2015

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 2015 (NAT 71287).

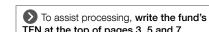
The Self-managed superannuation fund annual return instructions 2015 (NAT 71606) (the instructions) can assist you to complete this annual return.

Section A: Fund information

Tax file number (TFN) 1

TO COMPLETE THIS ANNUAL RETURN Print clearly, using a BLACK pen only.

- Use BLOCK LETTERS.
- Place $|\mathcal{X}|$ in ALL applicable boxes.



TFN at the top of pages 3, 5 and 7.

Ithe Tax Office is authorised by law to request your TFN. You are not obliged to quote your TFN but not quoting it could increase the chance of delay or error in processing your annual return. See the Privacy note in the Declaration.

2 Name of self-managed superannuation fund (SMSF)

Australian business number (ABN) (if applicable) 3

4 **Current postal address**

Subi	urb/town				State/territory	Postcode	
5	Annual return status Is this an amendment to the SMSF's 2015 return?	A	No	Yes			
	Is this the first required return for a newly registered SMSF?	В	No	Yes			
6 Auc	SMSF auditor litor's name						
Title: Fam	: Mr Mrs Miss Ms Other ily name						
First	given name Other given	n name	S				
SM	SF Auditor Number Auditor's phone number						
Pos	tal address						
Sub	urb/town				State/territory	Postcode	
Dat	e audit was completed A / / /						
Was	Was Part B of the audit report qualified? B No Yes						
	e audit report was qualified, have the reported npliance 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.									
	Α	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 numberFund account name (for example, J&Q Citizen ATF J&Q Family SF)								
	В	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)								
	С	Electronic service address alias We will use your electronic service address alias to communicate with your fund about ATO super payments.								
8	Sta	atus of SMSF Australian superannuation fund A No Yes Fund benefit structure B Code Does the fund trust deed allow acceptance of the Government's Super Co-contribution and Low Income Super Contribution? C No Yes								
9	Wa No	As the fund wound up during the income year? Yes) If yes, provide the date on / / Have all tax lodgment and payment obligations been met? No Yes								
10	Did	Exempt current pension 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								
	th No	e law. Record exempt current pension income at Label A. Go to Section B: Income.								
	Yes									
		Which method did you use to calculate your exempt current pension income? Segregated assets method B								
		Unsegregated assets method C) Was an actuarial certificate obtained? D Yes								
	Did	I the fund have any other income that was assessable?								
		Yes Go to Section B: Income.								
		No Choosing 'No' means that you do not have any assessable income, including no-TFN quoted contributions. Go to Section C: Deductions and non-deductible expenses. (Do not complete Section B: Income.)								
		If you are entitled to claim any tax offsets, you can list lese 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.

	we a capital gains tax vent 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 2015.</i>	
e	Have you applied an xemption or rollover?	M No	Yes	Code	
		Net ca	apital gain	A \$	
Gro	ess rent and other leasi	ng and hirin	ig income	B \$	
		Gros	s interest	C \$	
	Forestry	managed in schem	ivestment le income	X \$	
Gross forei	gn income				Loss
D1 \$		Net foreig	in income	D \$	
Australian fra	nking credits from a Ne	ew Zealand	company	E \$	N lu una la au
			sfers from eign funds	F \$	Number
	Gr	ross paymer	0	H \$	
Calculation of assess Assessable emplo		Gross di	istribution tnerships	I \$	Loss
R1 \$		*Unfranked		J \$	
<i>olus</i> Assessable perso R2 \$	nal contributions	*Franked	d dividend amount	К\$	
plus #*No-TFN-quote	ed contributions	*Dividend	d franking	L \$	
R3 \$ (an amount must be	included even if it is zero)		credit ross trust	M \$	Code
less Transfer of liability			stributions	•	_
company R6 \$	01 P31	cont (I	sessable ributions R1 plus R2 R3 less R6)	R \$	
Calculation of non-a	•]	,		Code
'Net non-arm's length priv U1 \$	ate company dividends	*Othe	er income	S \$	
<i>□ □ ↓</i> <i>plus</i> *Net non-arm's leng U2 \$	th trust distributions	*Assessabl due to cha statu		т\$	
<i>olus</i> *Net other non-arr U3 \$	0		on-arm's h income '% tax rate) J2 plus U3)	U \$	
#This is a mandatory label.		GROSS (Sum of labe	INCOME els A to U)	W \$	Loss
*If an amount is entered at this label,	Exempt cu	rrent pensio	n income	Y \$	
check the instructions to ensure the correct tax treatment has	TOTAL ASSESSABI	LE 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	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 dministration expenses	J1 \$	J2 \$	
Forestry managed investment scheme expense	U1 \$	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)	

