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 2016* (NAT 71287).

The Self-managed superannuation fund annual return instructions 2016 (NAT 71606) (the instructions) can assist you to complete this annual return.

Section A: Fund information

1 Tax file number (TFN)

TO COMPLETE THIS ANNUAL RETURN

2016

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

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

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 2016 return?	A	No	Yes		
Is this the first required return for a newly registered SMSF?	В	No	Yes		
6 SMSF auditor Auditor's name					
Title: Mr Mrs Miss Ms Other Family name					
First given name Other given	n name	S			
SMSF Auditor Number Auditor's phone number					
Postal address					
Suburb/town				State/territory	Postcode
Day Month Year Date audit was completed A / /					
Was Part B of the audit report qualified? B No Yes					
If the audit report was qualified, have the reported compliance issues been rectified?)	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 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 SMS	F,	Australian sup	perannuatio	on func	A	No	Yes		Fund be	nefit struct	ure	B	Code
			Governme	trust deed allo nt's Super Co w Income Su	-contributi	on and		No	Yes						
9	Was th	ne fund v	wound u	p during th		-				L	Have all tax	lodamont			
	No	Yes	If yes, p which th	rovide the date ne fund was w	e on	Day /	Mo /	inth	Year	- K		d payment		Ye	S
10	Exemp	ot curren	nt pensio	on income											
	Did the	fund pay a	an income	e stream to or	ne or more	memb	oers ir	n the in	come year	r?					
	-			ntion for curre current pensio				u must	pay at lea	st the m	ninimum be	nefit paym	ient un	ıder	
	No) Go to Se	ection B:	Income.											
	Yes	Exempt	current p	ension incom	ie amount	A \$									
		Which m	nethod di	d you use to	calculate y	our exe	empt	current	t pension ii	ncome?)				
			Seg	regated asset	ts method	В									
			Unseg	regated asset	ts method	С) Wa	as an a	ctuarial ce	rtificate	obtained?	D Yes			
	Did the	fund have	any othe	r income that	was asses	ssable	?								
	E Yes	Go t	to Sectior	B: Income.											
	No			o' means that n C: Deductio										utions.	
	-			claim any tax ne tax calculat			ist								

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.

1 Income Did yı (Ci	ou have a capital gains tax GT) event during the year?	G No	Yes	If the total capital loss or total capital gain is greater than \$10,000 complete and attach a <i>Capital gains tax (CGT) schedule 2016.</i> Code	
	Have you applied an exemption or rollover?	M No	Yes		
		Net cap	oital gain	A \$	
	Gross rent and other leasi	ng and hiring	g income	B \$	
		Gross	s interest	C \$	
	Forestry	managed inv scheme	vestment e income	X \$	
Gross	foreign income				Loss
D1 \$		Net foreigr	n income	D \$	
Australia	an franking credits from a Ne	ew Zealand c	company	E \$	N la una la corr
			fers from gn funds	F \$	Number
	Gr	oss paymen ABN no	ts where t quoted	Н\$	Loss
	employer contributions	Gross dis from part		I \$	2033
R1 \$		*Unfranked	dividend amount	J \$	
plus Assessable R2 \$	personal contributions	*Franked		К\$	
<i>plus</i> #*No-TFN-0 R3 \$	quoted contributions	*Dividend	franking credit	L \$	Code
	ist be included even if it is zero)		oss trust ributions	М\$	0000
	bility to life insurance pany or PST				_
R6 \$		contr (R	ibutions ibutions 1 plus R2 3 less R6)	R \$	
*Net non-arm's lengt	on-arm's length income h private company dividends	*Other	r income	S \$	Code
U1 \$ plus *Net non-arm's U2 \$	length trust distributions	*Assessable due to chai statu		т\$	
	on-arm's length income		on-arm's income % tax rate) 2 plus U3)	U \$	
"This is a mandator label.		GROSS I (Sum of label		W \$	Loss
*If an amount is entered at this label	,	rrent pensior	n income	Y \$	
check the instructio to ensure the correct tax treatment has been applied.		E INCOME (W less Y)			Loss

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			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	l1 \$		12 \$	
Management and administration expenses	J1 \$		J2 \$	
Forestry managed investment scheme expense	U1 \$	Code	U2 \$	Code
Other amounts	L1 \$	0000	L2 \$	0000
Tax losses deducted	M1 \$			
	TOTAL DEDUCTIONS N\$		TOTAL NON-DEDUCTIBLE EXPENSES Y \$	

