Self-managed superannuation fund annual return



Only self-managed superannuation funds (SMSFs) can complete this annual return. All other funds must complete the *Fund income tax return 2013* (NAT 71287).

The Self-managed superannuation fund annual return instructions 2013 (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 ■ Print clearly, using a BLACK pen only.

2013

H HT Ù2013

- Use BLOCK LETTERS.
- Print \overline{X} in ALL applicable boxes.



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.

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 2013 annual return? No Yes 		
6 SMSF auditor Auditor's name		
Title: Mr Mrs Miss Ms Other Family name		
First given name Other given names		
SMSF Auditor Number Professional body Membership number Code	Auditor's phone nu	mber
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?		

7	Provic Write	t ronic fur de your fun the BSB nu o not issue	d's fin umbe	ancial , fund	institutic 's accou	on details Int numbe	er anc		ount n	ame b	elow.	. (See n	eleva	ant instructio	ons.)			
BSI	3 numb	er (must b	e six d	digits)					Func	l accou	unt ni	umber						
Fur	d acco	unt name (for ex	ample	J&Q Ci	itizen ATF	= J&Q	Fami	ly SF)									
8	Statu	us of SMS	ŝF	Aı	ustralian	superan	nuatic	on fun	d A	No		Yes		Fund	benefit str	ucture	• B	Code
				nment	's Supe	d allow ac r Co-con e Super C	tributi	on an	d	No		Yes						
9	Was	the fund		-		-		e yea _{Day}		onth		Year			ax lodgm			
	No	Yes) my wh	es, pro ich the	fund wa	date on as wound	lup		/	/	/				and paym is been m		lo	Yes
10	Did th	n pt curre le fund pay	an in	come	stream t	to one or						-		e minimum	benefit pa	wmer	nt unde	
	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 S	Sectio	n B: Ir	icome.													
	Yes	Exemp	t curr	ent pe	nsion ind	come am	nount	A \$	5									
		Which	meth	od did	you use	e to calcu	ılate yo	our e>	kempt	currer	nt pei	nsion ir	ncom	ne?				
				Segre	gated a	issets me	ethod	В										
			U	nsegre	gated a	issets me	ethod	С) W	'as an a	actua	arial cer	tifica	ate obtained	d? DY	es		
	Did th	ie fund hav	e any	other	income	that was	asses	ssable	?									
	E Ye	es Go	to Se	ection I	B: Incon	ne.												
	N	o)Go (Do	to Se not	ection (comple	C: Dedu ∋te Sect	ictions ar ion B: Ind	nd nor come.	n-ded)	uctible	e expe	nses							
		lf you are e e at Sectio							list									

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.

Did you have a capital gains tax (CGT) event during the year?	G No	Yes	If the total capital loss or total capital gain is greater than \$10,000 complete and attach a <i>Capital gains tax (CGT) schedule 2013.</i> Code	
Have you applied an exemption or rollover?	M No	Yes		
	Net ca	apital gain	A \$	
Gross rent and other leas	sing and hirin	ig income	B \$	
	Gros	s interest	C \$	
Forestry	managed in schem	ivestment le income	X \$	
Gross foreign income				Loss
D1 \$	Net foreig	in income	D \$	
Australian franking credits from a N	lew Zealand	company	E \$	Number
		sfers from eign funds	F \$	Number
G	Bross paymer ABN no	nts where ot quoted	Н\$	1 000
Calculation of assessable contributions Assessable employer contributions		istribution tnerships	I \$	Loss
R1 \$	*Unfranked	dividend amount	J \$	
plus Assessable personal contributions R2 \$	*Frankec	dividend	К\$	
<i>plus</i> *No-TFN quoted contributions	*Dividend	amount d franking	L \$	
R3 \$	*G	credit ross trust		Code
less Transfer of liability to life insurance company or PST	dis	stributions	M \$	
R6 \$	cont (I	sessable ributions R1 plus R2 R3 less R6)	R \$	
Calculation of non-arm's length income *Net non-arm's length private company dividends U1 \$	s *Othe	er income	S \$	Code
<i>plus</i> *Net non-arm's length trust distributions U2 \$	*Assessabl due to cha statu		Τ\$	_
<i>plus</i> *Net other non-arm's length income U3 \$	lengtl (subject to 45	on-arm's h income 5% tax rate) J2 plus U3)	U \$	
*If an amount is entered at this label, check the instructions to ensure the correct tax	GROSS (Sum of labe	INCOME els A to U)	W \$	Loss
	urrent pensio	n income	Y \$	
TOTAL ASSESSAB		v \$		Loss
	(W less Y) ••		

Place your attachments here.