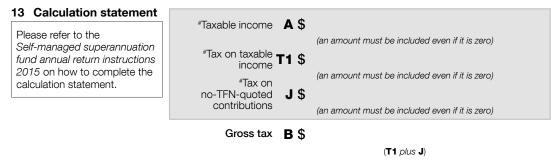
	ΠΦ		ΤΨ	
	(Total A1 to M1)		(Total A2 to L2)	
	*TAXABLE INCOME OR LOSS	Loss	TOTAL SMSF EXPENSES	
	0\$		Z \$	
#This is a mandatory	(TOTAL ASSESSABLE INCOME less		(N plus Y)	
label.	TOTAL DEDUCTIONS			-

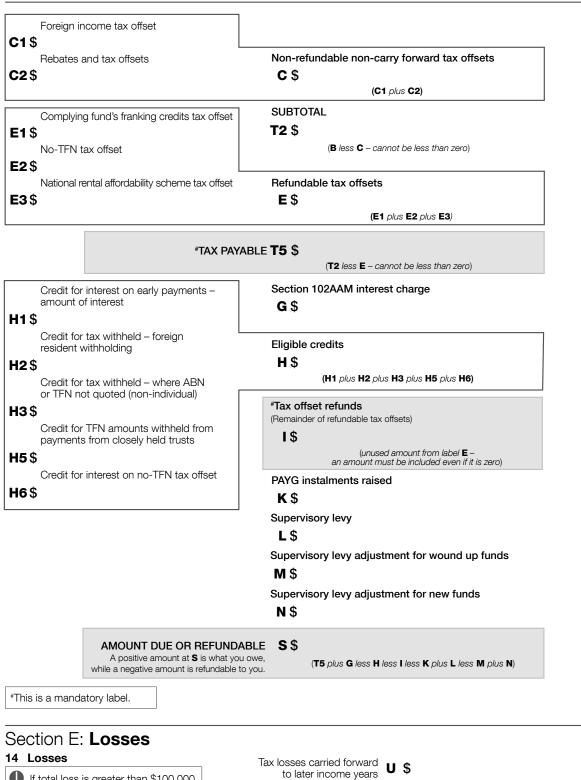
Section D: Income tax calculation statement

#Important:

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.





If total loss is greater than \$100,000, complete and attach a Losses schedule 2015.

- 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 Mrs Miss Family name	Ms Other			
First given name	Other given	names		
Member's TFN See the Privacy note in the De	eclaration.	Date of birth	Day Month	Year
Contributions		•		1
Refer to instructions	OPENING ACCOUNT BALANCE	6		
for completing these labels.	Employer contributions	A \$		
	ABN 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	Е\$		
	Spouse and child contributions	F \$		
	Other third party contributions	G \$		
Assessable fo	preign superannuation fund amount	I \$		
Non-assessable fo	preign superannuation fund amount	J \$		
Transfe	er from reserve: assessable amount	К\$		
Transfer from	m reserve: non-assessable amount	L \$		
Contri ar	ibutions from non-complying funds nd previously non-complying funds	Т\$		
	s (including Super Co-contributions d Low Income Super Contributions)	м \$		
	TOTAL CONTRIBUTIONS	N \$		
Other transactions	Allocated earnings or losses 0	6		Loss
	Inward rollovers and transfers P\$	5		
0	Dutward rollovers and transfers Q	6		Code
	Lump Sum payment R1 \$	5		
	Income stream payment R2 \$	5		Code
CLO	DSING ACCOUNT BALANCE	5		

