Self-managed superannuation fund annual return

2014

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 2014 (NAT 71287).

The Self-managed superannuation fund annual return instructions 2014 (NAT 71606) (the instructions) can assist you to complete this annual return.

TO COMPLETE THIS ANNUAL RETURN

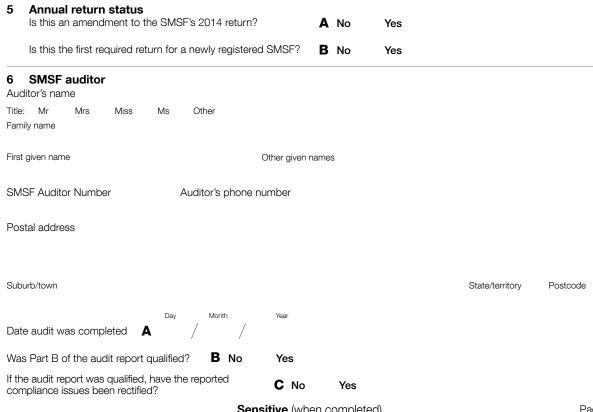
- Print clearly, using a BLACK pen only.
- Use BLOCK LETTERS.
- Place | X | in ALL applicable boxes.

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

2

Name of self-managed superannuation fund (SMSF)		
The Tax Office is authorised by law to request your TFN. You are quoting it could increase the chance of delay or error in processing	re not obliged to quote your TFN but not your annual return. See the Privacy note in th	e Declaration.
Tax file number (TFN)	To assist processing, write the fund's TFN at the top of pages 3, 5 and 7.	

Australian business number (ABN) (if applicable) **Current postal address** Suburb/town Postcode State/territory **Annual return status** Is this an amendment to the SMSF's 2014 return? A No Yes Is this the first required return for a newly registered SMSF? **B** No SMSF auditor



Electronic funds transfer (EFT)

We need your fund's financial institution details to pay any refund owing to you, even if you have provided them to us before. Write the fund's BSB number, fund's account number and fund's account name below. We do not issue refunds to a trustee's personal account. (See relevant instructions.)

Fund BSB number (must be six digits)

Fund account number

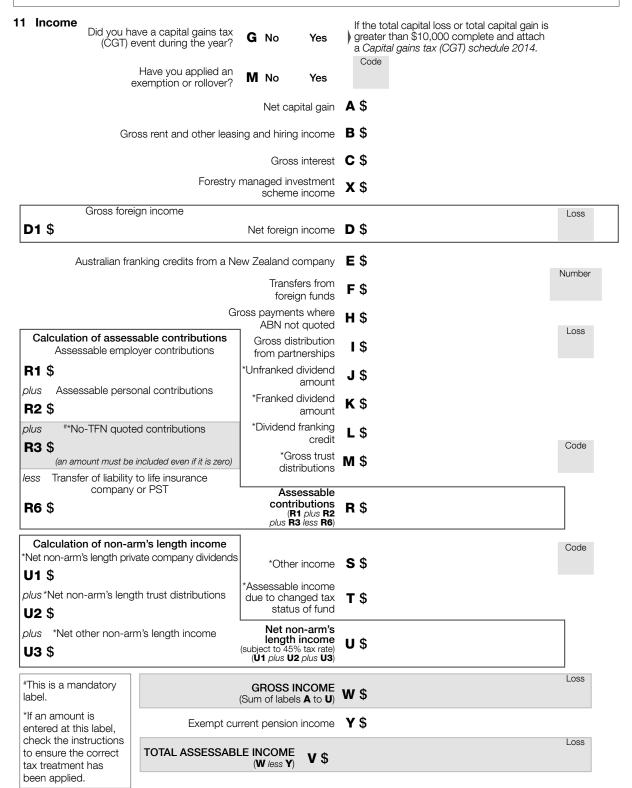
Fund account name (for example, J&Q Citizen ATF J&Q Family SF)

