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 2011 (NAT 71287).

The Self-managed superannuation fund annual return instructions 2011 (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
- Print | X | in ALL applicable boxes.

O ''				
Section	Λ.	Lund	Into	matian
	\neg .	ı unu	IIIIVI	IIIauvii

1	Tax fil	le num	ber (TFN)
	I GA III	ic man	inei (11 11/

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

Name of self-managed superannuation fund (SMSF)

could increase the chance of delay or error in processing your annual return.

3	Australian business	number (ABN) (if ap	oplicable)	
4	Current postal addr	ess		
Sub	urb/town			State/territory Postcode
5	Annual return status		ual return? No Y e	s
6 Aud	Fund auditor ditor's name			
Title Fam	: Mr Mrs Miss nily name	Ms Other		
First	given name		Other given names	
Pro	fessional body	Membership	number	Auditor's phone number

Electronic funds transfer (EFT)

Provide your financial institution details to have your refund paid directly to you. It's faster and simpler to have your refund paid in this way. Write the BSB number, account number and account name below. We do not issue refunds to a trustee's personal bank account. See Self-managed superannuation fund annual return instructions 2011.

BSB number (must be six digits)

Date audit was completed A

Code Postal address

Suburb/town

Account number

Account name (for example, JQ Citizen)

Postcode

Yes

State/territory

Was the audit report qualified? **B** No

8	Status	s of SMS	SF	Australia	an supera	nnuati	ion fur	nd	A No)		Yes			Fund	d ben	efit st	ructu	re	В	Code
		Does the		rust deed a rnment's S					C No	•		Yes									
•	Was t	he fund	wound	d up duri	ng the i	ncom	ne ye	ar?	Month			Year		ŀ	Have a	ll tav l	odam	nent			
	No	Yes	If yes which	, provide the the	ne date on was woun	d up	Day	/	MONTH	/		Year)		bligation	and	paym	nent	No		Yes
Se	ection	n В: In	com	ne																	
10	Incom			a capital on the during t		G	No		Yes						s or tota a <i>Capit</i>						\$10,000 2011.
	mana	ged inves	tment so	t relate to a cheme inte n initial par	erest that	Z	No		Yes				completedule 2		and atta 1.	ch a C	apital g	gains	tax		
							Ne	et ca	apital g	ain	A	\$									
			Gr	ross rent a	nd other I	easing	g and	hirir	ng inco	me	В	\$									
							(Gros	ss inter	est	С	\$									
					Fore	stry m			nvestm ne inco		X	\$									
		Gross	foreign	income					10 11100	1110											Loss
D	1 \$						Net fo	oreiç	gn inco	me	D	\$									
		Aust	ralian fra	anking cre	dits from	a New	/ Zeala	and	compa	any	E	\$									
									sfers fr		F	\$									Number
						Gros	ss pay	/me	eign fur nts wh	ere	Н	\$									
	Calcula	tion of as	ssessab	ole contril	outions		_		ot quo listribut	tea											Loss
		sessable e	employe	er contribu	tions	*			rtnersh d divide		•	\$									
	1 1 \$ us As	sessahle i	nersona	al contribu	tions				amo	unt	J	\$									
l'	2 \$		pordona		110110		*Frar	nked	d divide amo		K	\$									
ľ		No-TFN o	quoted c	contributio	ns		*Divi	den	d frank cre	ing edit	L	\$									
	1 3 \$	nefor of lia	hility to	life insura	nce				Gross tr Stributio		М	\$									Code
			pany or		100			As	sessa	ble	_									7	
L	6 \$					(R1 plu			tributio R3 /ess		R	<u>\$</u>									
		*Net non-		's length i ngth priva																	Code
U	1 \$	00111	party are	naonao			*(Oth	er inco	me	S	\$									
Τ΄	us*Net r 1 2 \$	non-arm's	length i	trust distri	butions		due to	ch	le inco anged us of fu	tax	T	\$									
Ι'	us *Ne 1 3 \$	et other no	on-arm's	s length ind	come	(s	le ubject	ngt to 4	ion-arr h inco 5% tax r J2 plus	me ate)	U	\$									
					TOTAL	ASSE	SSAE	BLE	INCOI	ME	V	\$								_	Loss

*If an amount is entered at this label, check the instructions to ensure the correct tax treatment has been applied.