	all current members in the fund at 30 any former members or deceased me	June. embers who held an interest in the fund at any time during the
MEMBER 2		
Fitle: Mr Mrs Mi Family name	ss Ms Other	
First given name	Other giv	ven names
Member's TFN See the Privacy note in th	e Declaration.	Day Month Year Date of birth / /
Contributions	OPENING ACCOUNT BALANCE	= \$
Refer to instructions for completing these labels.	Employer contribution:	
	ABN of principal employer	1
	Personal contribution	s B \$
CG	T small business retirement exemption	n C \$
CGT sma	Il business 15-year exemption amoun	nt D \$
	Personal injury election	n E\$
	Spouse and child contribution	s F \$
	Other third party contribution:	s G \$
Assessabl	le foreign superannuation fund amoun	nt I\$
Non-assessabl	le foreign superannuation fund amoun	nt J\$
Trar	nsfer from reserve: assessable amoun	nt K \$
Transfer	from reserve: non-assessable amoun	nt L\$
Co	ontributions from non-complying fund and previously non-complying fund	
	ions (including Super Co-contribution and Low Income Super Contributions	
	TOTAL CONTRIBUTIONS	
Other transactions	Allocated earnings or losses	Loss
	Inward rollovers and transfers	> \$
	Outward rollovers and transfers	Code
	Lump Sum payment R1	
	Income stream payment R2	Code 2 \$
		S\$
L		when completed) Page

	ction H: Assets Asseтs	and liabilitie	es e			
15a Australian managed investments		Listed trusts	A	\$		
			Unlisted trusts	В	\$	
			Insurance policy	С	\$	
		Othe	r managed investments	D	\$	
15b	Australian direct investn	nents (Cash and term deposits	Е	\$	
	Limited recourse borro Australian residential rea		Debt securities	F	\$	
	J1 \$		Loans	G	\$	
	Australian non-residentia	al real property	Listed shares	Н	\$	
	J2 \$		Unlisted shares	I	\$	
	Overseas real property J3 \$ Australian shares b				·	
			Limited recourse orrowing arrangements	J	\$	
	J4 \$		Non-residential	к	\$	
	Overseas shares		real property Residential			
	J5 \$		real property	L	\$	
	Other J6 \$		Collectables and personal use assets	Μ	\$	
	JU \$		Other assets	0	\$	
15c	Overseas direct investm	ients	Overseas shares	Ρ	\$	
		Overseas non-	residential real property	Q	\$	
		Overseas	residential real property	R	\$	
	Overseas managed investments			S	\$	
			Other overseas assets	т	\$	
	ΤΟΤΑ	L AUSTRALIAN AND (Sum of labels	OVERSEAS ASSETS	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?

Loss

16	LIABILITIES	Borrowings	v	\$
	Total member clo (total of all CLOSING ACCOUNT BALANCE s fi	sing account balances from Sections F and G)	w	\$
		Reserve accounts	X	\$
		Other liabilities	Y	\$
		TOTAL LIABILITIES	z	\$

Section I: Taxation of financial arrangements (TOFA) 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 I \$ TOFA transitional balancing adjustment J \$

Section J: Other information

Family trust election status

If the trust or fund has made, or is making, a family trust election, write the four-digit **income year specified** of the election (for example, for the 2014–15 income year, write **2015**).

> If revoking or varying a family trust election, print **R** for revoke or print **V** for variation, and complete and attach the *Family trust election, revocation or variation 2015.* **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 2015* for each election.

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

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 N	Year
Preferred trustee or director	contact details:			
Title: Mr Mrs Miss Ms Family name	6 Other			
First given name	Other given names			
Phone number Email address				
Non-individual trustee name (if appl	icable)			
ABN of non-individual trustee				
Time	aken to prepare and complete this annual return	Hrs		
The Commissioner of Taxation you provide on this annual return to	n, as Registrar of the Australian Business Register, ma o maintain the integrity of the register. For further info	ay use the ABN mation, refer to	and business details the instructions.	which
TAX AGENT'S DECLARATION I declare that the Self-managed sup by the trustees, that the trustees have the trustees have authorised me to Tax agent's signature	erannuation fund annual return 2015 has been prepar ve given me a declaration stating that the information	red in accordanc provided to me	ce with information p is true and correct, a	rovided and that
		Day Date	Month 1	Year
Tax agent's contact details				
Title: Mr Mrs Miss Ms Family name	Other			
First given name	Other given names			
Tax agent's practice				
Tax agent's phone number	Reference number	Tax	x agent number	
Postal address for annual return	rns: Australian Taxation Office, GPO Box 9845, IN	YOUR CAPITA	AL CITY	
Dago 16	Consistive (when completed)			

