Self-managed superannuation fund annual return

2019

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 2019* (NAT 71287).

🛈 The *Self-managed superannuation fund annual return instructions 2019* (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).

To complete this annual return

■ Print clearly, using a BLACK pen only.

■ Use BLOCK LETTERS and print one character per box.

| S | M | I | T | H | | S | T | | | | |

■ 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

Section A: **Fund information**

1 Tax file number (TFN)

❯ To assist processing, **write the fund's TFN at 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

Suburb/town   State/territory   Postcode

5 Annual return status

Is this an amendment to the SMSF's 2019 return?   **A** No   Yes

Is this the first required return for a newly registered SMSF?   **B** No   Yes

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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 **A** Day / Month / Year

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

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

If the audit report was qualified, have the reported issues been rectified? **D** 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.

Sensitive (when completed)

8   **Status of SMSF**   Australian superannuation fund   **A** No   Yes   Fund benefit structure   **B**   Code

Does the fund trust deed allow acceptance of
the Government's Super Co-contribution and   **C** No   Yes
Low Income Super Amounts?

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9   **Was the fund wound up during the income year?**

			Day	Month	Year			

No   Yes   ❯ If yes, provide the date on   /   /   ❯ Have all tax lodgment and payment obligations been met?   No   Yes

which the fund was wound up

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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.

Yes   ❯ Exempt current pension income amount   **A** $

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.

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 **not** complete Section B: Income.)

> ➖   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 Income

Did you have a capital gains tax (CGT) event during the year? **G** No   Yes ⟩ If the total capital loss or total capital gain is greater than $10,000 or you elected to use the transitional CGT relief in 2017 and the deferred notional gain has been realised, complete and attach a *Capital gains tax (CGT) schedule 2019*.

Have you applied an exemption or rollover? **M** No   Yes | Code |

Net capital gain **A** $

Gross rent and other leasing and hiring income **B** $

Gross interest **C** $

Forestry managed investment scheme income **X** $

Gross foreign income **D1** $ Net foreign income **D** $ | Loss |

Australian franking credits from a New Zealand company **E** $

Transfers from foreign funds **F** $ | Number |

Gross payments where ABN not quoted **H** $

Gross distribution from partnerships **I** $ | Loss |

Calculation of assessable contributions
Assessable employer contributions
R1 $

plus Assessable personal contributions
R2 $

plus #*No-TFN-quoted contributions
R3 $
(an amount must be included even if it is zero)

less Transfer of liability to life insurance company or PST
R6 $

*Unfranked dividend amount **J** $

*Franked dividend amount **K** $

*Dividend franking credit **L** $

*Gross trust distributions **M** $ | Code |

Assessable contributions (**R1** *plus* **R2** *plus* **R3** *less* **R6**) **R** $

Calculation of non-arm's length income
*Net non-arm's length private company dividends
U1 $

plus *Net non-arm's length trust distributions
U2 $

plus *Net other non-arm's length income
U3 $

*Other income **S** $ | Code |

*Assessable income due to changed tax status of fund **T** $

Net non-arm's length income (subject to 45% tax rate) (**U1** *plus* **U2** *plus* **U3**) **U** $

#This is a mandatory label.

*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** $ | Loss |

Exempt current pension income **Y** $

TOTAL ASSESSABLE INCOME (**W** *less* **Y**) **V** $ | Loss |

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** $
Capital works expenditure	**D1** $	**D2** $
Decline in value of depreciating assets	**E1** $	**E2** $
Insurance premiums – members	**F1** $	**F2** $
Death benefit increase	**G1** $	
SMSF auditor fee	**H1** $	**H2** $
Investment expenses	**I1** $	**I2** $
Management and administration expenses	**J1** $	**J2** $
Forestry managed investment scheme expense	**U1** $	**U2** $
Other amounts	**L1** $	Code **L2** $ Code
Tax losses deducted	**M1** $	

TOTAL DEDUCTIONS	TOTAL NON-DEDUCTIBLE EXPENSES
N $	**Y** $
(Total **A1** to **M1**)	(Total **A2** to **L2**)

#TAXABLE INCOME OR LOSS Loss	TOTAL SMSF EXPENSES
O $	**Z** $
(**TOTAL ASSESSABLE INCOME** *less* **TOTAL DEDUCTIONS**)	(**N** *plus* **Y**)

#This is a mandatory label.

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 2019* on how to complete the calculation statement.

#Taxable income **A** $ _____

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

#Tax on taxable income **T1** $ _____

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

#Tax on no-TFN-quoted contributions **J** $ _____

(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

C2 $ _____

Non-refundable non-carry forward tax offsets

C $ _____

(**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

E4 $ _____

Refundable tax offsets

E $ _____

(**E1** *plus* **E2** *plus* **E3** *plus* **E4**)

#TAX PAYABLE **T5** $ _____

(**T3** *less* **E** – *cannot be less than zero*)

Section 102AAM interest charge

G $ _____

　　　　Sensitive (when completed)

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   Eligible credits

H8 $ **H** $

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

#**Tax offset refunds**   **I** $
(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 **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

! If total loss is greater than $100,000,
complete and attach a *Losses
schedule 2019*.

Tax losses carried forward   **U** $
to later income years

Net capital losses carried   **V** $
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.

Date of birth   Day / Month / Year

Contributions

OPENING ACCOUNT BALANCE **$**

> ❗ Refer to instructions for completing these labels.

