section F: Member information

Report current members at 30 June 2012 and former members who were paid a benefit (lump sum or income stream, but not a rollover) during the financial year. Include members for whom no contributions were received. Report deceased members in Section G.

MEMBER 1

Title: Mr 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 | E | \$ | | | | | | |
| | 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 | |
| Outwa | contributions reported at A – M | \$ | | | | | | | |
| CO | ntributions at item 15K on RBS Benefit payments and code R | | | | | | | Code | |
| Γ | | | | | | | |] | |
| CLO | DSING ACCOUNT 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 | \$ | |
| | Κ | \$ | | |
| | L | \$ | | |
| Co | 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 B | 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 Ye | S |
|---|---|-------|---|
| Total TOFA gains | Η | \$ | |
| Total TOFA losses | I | \$ | |
| TOFA transitional balancing adjustment IN-CONFIDENCE – whe | | | |

Loss

| Signature as prescribed in tax return |
|---------------------------------------|
|---------------------------------------|

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? | Ε | 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? | Κ | 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 | r | Number | | | | | |
|---|------|------|------------|---|--|--|--|--|--|
| Product or private ruling information | G | н | / | I | | | | | |
| Family trust election status | | | | | | | | | |
| If the trust or fund has made, or is making, specified of the election | | | | • | | | | | |
| If revoking or varying a family trust election, print R for revoke or print V for variation, and complete and attach the <i>Family trust election, revocation or variation 2012.</i> | | | | | | | | | |
| 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 <i>Interposed entity election or revocation 2012</i> for each election. | | | | | | | | | |
| | 0 1 | , | <i>i</i> 1 | int R , and complete or revocation 2012. | | | | | |
| Page 12 | | | n oomn | latad | | | | | |

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 applicab | le) | | | | | |
| 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 preparion iven 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 a | igent 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

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 | | | | |