Page 16

PART A

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

H\]g`XYWUFUH]cb`]g`hc`VY`Wcad`YhYX`k\YfY`h\Y`HU`fYhifb`]g`hc`VY``cX[YX`j`]U'h\Y`HU`CZZWWfbj'9`YW#fcb]W@cX[aYbhGYfj]WWff9@GL" =h]g`h\YfYgdcbg]V]`]hmcZh\Y`HUIdUmYf`hc`fYHU]b`h]g`XYWUFUH]cb`Zcf`UdYf]cX`cZZ]jY`mYUfg`UZhYf`h\Y`XYWUFUH]cb`]g`aUXYždYbUH]Yg`aUm Udd`mZcf`ZU]`ifY`hc`Xc`gc"

Privacy

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V@ ÁÔ[{{ã•ā}}^¦Á,-Á/æçææā}ÈÉee ÁÜ^*ã dælÁ;-Ás@ ÁCE • dælāae) ÁÓ*•ā;^• AÜ^*ã c°¦ÉÃ;æĉ Á • ^ Ás@ ÁOEÓ⊳ Áse) å Ási*•ā;^• eā;^• • Ás^ æaāer Á;@a&@A[*/#A]¦[çãa ^Á;}Ás@a ÁææcA^č ¦}ÁtjÁ;æājæaajÁs@ Ásj c* ¦ãc Á;-Ás@ Á^*ã c°¦ĚÁMÁ

Ú|^æe^Á^-^¦Ág[Ás@-Á;¦ãçæ&îÁcæe^{^}c/a;}Ás@/ÁCE•dæa#aae)ÁÓ`•āj^••AÜ^*ãrcº¦ÁQCEÓÜDÁ;^à•ãrÁÇ, ÈæaèlÈ[çÈæĕDÁy[¦Á*¦c@:¦Ásj-{¦{æaā}}/ÁÁ E#aaAj`dāj^•A,i`¦Ásu[{{ãc{ ^}c/a}c#ac}***æaåāj*Á[`¦Ás^cæa#eÈÁÁA

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Y@\^Á[[×]Á@æç^Ă^[×]^{*}• c^{*}å Ása) ÁÒZV/Åsā^ŠoÁs^àãó4[{^Á;-Á[[×]|/Ás^cæa‡+Á,ā|/Ás^A;4][çãa^å Áq[Á[[×]|Áā],æ) 8ãæ‡Áş) • cãč cā[} Ása) å Ás@ Á/æçÁU~a32^©ÁÁ •][}•[|Ásaa) \Á{[Áæ34]āzæ*Ás@Ájæê{{^}cň_*A[[×]|Ázæ¢æaã]} Áãæàājãć Á4[{ Á[[×]|Á]{ 3] æ*^{*}å Ásæ84[[×]] cÈ

Tax File NumberName of Partnership, Trust, Fund or Entity

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 Væ¢ÁU~æ∧È The tax law provides heavy penalties for false or misleading statements [n tax returns.

Declaration: I declare that:

↓ the agent is authorised to |[å* ^Ác@á Ácæ¢Á^č ¦} È

Signature of Partner, TrusteeÊ[¦ Öã^&{ ¦	Date	/	/	

PART 6

9 @97 HFCB=7 ': I B8 G'HF5 BG: 9 F '7 CBG9 BH

H\]g`XYWUFUH]cb`]g`hc`VY`Wcad`YhYX`k\Yb`Ub`Y`YWFfcb]WZbXg`hFUbgZYf`f9:HL:cZUfYZbX`]g`fYeiYghYX`UbX`h\Y`HUI`fYhifb`]g`VY]b[` `cX[YX`h\fci[\`h\Y`YWFfcb]W`cX[aYbhgYfj]WY`f9@GL"

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.

=a dcftLbh[•] Care should be taken when completing EFT details as the payment of any refund will be made to the account specified.

5 [Ybhfig`f YZYf YbWY`bia VYf

5 WWci bhname

Qásě c@[¦ãr^Ás@^Á^~`}åÁş[Ásà^Ås^][•ãc^åÁsåã^&q^Áş[Ás@A^]^&ãã?aÁsa&&[`}c

Signature

1

Date

Year

/

PART 8

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

I declare that.