Employer contributions
A $

ABN of principal employer
A1

Personal contributions
B $

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 $

Proceeds from primary residence disposal
H $

Receipt date   Day / Month / Year
H1

Assessable foreign superannuation fund amount
I $

Non-assessable foreign superannuation fund amount
J $

Transfer from reserve: assessable amount
K $

Transfer from reserve: non-assessable amount
L $

Contributions from non-complying funds
and previously non-complying funds
T $

Any other contributions
(including Super Co-contributions and
Low Income Super Amounts)
M $

TOTAL CONTRIBUTIONS N $
(Sum of labels **A** to **M**)

Other transactions

Allocated earnings or losses **O** $ Loss ☐

Accumulation phase account balance
S1 $

Inward rollovers and transfers **P** $

Retirement phase account balance – Non CDBIS
S2 $

Outward rollovers and transfers **Q** $

Lump Sum payments **R1** $ Code ☐

Retirement phase account balance – CDBIS
S3 $

Income stream payments **R2** $ Code ☐

TRIS Count   **CLOSING ACCOUNT BALANCE S $**
(**S1** plus **S2** plus **S3**)

Accumulation phase value **X1** $

Retirement phase value **X2** $

Outstanding limited recourse borrowing arrangement amount **Y** $

Sensitive (when completed)

MEMBER 2

Title: Mr   Mrs   Miss   Ms   Other

Family name

First given name   Other given names

Member's TFN
See the Privacy note in the Declaration.

Date of birth   Day / Month / Year

Contributions

OPENING ACCOUNT BALANCE **$**

⚠ Refer to instructions for completing these labels.

Employer contributions
A $

ABN of principal employer
A1

Personal contributions
B $

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 $

Proceeds from primary residence disposal
H $

Receipt date   Day / Month / Year
H1

Assessable foreign superannuation fund amount
I $

Non-assessable foreign superannuation fund amount
J

Transfer from reserve: assessable amount
K $

Transfer from reserve: non-assessable amount
L $

Contributions from non-complying funds
and previously non-complying funds
T $

Any other contributions
(including Super Co-contributions and
Low Income Super Amounts)
M $

TOTAL CONTRIBUTIONS   N $
(Sum of labels **A** to **M**)

Other transactions

Allocated earnings or losses **O** $ Loss

Accumulation phase account balance
S1 $

Inward rollovers and transfers **P** $

Outward rollovers and transfers **Q** $

Retirement phase account balance
– Non CDBIS
S2 $

Lump Sum payments **R1** $ Code

Retirement phase account balance
– CDBIS
S3 $

Income stream payments **R2** $ Code

TRIS Count   **CLOSING ACCOUNT BALANCE   S** $
(**S1** plus **S2** plus **S3**)

Accumulation phase value **X1** $

Retirement phase value **X2** $

Outstanding limited recourse
borrowing arrangement amount **Y** $

Section H: **Assets and liabilities**
15 ASSETS

15a Australian managed investments

Listed trusts	**A** $	
Unlisted trusts	**B** $	
Insurance policy	**C** $	
Other managed investments	**D** $	

15b Australian direct investments

Cash and term deposits	**E** $	
Debt securities	**F** $	
Loans	**G** $	
Listed shares	**H** $	
Unlisted shares	**I** $	
Limited recourse borrowing arrangements	**J** $	
Non-residential real property	**K** $	
Residential real property	**L** $	
Collectables and personal use assets	**M** $	
Other assets	**O** $	

Limited recourse borrowing arrangements

Australian residential real property

J1 $

Australian non-residential real property

J2 $

Overseas real property

J3 $

Australian shares

J4 $

Overseas shares

J5 $

Other

J6 $

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	**S** $	
Other overseas assets	**T** $	

TOTAL AUSTRALIAN AND OVERSEAS ASSETS (Sum of labels **A** to **T**)	**U** $	

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?   **A** No   Yes ▸ $

15f Limited recourse borrowing arrangements

If the fund had an LRBA were the LRBA borrowings from a licensed financial institution?   **A** No   Yes

Did the members or related parties of the fund use personal guarantees or other security for the LRBA?   **B** No   Yes

Sensitive (when completed)

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** $

Reserve accounts **X** $

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 **I** $

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 2018–19 income year, write **2019**). **A**

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 2019.* **B**

Interposed entity election status

If the trust or fund has an existing election, write the earliest income year specified. If the trust or fund is making one or more elections this year, write the earliest income year being specified and complete an *Interposed entity election or revocation 2019* for each election. **C**

If revoking an interposed entity election, print **R**, and complete and attach the *Interposed entity election or revocation 2019.* **D**

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 (If required) 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, director's or public officer's signature

	Date	Day	/	Month	/	Year

Preferred trustee or director contact details:

Title: Mr   Mrs   Miss   Ms   Other

Family name

First given name   Other given names

Phone number

Email address

Non-individual trustee name (if applicable)

ABN of non-individual trustee

Time taken to prepare and complete this annual return   **Hrs**

❗ The Commissioner of Taxation, as Registrar of the Australian Business Register, may use the ABN and business details which you provide on this annual return to maintain the integrity of the register. For further information, refer to the instructions.

TAX AGENT'S DECLARATION:
I declare that the *Self-managed superannuation fund annual return 2019* has been prepared in accordance with information provided by the trustees, that the trustees have given me a declaration stating that the information provided to me is true and correct, and that the trustees have authorised me to lodge this annual return.

Tax agent's signature

	Date	Day	/	Month	/	Year

Tax agent's contact details

Title: Mr   Mrs   Miss   Ms   Other

Family name

First given name   Other given names

Tax agent's practice

Tax agent's phone number   Reference number   Tax agent number

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	/ /

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		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**