Section C: Deductions and non-deductible expenses

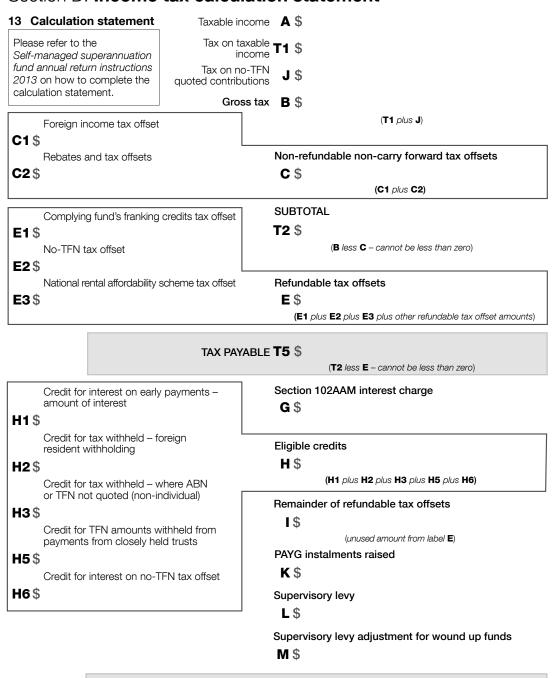
12 Deductions and non-deductible expenses

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	l1 \$	12 \$
Management and administration expenses	J1 \$	J2 \$
Forestry managed investment scheme expense	U1 \$	U2 \$ Code 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)



Section D: Income tax calculation statement

AMOUNT DUE OR REFUNDABLE **S** A positive amount at **S** is what you owe, while a negative amount is refundable to you.

5 φ

ount at S is wriat you owe, ount is refundable to you. (T5 plus G less H less I less K plus L less M)

Section E: Losses

14 Losses

(1) If total loss is greater than \$100,000, or there is a foreign loss, complete and attach a *Losses schedule 2013*.

Tax losses carried forward to later income years

Net capital losses carried V \$

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 Miss Family name	s Ms Other	
First given name	Other given names	
Member's TFN	Day Month Year Date of birth / /	
Contributions	OPENING ACCOUNT BALANCE \$	\neg
Refer to instructions for completing these labels. For example,	Employer contributions A \$	
include contributions reported to you on a	ABN of principal employer A1	
Rollover benefits statement (RBS) (NAT 70944).	Personal contributions B \$	
CGT	small business retirement exemption $$ C $$	
CGT small	business 15-year exemption amount D \$	
	Personal injury election 🛛 🗲 \$	
	Spouse and child contributions ${\sf F}$ \$	
	Other third party contributions $$ G $$	
Assessable	foreign superannuation fund amount	
Non-assessable	foreign superannuation fund amount $~$ J $\$$	
Trans	sfer from reserve: assessable amount $$ K $\$$	
Transfer fr	rom reserve: non-assessable amount $~$ L $\$$	
	ntributions from non-complying funds and previously non-complying funds	
Any other contributio ar	ons (including Super Co-contributions) M \$	
	TOTAL CONTRIBUTIONS N $\$$	Lass
Other transactions	Allocated earnings or losses O \$	Loss
	nward amounts <i>less</i> any rolled in contributions reported at A – M	Loss
Outw	vard amounts <i>less</i> any rolled out ontributions at item 15K on RBS	
	Lump Sum payment R1 \$	Code
	lacomo atraom pourment PO ¢	Code
	Income stream payment R2 \$	_
CL	LOSING ACCOUNT BALANCE \$ \$	

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 Mrs M Family name	liss	Ms	Other										
First given name				Other giv	ven nai	nes							
Member's TFN					Date	e of birth	Day	/	Month	/	Year		
Contributions	Γ				- ¢								
Refer to instructions		JPEININ		NT BALANCE	φ.								
for completing these labels. For example,			Employer	r contribution	s A	\$							
include contributions reported to you on a <i>Rollover benefits statem</i>	ent	ABN of	principal er	mployer A	1								
(<i>RBS</i>) (NAT 70944).			Personal	l contribution	s B	\$							
CC	GT sm	all busin	ess retireme	ent exemptio	n C	\$							
CGT sm	all bus	iness 18	5-year exem	nption amour	nt D	\$							
			Personal	injury electio	n E	\$							
		Spous	se and child	l contribution	s F	\$							
		Othe	r third party	contribution	s G	\$							
Assessab	ole fore	eign sup	erannuatior	n fund amour	nt	\$							
Non-assessab	ole fore	eign sup	erannuatior	1 fund amour	nt J	\$							
Tra	ansfer	from res	serve: asses	ssable amour	nt K	\$							
Transfe	r from	reserve	: non-asses	sable amour	nt L	\$							
C				mplying fund mplying fund		\$							
Any other contribu	itions (and l	includin _ow Inco	g Super Co ome Super	-contribution Contributions	s s) M	\$							
		т	OTAL CON	TRIBUTION	s N	\$						1	
Other transactions		Allocate	ed earnings	or losses)\$							Loss	
	Inwa	rd amou	ints less any	v rolled in	•							Loss	
0	CO	ntributior	ns reported	at A – M	> \$								
			ts less any i at item 15k		2\$							Code	
		L	_ump Sum p	payment R	\$								
		Incoi	me stream p	payment R	2\$							Code	
Γ	CLOS	SING AC	COUNT B	ALANCE	S\$								
L				Sensitive (wher	complete	ed)]	Page 7