11 Deductions

Place your attachments here.

Section C: Deductions

- Exempt current pension income **K**
- Interest expenses within Australia A \$
 - Interest expenses overseas **B** \$
 - Capital works deductions **D** \$
- Deduction for decline in value of depreciating assets **E** \$
 - Small business and general business tax break **P** \$
 - Death or disability premiums **F** \$
 - Death benefit increase **G** \$
 - Approved auditor fee **H** \$
 - Investment expenses | \$
 - Management and administration expenses **J** \$
 - Forestry managed investment scheme deduction **U** \$
 - Other deductions L \$
 - Tax losses deducted M \$
 - TOTAL DEDUCTIONS N \$

TAXABLE INCOME OR LOSS (TOTAL ASSESSABLE INCOME /ess TOTAL DEDUCTIONS)

Code

Loss

Section D: Income tax calculation statement

12 Income tax calculation statement Taxable income A \$ No-TFN quoted J \$ contributions tax Credit: foreign income tax offset Gross tax **B** \$ C1 \$ Credit: rebates and tax offsets plus Rebates and offsets C \$ C2 \$ (C1 plus C2) SUBTOTAL D \$ Credit: interest on early payments F1 \$ (B less C) (Cannot be less than zero) plus Credit: foreign resident withholding Section 102AAM E \$ **F2** \$ interest charge plus Credit: ABN/TFN not quoted (non-individual) F3 \$ Eligible credits plus Credit: refundable franking credits (F1 plus F2 plus F3 plus F4 plus F5 plus F6 plus F7 plus F8) F \$ F4 \$ Credit: no-TFN tax offset plus F5 \$ PAYG instalments **G** \$ raised plus Credit: interest on no-TFN tax offset F6 \$ Supervisory levy H \$ plus Credit: refundable National rental affordability scheme tax offset

TOTAL AMOUNT DUE OR REFUNDABLE (D plus E less F less G plus H)

Section E: Losses

13 Losses

F7 \$

F8 \$

plus

(1) If total loss is greater than \$100,000, or there is a foreign loss, complete and attach a *Losses schedule 2011*.

Credit: TFN amounts withheld from

payments from closely held trusts

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

Net capital losses carried forward to later income years **V** \$

Section F: Member information

Report current members at 30 June 2011 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 Family name	Ms Other	
First given name	Other given names	
Member's TFN	Date of birth Day Month Year	
Contributions	OPENING ACCOUNT BALANCE \$	
Include contributions reported to you on a Rollover benefits statement	Employer contributions A \$	_
(RBS) (NAT 70944).	ABN of principal employer A1	
	Personal contributions B \$	
CG	GT small business retirement exemption C \$	
CGT sma	all business 15-year exemption amount D \$	
	Personal injury election E \$	
	Spouse and child contributions F \$	
	Other family and friend contributions G \$	
Directed tern	nination (taxable component) payments H \$	
Assessab	ble foreign superannuation fund amount \$	
	ole foreign superannuation fund amount J	
Tra	ansfer from reserve: assessable amount K \$	
	r from reserve: non-assessable amount	
Any other contribut	tions (including Super Co-contributions) M \$	
	TOTAL CONTRIBUTIONS N \$	Loss
Other transactions Exclude any rollover	Allocated earnings or losses O \$	<u>L</u> 033
components reported at N from amounts reported at P .	Inward rollover amounts P \$	
If P is negative, transfer the loss to O .	Outward rollover amounts Q \$	Code
	Benefit payments and code R \$	
	CLOSING ACCOUNT BALANCE \$ \$	