- I have prepared this tax return in accordance with the information supplied by the] add ^{Ext`• c^ Ext`* c^

#ŹWabeę Ásečo@;¦ãr^å/\$a^Ás@∘Ájasto;^¦Ékst`∙o?^É£\$iã^&o[;¦Áj¦Áj`à 38vÁj~a8v^¦Ág[Á[å*^Ás@árÁsæ¢Á^č¦}ÉBáj& ĭå3j*Ásej^Áse]] 38aaà ^Át&@°åĭ ^•È			
Agent's signature	Date / /		
Contact name	7`]YbhRefYfYb W Y		
5[YbhfógːD\cbYːBiaVYf	5[Ybhñg`FYZvffYbWY`BiaVYf		

2015

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 2015 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
•	Current year capital gains and capital losses

Shares in companies listed on an Australian securities exchange	A \$	Capital gain	Capital loss K \$
Other shares			L \$
Units in unit trusts listed on an Australian securities exchange	C \$		М\$
Other units	D \$		N \$
Real estate situated in Australia	Е\$		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	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	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 \$
		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	
5	Small business active asset reduction	Δ \$
	Small business retirement exemption	B \$
	Small business rollover	C \$
	Total small business concessions applied	D \$
6	Net capital gain	
0		
	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 X in the appropriate box.)	Yes, as a seller	No
	If you are a party to more than one earnout arrangement, copy and details requested here for each additional earnout arrangement.	d attach a separate sheet to this sch	edule providing the
	How many years does the earnout arrangement run for?	В	
	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.	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	В\$	
	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.

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



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 2015 tax return. Superannuation funds should complete and attach this schedule to their 2015 tax return. Print neatly in BLOCK LETTERS with a black or blue ballpoint pen only.

2015

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 2015*, available on our website **ato.gov.au** for instructions on how to complete this schedule.

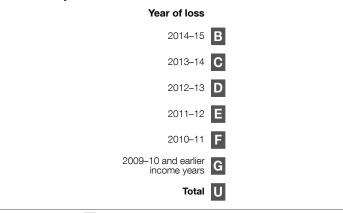
Tax file number (TFN)

Name of entity

Australian business number (ABN)

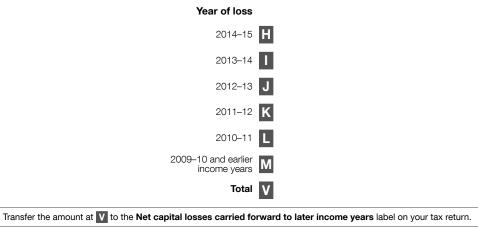
Part A Losses carried forward to the 2015-16 income year - excludes film losses

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.

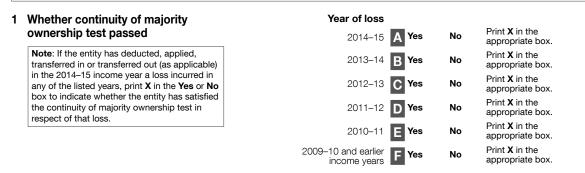
2 Net capital losses carried forward to later income years



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 2014-15 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

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



Print X in the K Yes No

appropriate box.

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)?

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 I1 November 1999?	L Yes	No	Print X in the appropriate box.
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?	M Yes	No	Print X in the appropriate box.
f you printed X in the No box at \mathbf{M} , has the company determined it had an unrealised net loss at the changeover time?	N Yes	No	Print X in the appropriate box.
f 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?	0		

Complying superannuation/FHSA class tax losses carried

Ρ forward to later income years

Complying superannuation/FHSA net capital losses carried Q forward to later income years

4

Part E	Controlled foreign company losses
	Current year CFC losses
	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
	ADD Tax loss incurred (if any) during current year D
	ADD Tax loss amount from conversion of excess franking offsets
	SUBTRACT Net exempt income
	SUBTRACT Tax losses forgone G
	SUBTRACT Tax losses deducted
(0	SUBTRACT Tax losses transferred out under Subdivision 170-A nly for transfers involving a foreign bank branch or a PE of a foreign financial entity)
	Total tax losses carried forward to later income years
	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.

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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	number	(include a	rea co	de)