8	Statu	s of SM	SF	Australian su	uperannuati	ion func	A N	О	Yes		Fund be	nefit struct	ture B	Cod
				nd trust deed a ment's Super C Low Income S	o-contribut	tion and	CN	lo	Yes					
9	Was	the fund	l woun	d up during t	the incom	ne yea					l lava all tav			
	No	Yes	If ye which	s, provide the da ch the fund was	ate on wound up	Day /	Month	/	Year	•	Have all tax and obligations l	d payment	No	Yes
10	Exem	npt curr	ent pei	nsion income	•									
	Did the fund pay an income stream 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	Exem	pt curre	nt pension inco	me amount	A \$								
		Which	n metho	d did you use to	calculate	your exe	empt cu	ırrent	pension in	come	?			
			;	Segregated ass	ets method	В								
			Un	segregated ass	ets methoc	C) Was	an ac	tuarial cert	ificate	e obtained?	D Yes		
	Did the	e fund ha	ve any c	other income tha	at was asse	essable?	?							
	E Ye	s G	o to Sec	tion B: Income.										
	No) G	hoosing o to Sec	'No' means that tion C: Deducti	at you do no ons and no	ot have on-dedu	any ass octible e	essab xpens	ole income es. (Do no	, inclu ot con	uding no-TF nplete Secti	N quoted on B: Inco	contribut me.)	ions.

f 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 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 \$		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 \$		12 \$	
Management and administration expenses	J1 \$		J2 \$	
Forestry managed investment scheme expense	U1 \$	Code	U2 \$	Code
Other amounts	L1 \$		L2 \$	
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.

13 Calculation statement

Please refer to the Self-managed superannuation fund annual return instructions 2014 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\$

SUBTOTAL

(C1 plus C2)

Complying fund's franking credits tax offset

E1\$

No-TFN tax offset

E2\$

National rental affordability scheme tax offset

E3\$

T2 \$ (B less C - cannot be less than zero)

Refundable tax offsets

E\$

(E1 plus E2 plus E3 plus other refundable tax offset amounts)

*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 2014.

Tax losses carried forward to later income years

Net capital losses carried **V** \$ 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 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) TOTAL CONTRIBUTIONS N \$ Loss Other transactions

Allocated earnings or losses **O** \$

Inward rollovers and transfers

Outward rollovers and transfers Q\$

Lump Sum payment R1 \$

Code

Code

Income stream payment R2 \$

CLOSING ACCOUNT BALANCE S\$

Page 6

Sensitive (when completed)

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 **G** \$ 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\$

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 3 Title: 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\$ Page 8 Sensitive (when completed)

In Section F report all current members in the fund at 30 June.

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 (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 2013–14 income year, write **2014**).

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 2014.*

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 2014* for each election.

If revoking an interposed entity election, print **R**, and complete and attach the *Interposed entity election or revocation 2014*.

Section	I /·		laration	•
Seciion	N.	Dec	iaratior	15



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.

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.

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 I have received the audit report and I am aware of any matters raised. I declare that the any attached schedules and additional documentation is true and correct. I also authonominated bank account (if applicable).	e informatic	n on t	his a	ınnualı	return,	including
Authorised trustee's, director's or public officer's signature	\neg					
		Day	,	Month	,	Year
	Date		/		/	
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	ŀ	Hrs				
The Commissioner of Taxation, as Registrar of the Australian Business Register, you provide on this annual return to maintain the integrity of the register. For further in	may use the formation, r	e ABN refer to	and the	busine instruc	ess det	ails which
TAX AGENT'S DECLARATION: I declare that the Self-managed superannuation fund annual return 2014 has been preply the trustees, that the trustees have given me a declaration stating that the information that trustees have authorised me to lodge this annual return. Tax agent's signature						
isa agonto signaturo		Day		Month		Year
	Date	Day	/	Month	/	rear
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		Ta	x ag	ent nui	mber	
Postal address for annual returns: Australian Taxation Office, GPO Box 9845,	IN YOUR C	CAPITA	AL C	ITY		
Page 16 Sensitive (when completed)					_	