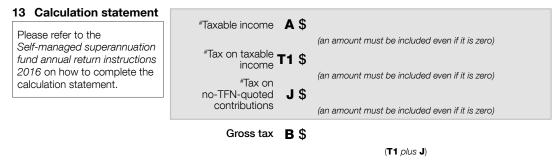
	N \$		Y \$	
	(Total A1 to M1)		(Total A2 to L2)	
	*TAXABLE INCOME OR LOSS			
		Loss	TOTAL SMSF EXPENSES	
	0\$		Z \$	
s is a mandatory I.	(TOTAL ASSESSABLE INCOME less TOTAL DEDUCTIONS)		(N plus Y)	

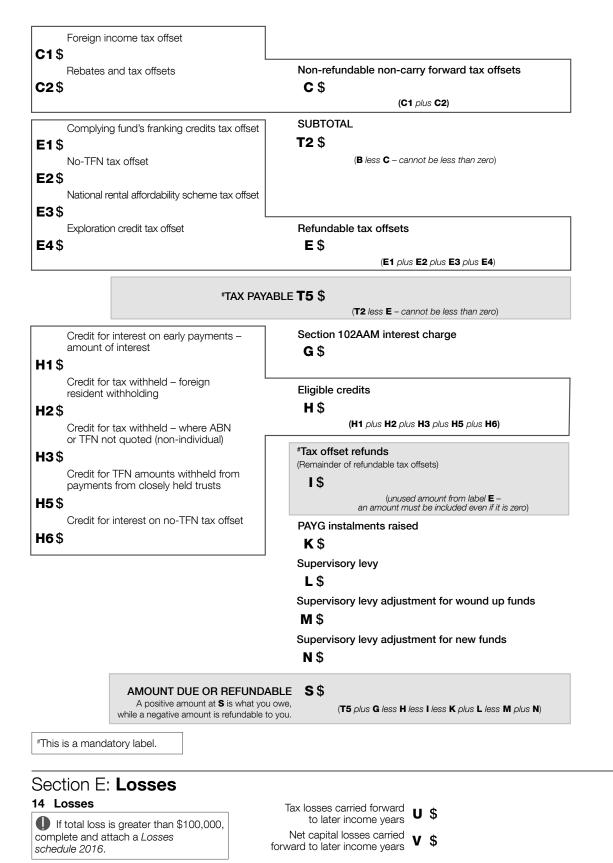
Section D: Income tax calculation statement

#Important:

[#]This label.

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.





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 Mrs N Family name	liss N	ls Other								
First given name		Other give	n nam	ies						
Member's TFN See the Privacy note in tl	ne Declar	ation			Date of birth	Day	/	Month		Year
Contributions										
Refer to instruction		ENING ACCOUNT BALANCE	\$							
for completing these labels.		Employer contributions	A	\$						
	AE	BN of principal employer A1								
		Personal contributions	В	\$						
CC	GT small I	ousiness retirement exemption	С	\$						
CGT sm	all busine	ss 15-year exemption amount	D	\$						
		Personal injury election	Ε	\$						
	5	pouse and child contributions	F	\$						
Other third party contributions		G	\$							
Assessable foreign superannuation fund amount		I	\$							
Non-assessat	ole foreigr	n superannuation fund amount	J	\$						
Tra	ansfer fro	n reserve: assessable amount	Κ	\$						
Transfe	r from res	erve: non-assessable amount	L	\$						
C		ons from non-complying funds reviously non-complying funds	т	\$						
Any other contribu	itions (inc and Lov	luding Super Co-contributions Income Super Contributions)	Μ	\$						
		TOTAL CONTRIBUTIONS	Ν	\$						
Other transactions	Alle	ocated earnings or losses O	\$						Loss	
	Inwa	ard rollovers and transfers P	\$							
	Outwa	ard rollovers and transfers Q	\$						Code	
		Lump Sum payment R1	\$						0006	
		Income stream payment R2	\$						Code	
[CLOSIN	G ACCOUNT BALANCE	\$							
L										

Section G: Supplementary member information

In Section G report any former members or deceased members who held an interest in the fund at any time during the income year. Also in Section G report any other members who cannot be included at pages 6 to 9.