Report current members at 30 June 2011 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 2			
Title: Mr Mrs Miss Ms Family name	Other		
First given name	Other given names		
		Day Month Yea	r
Member's TFN	Date of t	birth / /	
Contributions	OPENING ACCOUNT BALANCE	\$	
Include contributions reported to you on a Rollover benefits statement	Employer contributions	A \$	
(RBS) (NAT 70944).	of principal employer A1		
	Personal contributions	в \$	
CGT sr	mall business retirement exemption	c \$	
CGT small bu	usiness 15-year exemption amount	D \$	
	Personal injury election	E \$	
	Spouse and child contributions	F \$	
C	ther family and friend contributions	G \$	
Directed terminat	ion (taxable component) payments	н \$	
Assessable fo	reign superannuation fund amount	ı \$	
Non-assessable fo	reign superannuation fund amount	J \$	
Transfe	er from reserve: assessable amount	K \$	
Transfer from	m reserve: non-assessable amount	L \$	
Any other contributions	(including Super Co-contributions)	M \$	
	TOTAL CONTRIBUTIONS	N \$	
Other transactions	Allocated earnings or losses O	\$	Loss
Exclude any rollover components reported at N	Inward rollover amounts P	\$	
from amounts reported at P . If P is negative, transfer the loss to O .	Outward rollover amounts Q	\$	0.1.
1000 to 0.	Benefit payments and code R	\$	Code
CL	OSING ACCOUNT BALANCE S	\$	

Section H: Assets and liabilities 14 ASSETS Listed trusts A \$ 14a Australian managed investments Unlisted trusts **B** \$ Insurance policy C \$ Other managed investments **D** \$ Cash and term deposits **E** \$ 14b Australian direct investments Debt securities **F** \$ Loans G \$ Listed shares **H** \$ Unlisted shares I \$ Derivatives and instalment warrants **J** \$ Non-residential real property K \$ Residential real property **L** \$ Artwork, collectibles, metal or jewels M \$ Other assets **O** \$ 14c 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 U \$ Borrowings V \$ 15 LIABILITIES Total member closing account balances (total of all **CLOSING ACCOUNT BALANCE**s from Sections F and G) Reserve accounts X \$ Other liabilities Y \$ TOTAL LIABILITIES **Z** \$ Section I: Taxation of financial arrangements 16 Taxation of financial arrangements (TOFA) Did you make a gain, loss or transitional balancing adjustment from a financial arrangement subject to the TOFA rules? Total TOFA gains **H** \$ Total TOFA losses | \$ Loss TOFA transitional balancing adjustment **J** \$ Page 11

IN-CONFIDENCE – when completed

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.

n-house and related party assets Did the SMSF loan, lease to or invest in related pa (known as in-house asse		No	Yes	\$
Did the SMSF hold in-house assets at any time duthe year that exceeded 5% of total ass	iring R	No	Yes	
Did the SMSF hold an investment in a related part and time during the year (excluding in-house asse		No	Yes	\$
Did the SMSF acquire any assets (other than exempt ass from related part		No	Yes	\$
ther regulatory questions				
Did the SMSF lend money or provide financial assistance member or relative of a member of the fu		No	Yes	
Did the SMSF receive in specie contributions during the year	ear? F	No	Yes	\$
Did the SMSF make and maintain all investmon an arm's length ba		No	Yes	
Did the SMSF borrow for purposes that are not permissi	ble? H	No	Yes	
Did members have the personal use of SMSF's assets before retirement		No	Yes	
Did the SMSF provide money to members without condition of release being n		No	Yes	
Did trustees of the fund receive any remuneration their services as a trus		No	Yes	
Are any trustees or directors currently disqualified pers as defined by SI		No	Yes	
Are all SMSF assets appropriately documented owned by the fu	IV	No	Yes	
Did the SMSF carry on a business of selling goods or service	ces? N	No	Yes	
Does the auditor provide services to the SMSF as either a tax ag accountant or financial advisor or administra		No	Yes	

Section K: Other information

Forestry managed investment schemes		Code		Year		Number
Product or private ruling information	G		Н		/ I	

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 2010–11 income year, write **2011**).
 - 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 2011.

