# Self-managed superannuation fund annual return

2015

#### 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 2015* (NAT 71287).

The Self-managed superannuation fund annual return instructions 2015 (NAT 71606) (the instructions) can assist you to complete this annual return.

#### TO COMPLETE THIS ANNUAL RETURN

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

Section	۸.	Eun	ا ir	٠f٥	rm	atio	'n
Sechon	Α.	HUIN	a ir	ารด	rm	atio	ın

1	Tax file	number	(TFN)
•	Iax IIIC	Hullibei	(

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

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. 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 2015 return?  A No Yes		
	Is this the first required return for a newly registered SMSF? <b>B</b> No Yes		
<b>6</b> Auc	SMSF auditor ditor's name		
Title Fam	: Mr Mrs Miss Ms Other illy name		
First	given name Other given names		
SM	SF Auditor Number Auditor's phone number		
Pos	stal address		
Sub	urb/town	State/territory	Postcode
Dat	e audit was completed <b>A</b> / / /		
Was	s Part B of the audit report qualified? B No Yes		
	e audit report was qualified, have the reported npliance 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 Financial institution details for super payments and tax refunds

You must provide the financial institution details of your fund's nominated super account. If you would like your fund's tax refunds paid to a different account, you can provide additional financial institution details at **B**.

Fund BSB number (must be six digits)

Fund account number

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

## B Financial institution details for tax refunds only

If you would like your fund's tax refunds paid to a different account, provide additional financial institution details. Tax refunds cannot be paid to a trustee's personal account. (See relevant instructions.)

BSB number (must be six digits)

Account number

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

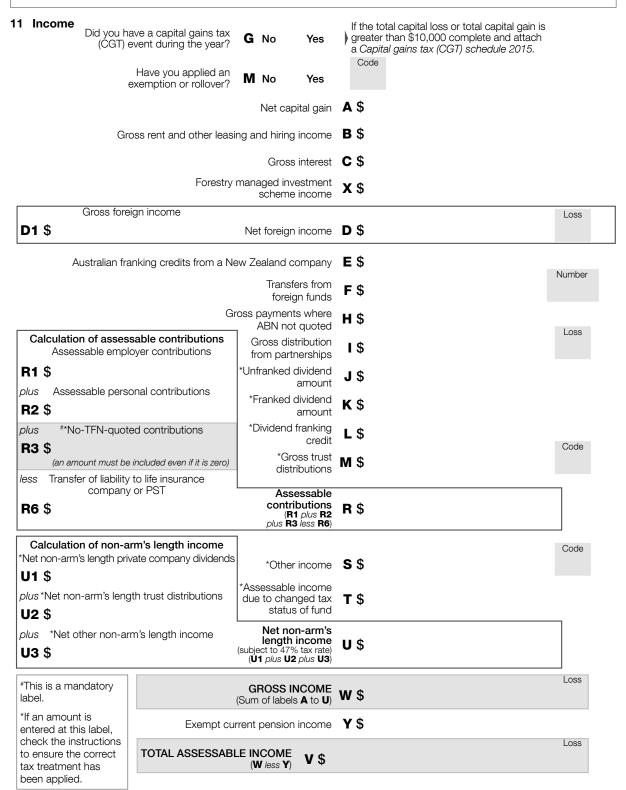
# C Electronic service address alias

We will use your electronic service address alias to communicate with your fund about ATO super payments.

8	Status	of SMSF	Australian superannua	tion fund	<b>A</b> No	Yes	Fund benefit structure	<b>B</b> Code		
			he fund trust deed allow accep overnment's Super Co-contribu Low Income Super Cont	ution and	C No	Yes				
9	Was th	e fund w	ound up during the incor	-			l leve all tax la demand			
	No	Yes )	If yes, provide the date on which the fund was wound up	Day	Month /	Year	Have all tax lodgment and payment obligations been met?	Yes		
10	Exemp	t curren	t pension income							
	Did the f	und pay a	n income stream to one or mo	re member	s in the in	come 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 Se	ection B: Income.							
	Yes Exempt current pension income amount A\$									
	Which method did you use to calculate your exempt current pension income?									
			Segregated assets metho	d <b>B</b>						
			Unsegregated assets metho	d <b>C</b> )	Was an a	ctuarial certi	ficate obtained? <b>D</b> Yes			
	Did the fund have any other income that was assessable?									
	E Yes	Go to	Section B: Income.							
	No						including no-TFN quoted contributed complete Section B: Income.)	utions.		
			titled to claim any tax offsets, y D: Income tax calculation state							

# Section B: Income

Do not complete this section if your fund was in full pension phase for the entire year and there was no other income that was assessable. If you are entitled to claim any tax offsets, you can record these at Section D: Income tax calculation statement.