PART A

Electronic Lodgement Declaration (Form DžHž7 ž: , SMSF cf 9L)

This declaration is to be completed where the cast Ateurn is to be lodged via the Vast AJ ~ 28. '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.	lectaration for a period of five years after the dectaration	is made, pename	is may						
Privacy V@ÁŒVUÁs Ásĕ c@¦ā^åÁs^Ás@Ávæcæā} ÁŒ{ ā ā dæā} ÁŒ8cÁJÍ HÁţÁ^~~oóc@Á; [çãā} Á; ÁæcÁAPÁ, { à^!oÁÇVØÞ•ŒÁV@ÁŒVUÁ aJÁ•^Ás@ÁÆ VØÞ•Ág Ásā^ æð æð að alÁ; Ása AæcÁ Á; Ás} æð Ásā Á; ÁAS Elà•ĒMŒ\$ Á; [çãā} Á; ÁæcÁAPÁ, { à^!oÁÇVØÞ•ŒÁV@ÁŒVUÁ aJÁ•^ÁœÁ} [œá] [cá*^Á[*!ÁæcÁAPÁ, *] oág Á; [çãa^Ás@ÁVØÞ•ŒĀ], ^c^!ÉŠ[*Ææ]} [cá* K Væcææā} Áæ Ásĕ c@¦ā^•Ás@ÁŒVUÁţÁ\$[^8oá] f; { æā} Ásā al[•^Ásá A[cæ]Á[ç^!} { ^} oág A; [cá*] & að *Á^!•[] æð f; { æā} Ásā al[•^Ásá A] óæcÁ Á; [cá*] { ^} oág A; éa *Á^!•[] æð f; { æð } Ásā [cæ] } æð Aísā [cæ] A; éa æð Aísā [cæ] A; éa æð Aísā [cæ] A; éa æð Aísā [cæ] A									
•][}•[¦Ánàæ)\Án[Áæ&ãqãnæe*Án@Ajæê{^}oÁj-Á[`¦Ánca¢cacaā[}Ánãacàāā6cÁ-[{Á-[ĭ¦Á,[{ā]ace^åÁnc&&{ĭ}}dÈ								
Tax File Number Name	e of Partnership, Trust, Fund or Entity		Year						
I authorise my tax agent to electronically tra	ansmit this tax return via the Electronic Lodgment Servic	e.							
correct in every detail. If you are in doubt a	k to ensure that all income has been disclosed and the t bout any aspect of the tax return, place all the facts befo lse or misleading statements [n tax returns.								
Declaration: I declare that: the information provided to the agent is authorised to	othe agent for the preparation of thañ Ácæa¢Án^c`¦}ÉÁSy&\`åaj ∥å*^Áno®a Ácæa¢Án^c`¦}È	*Ása)^Ása] a38aeà ^/	á &@å` ^∙Á						
Signature of Partner, TrusteeÊ[¦ Öã^&{ ¦		Date	1	I					
PART B									
ELEC	CTRONIC FUNDS TRANSFER CONSENT								
This declaration is to be completed when a through the electronic lodgment service EL	n electronic funds transfer (EFT) of a refund is requested S.	d and the tax retu	rn is being lodg	ed					
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 det st be completed.	ails being transm	itted to the Tax	Office.					
Important: Care should be taken when co	mpleting EFT details as the payment of any refund will be	e made to the acc	count specified.	ÁÁ					
Agent Ref No									
Account name									
Á OÁBE OQ:¦ãr^Ás@ Á^~~} å Ás[Ás^Ás^][•ãc^å Ásã^&	‡^Áq Án@Án]^8ãað åÁna&8{[ˇ}c								
Signature		Date	/	/					

PART D

Tax Agent's Certificate (shared facilities only)

I declare that:

Capital gains tax (CGT) schedule

2014

WHEN COMPLETING THIS FORM

- Print clearly, using a black or dark blue pen only.
- Use BLOCK LETTERS.
- 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 2014* 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 ca	pital gains and capital losses	
Shares in companies listed on an Australian securities exchange	A \$	Capital loss
Other shares	B \$	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 \$
Total current year capital gains	J \$	Add the amounts at labels K to R and write the total in item 2 label A – Total current year capital losses.