MEMBER 5 Title: Mr Mrs Miss	Ms Other	Code Account status
Family name		
First given name	Other given names	20 S
Member's TFN See the Privacy note in the Deck	aration. Date of birth	Year Day Month Year
Contributions	OPENING ACCOUNT BALANCE \$	
Refer to instructions for completing these labels.	Employer contributions A \$	β
	ABN of principal employer A1	
	Personal contributions B \$	5
CGT s	mall business retirement exemption C\$	5
CGT small b	usiness 15-year exemption amount D\$	5
	Personal injury election E \$	5
	Spouse and child contributions ${\sf F}$	5
	Other third party contributions G \$	5
Assessable for	preign superannuation fund amount	6
Non-assessable for	preign superannuation fund amount J \$	6
Transfe	er from reserve: assessable amount K\$	6
Transfer fro	m reserve: non-assessable amount 🛛 L 💲	5
	ibutions from non-complying funds T \$ nd previously non-complying funds	6
Any other contribution and	s (including Super Co-contributions d Low Income Super Contributions)	6
	TOTAL CONTRIBUTIONS N \$	
Other transactions	Allocated earnings or losses O \$	Loss
	Inward rollovers and transfers P \$	
C	Outward rollovers and transfers Q\$	
	Lump Sum payment R1 \$	Code
	Income stream payment R2 \$	Code
CLC	DSING ACCOUNT BALANCE S \$	

ection H: Assets and liabil assets	lities	
a Australian managed investments	Listed trusts	A \$
	Unlisted trusts	B \$
	Insurance policy	C \$
	Other managed investments	D \$
b Australian direct investments	Cash and term deposits	E \$
Limited recourse borrowing arrangeme Australian residential real property	Debt securities	F \$
J1 \$	Loans	G \$
Australian non-residential real property J2 \$	Listed shares	Н\$
Overseas real property	Unlisted shares	· I\$
J3 \$ Australian shares	Limited recourse borrowing arrangements	
J4 \$	Non-residential real property	Κ¢
Overseas shares J5 \$	Residential real property	I¢
Other	Collectables and personal use assets	
J6 \$	Other assets	• O \$
c Overseas direct investments	Overseas shares	P \$
Overseas	non-residential real property	Q \$
Over	seas residential real property	r R \$
Ove	erseas managed investments	S \$
	Other overseas assets	т\$
	AND OVERSEAS ASSETS labels A to T)	U \$

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 V \$
Total memb (total of all CLOSING ACCOUNT BALAN	er closing account balances ICEs 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)

- Total TOFA gains **H \$**
- Total TOFA losses | \$

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 2015–16 income year, write **2016**).

> 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 2016.* **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 2016* for each election.

If revoking an interposed entity election, print **R**, and complete and attach the *Interposed entity election or revocation 2016*.

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 current trustees and directors have authorised this annual return and it is documented as such in the SMSF's records. I have received the audit report and I am aware of any matters raised. I declare that the information on this annual return, including any attached schedules and additional documentation is true and correct. I also authorise the ATO to make any tax refunds to the nominated bank account (if applicable).

Authorised trustee's, director's or public officer's signature

	Day Date	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			
TAX AGENT'S DECLARATION: I declare that the <i>Self-managed superannuation fund annual return 2016</i> has been prepa 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			
	Day 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	Tax	x agent numl	Jer
Postal address for annual returns: Australian Taxation Office, GPO Box 9845, IN	I YOUR CAPITA	AL CITY	
Page 16 Sensitive (when completed)			1

Page 16

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	/	1	

PART B

ELECTRONIC FUNDS TRANSFER CONSENT

This declaration is to be completed when an electronic funds transfer (EFT) of a refund is requested and the tax return is being lodged through 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

1

Date

/

PART D

Tax Agent's Certificate (shared facilities only)

I declare that:

- I have prepared this tax return in accordance with the information supplied by the partner, trustee, director or public officer
- I have received a declaration made by the entity that the information provided to me for the preparation of this tax return is true and correct; and
- I am authorised by the partner, trustee, director or public officer to lodge this tax return, including any applicable schedules.

Agent's signature	Date / /
Contact name	Client Reference
Agent's Phone Number	Agent's Reference Number

Capital gains tax (CGT) schedule

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 2016 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 capital gains and capital losses	

Shares in companies		Capital gain	Capital loss
listed on an Australian securities exchange	A \$		К\$
Other shares	В\$		L \$
Units in unit trusts listed on an Australian securities exchange	C \$		M\$
Other units	D \$		N \$
Real estate situated in Australia			O \$
Other real estate	F \$		Р\$
Amount of capital gains from a trust (including a managed fund)			
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 .