Place your attachments here.

# 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 \$		<b>B2</b> \$	
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 \$		<b>J2</b> \$	
Forestry managed investment scheme expense	U1 \$	Code	<b>U2</b> \$	Code
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 A2 to L2)	
	*TAXABLE INCOME OR LOSS	Loss	TOTAL SMSF EXPENSES	]
	<b>o</b> \$	_000	<b>z</b> \$	
#This is a mandatory label.	(TOTAL ASSESSABLE INCOME less TOTAL DEDUCTIONS)		(N plus Y)	

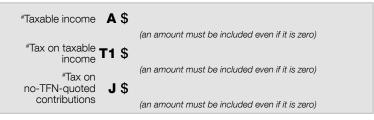
# Section D: Income tax calculation statement

#### #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.

## 13 Calculation statement

Please refer to the Self-managed superannuation fund annual return instructions 2015 on how to complete the calculation statement.



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)

Complying fund's franking credits tax offset

E1\$

No-TFN tax offset

**E2**\$

National rental affordability scheme tax offset

**E3**\$

**SUBTOTAL** T2 \$

(B less C - cannot be less than zero)

Refundable tax offsets

E\$

(E1 plus E2 plus E3)

## \*TAX PAYABLE **T5** \$

(T2 less E - cannot be less than zero)

Credit for interest on early payments amount of interest

H1\$

Credit for tax withheld – foreign resident withholding

**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**\$

Section 102AAM interest charge

**G**\$

Eligible credits

**H**\$

(H1 plus H2 plus H3 plus H5 plus H6)

\*Tax offset refunds

(Remainder of refundable tax offsets)

1\$

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

PAYG instalments raised

**K**\$

Supervisory levy

Supervisory levy adjustment for wound up funds

Supervisory levy adjustment for new funds

**N**\$

AMOUNT DUE OR REFUNDABLE \$\$

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 2015.

Tax losses carried forward to later income years

Net capital losses carried forward to later income years

# Section F: Member information

In Section F report all current members in the fund at 30 June.
Use Section G to report any former members or deceased members who held an interest in the fund at any time during the income year.

MEMBER 1

Title: Mr Ms Other Family name First given name Other given names Day Month Member's TFN Date of birth See the Privacy note in the Declaration. Contributions OPENING ACCOUNT BALANCE \$ Refer to instructions for completing these Employer contributions A\$ labels. ABN of principal employer A1 Personal contributions **B**\$ CGT small business retirement exemption CGT small business 15-year exemption amount **D** \$ Personal injury election **E**\$ Spouse and child contributions Other third party contributions Assessable foreign superannuation fund amount Non-assessable foreign superannuation fund amount Transfer from reserve: assessable amount Transfer from reserve: non-assessable amount L\$ Contributions from non-complying funds **T**\$ and previously non-complying funds Any other contributions (including Super Co-contributions and Low Income Super Contributions) TOTAL CONTRIBUTIONS N \$ Loss Other transactions Allocated earnings or losses **O** \$ Inward rollovers and transfers Outward rollovers and transfers Q\$ Code Lump Sum payment R1 \$ Code Income stream payment R2 \$ CLOSING ACCOUNT BALANCE S\$

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Sensitive (when completed)

Page 7

In Section F report all current members in the fund at 30 June. Use Section G to report any former members or deceased members who held an interest in the fund at any time during the income year. **MEMBER 2** Title: Mr Miss Ms Other Family name First given name Other given names Day Month Member's TFN Date of birth See the Privacy note in the Declaration. Contributions OPENING ACCOUNT BALANCE \$ Refer to instructions for completing these Employer contributions A\$ labels. 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 Other third party contributions Assessable foreign superannuation fund amount Non-assessable foreign superannuation fund amount Transfer from reserve: assessable amount **L**\$ Transfer from reserve: non-assessable amount Contributions from non-complying funds **T**\$ and previously non-complying funds Any other contributions (including Super Co-contributions and Low Income Super Contributions) м\$ TOTAL CONTRIBUTIONS N \$ Loss Other transactions Allocated earnings or losses **O** \$ Inward rollovers and transfers Outward rollovers and transfers Q\$ Code Lump Sum payment R1 \$ Code Income stream payment R2 \$ **CLOSING ACCOUNT BALANCE** S\$