	ction H: Assets and liabil ASSETS	ities			
15a	Australian managed investments	Listed trusts	A	\$	
		Unlisted trusts	В	\$	
		Insurance policy	С	\$	
	(Other managed investments	D	\$	
15b	Australian direct investments	Cash and term deposits	Е	\$	
	Limited recourse borrowing arrangement Australian residential real property	nts Debt securities	F	\$	
	J1 \$	Loans	G	\$	
	Australian non-residential real property	Listed shares	Н	\$	
	J2 \$ Overseas real property	Unlisted shares	I	\$	
	J3 \$	Limited recourse			
	Australian shares	borrowing arrangements	J	\$	
	J4 \$	Non-residential	к	\$	
	Overseas shares	real property Residential	_		
	J5 \$	real property	L	\$	
	Other	Collectables and personal use assets	Μ	\$	
	J6 \$	Other assets	0	\$	
15c	Overseas direct investments	Overseas shares	Ρ	\$	
	Overseas	non-residential real property	Q	\$	
	Overs	seas residential real property	R	\$	
	Over	rseas 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 member clos (total of all CLOSING ACCOUNT BALANCE s fi	sing account balances rom Sections F and G)	W	\$
	Reserve accounts	Χ	\$
	Other liabilities	Y	\$
	TOTAL LIABILITIES	Ζ	\$

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? 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 2012–13 income year, write **2013**).

> 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 2013.* **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 2013* for each election.

If revoking an interposed entity election, print **R**, and complete and attach the *Interposed entity election or revocation 2013*.

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 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, director's or public officer's signature

					Date	Day	/	Month	/	Year
Preferred trustee or d	rector contact	details:					/		/	
Title: Mr Mrs Miss Family name	s Ms Othe	er.								
First given name		Other g	iven names							
Phone number Email address										
Non-individual trustee nam	e (if applicable)									
ABN of non-individual trust	ee									
	Time taken to p	prepare and comp	lete this annual retu	urn	Hrs					
The Commissioner of which you provide on this										
TAX AGENT'S DECLAN I declare that the Self-mana by the trustees, that the tru the trustees have authorise Tax agent's signature	ged superannuati stees have given r	me a declaration s								
					Date	Buy	/	monar	/	104
Tax agent's contact de	etails									
Title: Mr Mrs Miss Family name	s Ms Othe	ər								
First given name		Other g	iven names							
Tax agent's practice										
Tax agent's phone number		Reference	number			Tax	k age	ent nur	nber	
Postal address for an	nual returns: Aus	tralian Taxation (Office, GPO Box 9	9845, IN	IYOUR	CAPITA	AL C	ITY		

Sensitive (when completed)

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 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 on 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 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, Director or Public Officer

/

Date

/

PART B

ELECTRONIC FUNDS TRANSFER CONSENT

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

Agent Ref No

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	declar	re 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
Contact name	7`]YbhRefYfYbW	7`]YbhRefYfYbWY	
Agent's Phone No"	Agentfig RefYf YbWY N	lo"	

Capital gains tax (CGT) schedule



- 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.

2013

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■ Refer to the Guide to capital gains tax 2013 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 cap	pital gains and capital losses	
Shares in companies listed on an Australian securities exchange	Capital gain	Capital loss
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)	G \$	
Collectables	Н\$	Q \$
Other CGT assets and any other CGT events	I \$	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	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	
	Net capital gain	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 \mathcal{X} in the appropriate box.)	Yes, as a seller	No
	If you are a party to more than one earnout arrangement, copy an details requested here for each additional earnout arrangement.	nd attach a separate sheet to this sche	edule providing the
	How many years does the earnout arrangement run for?	В	
	What year of that arrangement are you in?	C	
	If you are the seller, what is the total estimated capital proceeds from the earnout arrangement?	д Ф Ф	
	Amount of any capital gain or loss you made under your earnout arrangement in the income year.	E \$	LOSS
8	Other CGT information required (if applicable)		CODE
	Small business 15 year exemption - exempt capital gains	A \$	/
	Capital gains disregarded by a foreign resident	B \$	
	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 \$	

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.

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)