2016

2	Capital losses	
	Total current year capital losses	A \$
	Total current year capital losses applied	В\$
	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 \$
		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	В\$
	Small business rollover	C \$
	Total small business concessions applied	D \$
6	Net capital gain	
Ū	Net capital gain	A \$
		<u>~</u> Ψ

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 seller	No
	If you are a party to more than one earnout arrangement, copy a details requested here for each additional earnout arrangement.	and attach a separate sheet to this schedule providi	ing the
	How many years does the earnout arrangement run for	? B	
	What year of that arrangement are you in	? С	
	If you are the seller, what is the total estimated capital proceed from the earnout arrangement	[?] D 5	
	Amount of any capital gain or loss you made under your non-qualifying arrangement in the income year	^{эг} . Е\$	LOSS
	Request for amendment		
	If you received or provided a financial benefit under a look-through ea to seek an amendment to that earlier income year, complete the follo		ou wish
	Income year earnout right create	d F	
	Amended net capital gain or capital losses carried forwar	d G \$	LOSS
8	Other CGT information required (if applicable)		CODE
	Small business 15 year exemption - exempt capital gair	s A \$	/
	Capital gains disregarded by a foreign resider	nt B \$	
	Capital gains disregarded as a result of a scrip for scrip rollove	er C \$	
	Capital gains disregarded as a result of an inter-company asset rollove	er D\$	
	Capital gains disregarded by a demerging enti	y E \$	

Taxpayer's declaration

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**

I declare that the information on this form is true and correct.

Signature

Date				
Day		Month		Year
	/		/	

Contact name

Daytime contact number (include area code)

Losses schedule

Companies and trusts that do not join consolidated groups should complete and attach this schedule to their 2016 tax return. Superannuation funds should complete and attach this schedule to their 2016 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 2016*, available on our website **ato.gov.au** for instructions on how to complete this schedule.

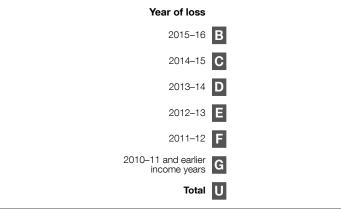
Tax file number (TFN)

Name of entity

Australian business number (ABN)

Part A Losses carried forward to the 2016-17 income year - excludes film losses

1 Tax losses carried forward to later income years



Transfer the amount at 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



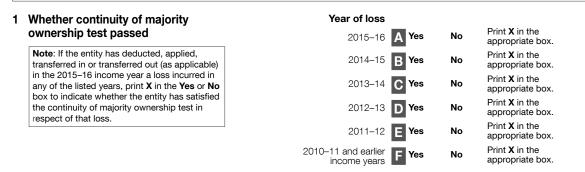
Sensitive (when completed)

2016

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 or 2 of Part B if, in the 2015–16 income year, no loss has been claimed as a deduction, applied against a net capital gain or, in the case of companies, losses have not been transferred in or out.



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

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



Print X in the K Yes No

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 Print X in the after 1.00pm by legal time in the Australian Capital Territory on Yes No appropriate box. 11 November 1999? 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 Print X in the M Yes No net asset value test under section 152-15 of ITAA 1997? appropriate box. If you printed **X** in the **No** box at **M**, has the company Print X in the N Yes No appropriate box. determined it had an unrealised net loss at the changeover time? If you printed X in the Yes box at N, what was the amount of 0 unrealised net loss calculated under section 165-115E of ITAA 1997?

Part D Life insurance companies

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

> Complying superannuation class tax losses carried forward Ρ to later income years

Complying superannuation net capital losses carried forward

Q to later income years

4

1997 (ITAA 1997)?

Part E Controlled foreign company losses		
	Current year CFC losses	м
	CFC losses deducted	Ν
	CFC losses carried forward	0
Part F Tax losses reconciliation statement		
Balance of tax losses brought forwar	d from the prior income year	Α
ADD Uplift of tax losses of designated	infrastructure project entities	В
SUBTRACT	Net forgiven amount of debt	C
ADD Tax loss incurre	ed (if any) during current year	D
ADD Tax loss amount from conversion	on of excess franking offsets	Ε
SUB	TRACT Net exempt income	F
SUE	BTRACT Tax losses forgone	G
SUBT	RACT Tax losses deducted	н
SUBTRACT Tax losses transferred of (only for transfers involving a foreign bank branch or a Put		
Total tax losses carried for	orward to later income years	J
Transfer the amount at J t	o the Tax losses carried for	ward 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	Daytir	me contact r	number ((include a	area co	de)