Sensitive (when completed)

# 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 \$ **J1**\$ Australian non-residential real property Listed shares **H** \$ **J2**\$ Unlisted shares | | \$ Overseas real property **J3**\$ Limited recourse J \$ Australian shares borrowing arrangements **J4**\$ Non-residential real property **K** \$ Overseas shares Residential **J5**\$ real property Collectables and personal use assets **M** \$ Other **J6**\$ Other assets **O** \$ 15c 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) 15d 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?

16 LIABILITIES

Borrowings  $\boldsymbol{V}$  \$

Total member closing account balances W

(total of all CLOSING ACCOUNT BALANCEs from Sections F and G)

Reserve accounts X \$

Other liabilities Y \$

TOTAL LIABILITIES **Z** \$

# Section I: Taxation of financial arrangements

# 17 Taxation of financial arrangements (TOFA)

Did you make a gain, loss or transitional balancing adjustment from a financial arrangement subject to the TOFA rules? **G** No Yes

Total TOFA gains **H** \$

Total TOFA losses | \$

TOFA transitional balancing adjustment **J** \$

Loss

# 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 2014–15 income year, write **2015**).

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 2015.* 

#### 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 2015* for each election.

If revoking an interposed entity election, print **R**, and complete and attach the *Interposed entity election or revocation 2015*.

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Sechon	n.	Dec	iarations	



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

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 current trustees and directors have authorised this annual return and it is a law received the audit report and I am aware of any matters raised. I declare that the inany attached schedules and additional documentation is true and correct. I also authorise nominated bank account (if applicable).	nformation on	this a	nnual re	turn, ind	cluding
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, mayou provide on this annual return to maintain the integrity of the register. For further info	ay use the AB rmation, refer	N and to the	busines instruct	ss detail	s which
TAX AGENT'S DECLARATION:  I declare that the Self-managed superannuation fund annual return 2015 has been prepared by the trustees, that the trustees have given me a declaration stating that the information the trustees have authorised me to lodge this annual return.  Tax agent's signature					
	Date	/	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	7	āx age	ent num	ber	
Postal address for annual returns: Australian Taxation Office, GPO Box 9845, IN	I YOUR CAPI	TAL C	ITY		
Page 16 Sensitive (when completed)					

# **PART A**

Signature

Electronic Lodgment Declaration (Form DžHž:, SMSF cf 9L)

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Tax File Number Nam	e of Partnership, Trust, Fund or Entity		Year	
I authorise my tax agent to electronically tr	ansmit this tax return via the Electronic Lodgment Servic	e.		
correct in every detail. If you are in doubt a	ck to ensure that all income has been disclosed and the bout any aspect of the tax return, place all the facts befollse or misleading statements [ n tax returns.			
Declaration: I declare that: the information provided of the agent is authorised to	to the agent for the preparation of thã Áæ¢Á^č¦}Ê&,& `åaj  [å*^Áæ¢Á^č;}È	*Ánd)^Ánd]] 38enda ^/	Á&@åˇ  ^∙Á	
Signature of Partner, TrusteeÊ[ ¦ Öã^&{ ¦		Date	1 1	
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This declaration must be signed by the part If you elect for an EFT, all details below mu	ner, trustee, director or public officer prior to the EFT de st be completed.	tails being transm	itted to the Tax Office.	
<b>■a dcffLbh</b> Care should be taken when co	mpleting EFT details as the payment of any refund will b	e made to the acc	count specified.Á	
5 [YbhfigˈfYZYfYbWY/bia VYf				
5 <b>WV</b> ti bhname				
Á QÁcĕc@(¦ãr^Ác@:Án^~`}åÁq[Ásn^Ásn][•ãn^åÁsãn^8	d^Áq[Án@√Án]^&ããð\åÁna&&[*}c			
		]		_

Date

# PART 8

# Tax Agent's Certificate (ghared facilit]Yg only)

#### I declare that.