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 2011* for each election.
 - If revoking an interposed entity election, print **R**, and complete and attach the *Interposed entity election or revocation 2011*.

Section		larations	2
		iai auvii:	3

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, c	director's	or publi	ic officer's	signature		1				
						Date	Day	м /	lonth /	Year
Preferred trustee	or dire	ctor co	ntact de	tails:		Date		,	,	
Title: Mr Mrs Family name	Miss	Ms	Other							
First given name				Other given names						
Phone number Email address										
Non-individual trustee	name (i	f applica	ble)							
ABN of non-individual	trustee									
	-	Γime tak	en to prepa	are and complete this annua	al return	Hrs				
				of the Australian Business Fe e integrity of the register. Fo						
TAX AGENT'S DEC	CLARA	TION:								
I declare that the Self-I	<i>manage</i> ne truste	d supera es have	given me a	und annual return 2011 has a declaration stating that the hual return.						
Tax agent's signature			J							
						Date	Day	/ м	onth	Year
Tax agent's contact	ct deta	ils				•				
Title: Mr Mrs Family name	Miss	Ms	Other							
First given name				Other given names						
Tax agent's practice										
Tax agent's phone nur	mber			Reference number			Ta	x agent	t numbe	ər
Postal address	for ann	ual returr	ns: Austra l	lian Taxation Office, GPO	Box 9845,	IN YOUR	CAPI	TAL CI	TY	
			IN-C	CONFIDENCE - when o	completed	1				Page

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 income 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 in 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 is true and correct; and	to the agent for the preparation of this tax return, including	ng any applicable	schedules		
•	the agent is authorised t	o lodge this tax return.				
Signature of Pa Public Officer	artner, Trustee or		Date	I	1	

PART B

Account name

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.

Account No	Agent Ref No
authorise the refund to be deposited directly to the specified account	

	 _			
Signature of Partner, Trustee or Public Officer	Date	1	1	

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	1	Reference	
Contact name					
Agent's Phone No				Agent Ref No	

Capital gains tax (CGT) schedule

2011 951BK2011

Use in conjunction with company, trust, fund income tax return or the self managed superannuation fund annual return. Refer to *Guide to capital gains tax 2011* available on our website **www.ato.gov.au** for instructions on how to complete this schedule.

Print neatly in BLOCK LETTERS with a black or blue ballpoint pen only. Do not use correction fluid or tape. Print one letter or number in each box.

Tax file number (TFN)

Taxpayer's name

Australian business number (ABN)

Part A Capital ga	ins from CGT assets and CGT events		
Non-active assets	Capital gains - indexation method	Capital gains – discount method	Other capital gains
Shares and units (in unit trusts)	A	В	C
Forestry managed investment scheme interest	Y	Z	A
Real estate		3	G
Other CGT assets and any other CGT events	G	H	0
Collectables	J	K	
Hedging financial arrangements		6	II
Active assets			
Shares and units (in unit trusts)	М	N	0
Forestry managed investment scheme interest	В	C	D
Real estate	P	Q	R
Other CGT assets and any other CGT events	s	0	U
,	Add amounts at A to S above and write the otal at V below.	Add amounts at B to T above and write the total at W below.	Add amounts at C to U above and write the total at X below.
	_	w [—]	X F