2	Capital losses	
	Total current year capital losses	A \$
	Total current year capital losses applied	B \$
	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 \$
	ı	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	В\$
		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 \$

6 Net capital gain

Net capital gain

Total small business concessions applied **D** \$

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 se	ller			No
	If you are a party to more than one earnout arrangement, copy ar details requested here for each additional earnout arrangement.	ıd a	att	ach a separ	ate she	et to thi	s sched	lule provid	ding the
	How many years does the earnout arrangement run for?	В	3						
	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) {	\$					
	Amount of any capital gain or loss you made under your earnout arrangement in the income year.		: 5	\$					LOSS
8	Other CGT information required (if applicable)								COD
	Small business 15 year exemption - exempt capital gains	A	١:	\$					/
	Capital gains disregarded by a foreign resident	В	3 :	\$					
	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	Ξ ;	\$					
Ta	axpayer's declaration If the schedule is not lodged with the income tax return you are re	equ	ire	ed to sign a	and dat	e the s	chedule	e.	
Be to	portant fore making this declaration check to ensure that all the information requesting that the information provided is true and correct in every durn, place all the facts before the ATO. The income tax law imposes hear	eta	il.	If you are in	doubt	about a	ny aspe	ect of the	
Tax	ivacy kation law authorises the ATO to collect information and disclose it to othormation of the person authorised to sign the declaration. For information								
l d	eclare that the information on this form is true and correct.								
Siç	gnature								
					Date Day	Mont	h /	Year	
Сс	ntact name					•	,		
Da	vtime contact number (include area code)								

2014

Losses schedule

Companies and trusts that do not join consolidated groups should complete and attach this schedule to their 2014 tax return.

Superannuation funds should complete and attach this schedule to their 2014 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.

Refer to Losses schedule instructions 2014, 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 (ABN)

Part A Losses carried forward to the 2014–15 income year – excludes film losses

1 Tax losses carried forward to later income years

Year of loss 2013–14 B 2012–13 C 2011–12 D 2010–11 E 2009–10 F 2008–09 and earlier income years Total U

Transfer the amount at $\overline{\mathbf{U}}$ 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



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 same business 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 same business test has to be satisfied in relation to that loss.

Do not complete items 1, 2 or 4 of Part B if, in the 2013-14 income year, no loss has been claimed as a deduction or, in the case of companies, losses have not been transferred in or out.

Whether continuity of majority ownership test passed

Note: If the entity has deducted, transferred in or transferred out (as applicable) in the 2013-14 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

			icai di loss
No Print X in the appropriate box	No	A Yes	2013–14
No Print X in the appropriate box	No	B Yes	2012–13
No Print X in the appropriate box	No	C Yes	2011–12
No Print X in the appropriate box	No	D Yes	2010–11
No Print X in the appropriate box	No	E Yes	2009–10
No Print X in the appropriate box	No	F Yes	2008–09 and earlier income years

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

Tax losses G

Net capital losses

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

Tax losses

Net capital losses

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

Print X in the appropriate box.

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

Print X in the No appropriate box.

No

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?

If you printed **X** in the **No** box at **M**, has the company determined it had an unrealised net loss at the changeover time? N Yes

Print X in the appropriate box. Print X in the

appropriate box.

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?

Part D Life insurance companies

Complying superannuation/FHSA class tax losses carried forward to later income years



Complying superannuation/FHSA 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

Part F Tax losses reconciliation statement

Balance of tax losses brought forward from the prior income year

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

SUBTRACT Tax losses carried back K

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 r	numbe	r (include i	area co	ode)