Part B Current	year capital losses (CYCL) from CGT as	sets and CGT events – other than capital lo	osses from collectables
Shares and units (in unit trusts)	A		
Forestry managed investment scheme interest	0		
Real estate	В		
Hedging financial arrangements	U		
Other CGT assets and any other CGT events	C		
	Add amounts at A to C above and write the total at D below.		
Total current year capital losses (CYCL)	D		
Part D Applying	capital losses against current year cap	oital gains	
Current year capital losses applied	Capital gains – indexation method	Capital gains – discount method	Other capital gains
Prior year net capital losses applied	0	0	K
Capital losses transferred in applied	М	N	0
	Add amounts at E to M above and write the total at Q below.	Add amounts at ${\sf F}$ to ${\sf N}$ above and write the total at ${\sf R}$ below.	Add amounts at G to o above and write the total at S below:
Total capital losses applied	Q	R	S
	Current year capital losses applied	Prior year net capital losses applied	Capital losses transferred in applied Use P only for transfers from or to a foreign bank branch or permanent establishment of foreign financial entity.
	Add amounts at E , F and G above and write the total at H below.	Add amounts at I , J and K above and write the total at L below.	Add amounts at M, N and O above and write the total at P below.
Total capital losses applied	H	0	P
Part E Current y	year capital gains (CYCG) after applying	g capital losses	
Non-active assets	Capital gains – indexation method	Capital gains – discount method	Other capital gains
Active assets	D	3	6
	Add amounts at A and D above and write the total at G below.	Add amounts at B and E above and write the total at H below.	Add amounts at C and F above and write the total at T below.
Totals – CYCG after applying capital losses	G		

тагт другу	g the CGT discount o	ir capital gallis	Capital gains -	- discount method			
		From non-active asset					
		From active asset	ts K				
Part G Applyin	g the CGT concessio	ns for small business	6				
Small but ass	Capital gains siness active set reduction	- indexation method	Capital g	ains - discount method	Other capital gains		
Sn retiremer	nall business nt exemption		P		Q		
Small busi	iness rollover R		S				
Part H Calcula	iting net capital gain						
Totals - CGT discount		ove and write the	Add amounts at J to stotal at B below.	s above and write the	Add amounts at N to T above and write the total at C below.		
and small business concessions			Deduct the amount at B part E on page 2 and write	above from the amount at H in e the result at E below.	Deduct the amount at above from the amount at part E on page 2 and write the result at below.		
	D		E		G		
Net capital gain (D	+ E + F) G		Transfer the amou	unt at G to A on your tax return.			
Part I Unapplie	ed net capital losses (UNCL) carried forwa	rd to later income y	/ears			
UNCL from collectables	H	UNCL from assets an	all other CGT d CGT events		Add amounts at H and I and write the total at V on your tax return.		
Part J Small be	usiness 15-year exem	ption					
Exempt capital gains	J	CGT	asset or CGT event code				
Part K Scrip-fo	or-scrip rollover for ex	changing taxpayer					
Rollover chosen?	A Yes No Print X in the appropriate box.	Original interests cost base		Replacement interests market value			
				Cash and other considerations	⁵ D		

Part L Scrip-fo	r-scrip	rollover for ac	equiring entity	y – to k	be compl	eted by comp	anies and tru	sts only				
Acquiring entity E Yes	No	Print X in the appropriate box.	Number of original entities	E			Т	axpayer TFN original en	I of G			
		Ν	lumber of shares/ units etc issued	H				Number options/rig etc issu				
			Amount of other considerations	J				First element of cost base erests acquired	of 🔼			
			Joint choice for rollover	Yes	s No	Print X in the appropriate box		ase – signific non stakeholo erests acqui				
Part M Did you	have a	an employee s	hare scheme	in pla	ice at any	time during	the year? - to	be com	oleted by c	ompan	ies only	
									N Yes	No	Print X in the appropriate box.	
Part N Same m	ajority	underlying ow	vnership and	pre-C	GT asset	s - Division 1	49 – to be co	mpleted l	by compan	ies only	У	
									O Yes	No	Print X in the appropriate box.	
Taxpayer's decla	ration											
If the schedule is not	lodged	with the income	tax return you a	re requ	iired to sigi	n and date the s	chedule.					
Before making this dec										ide.		
DECLARATION												
I declare that the inform	nation in	this schedule and	additional docur	nentatio	on is true ar	nd correct.						
Signature												
						Date	Month /	Year				
						I Date	/ /					