# Self-managed superannuation fund annual return

2015

### 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.

### TO COMPLETE THIS ANNUAL RETURN

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

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

1	Tax file	number	(TFN)
•	Iax IIIC	number (	(

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. 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		
Sub	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? <b>B</b> No Yes		
<b>6</b> Auc	SMSF auditor ditor's name		
Title Fam	: Mr Mrs Miss Ms Other illy name		
First	given name Other given names		
SM	SF Auditor Number Auditor's phone number		
Pos	stal address		
Sub	urb/town	State/territory	Postcode
Dat	e audit was completed <b>A</b> / / /		
Was	s Part B of the audit report qualified? B No Yes		
	e audit report was qualified, have the reported npliance issues been rectified?		

### 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)

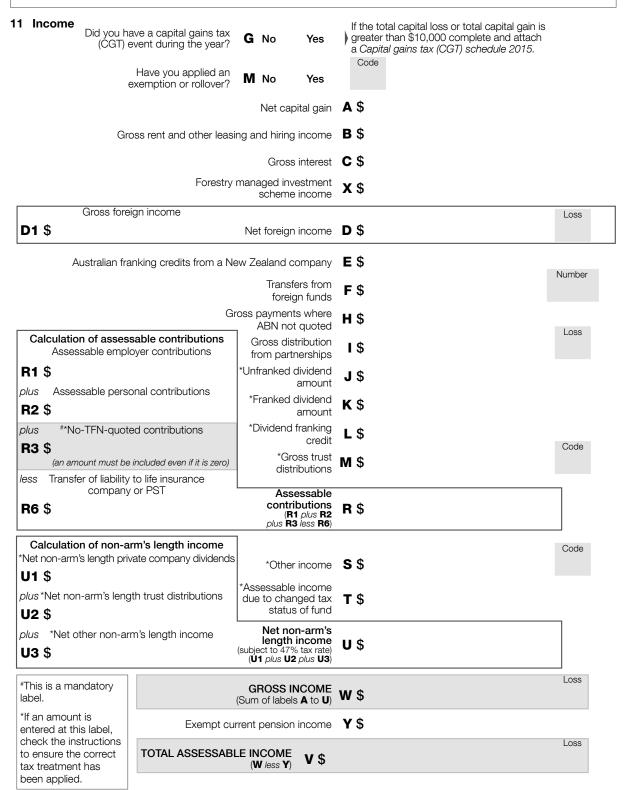
### C Electronic service address alias

We will use your electronic service address alias to communicate with your fund about ATO super payments.

8	Status	of SMSF	Australian superannua	tion fund	<b>A</b> No	Yes	Fund benefit structure	<b>B</b> Code
			the fund trust deed allow acceptovernment's Super Co-contribution Low Income Super Cont	ution and	C No	Yes		
9	Was th	e fund w	ound up during the incor	•			l leve all tax la demand	
	No	Yes )	If yes, provide the date on which the fund was wound up	Day	Month /	Year	Have all tax lodgment and payment obligations been met?	Yes
10	Exemp	t curren	t pension income					
	Did the f	und pay a	n income stream to one or mo	re member	s in the in	come year?		
			ax exemption for current pensic exempt current pension income			pay at least	the minimum benefit payment un	der
	No	Go to Se	ection B: Income.					
	Yes	Exempt (	current pension income amour	nt <b>A\$</b>				
		Which m	nethod did you use to calculate	your exem	pt curren	t pension inc	come?	
			Segregated assets metho	<b>B</b>				
			Unsegregated assets metho	d <b>C</b> )	Was an a	ctuarial certi	ficate obtained? <b>D</b> Yes	
	Did the f	und have	any other income that was ass	essable?				
	E Yes	Go to	o Section B: Income.					
	No						including no-TFN quoted contributed complete Section B: Income.)	utions.
			titled to claim any tax offsets, y D: Income tax calculation state					

### Section B: Income

Do not complete this section if your fund was in full pension phase for the entire year and there was no other income that was assessable. If you are entitled to claim any tax offsets, you can record these at Section D: Income tax calculation statement.





Place your attachments here.

## Section C: Deductions and non-deductible expenses

### 12 Deductions and non-deductible expenses

Under 'Deductions' list all expenses and allowances you are entitled to claim a deduction for. Under 'Non-deductible expenses', list all other expenses or normally allowable deductions that you cannot claim as a deduction (for example, all expenses related to exempt current pension income should be recorded in the 'Non-deductible expenses' column).

	DEDUCTIONS		NON-DEDUCTIBLE EXPENSES	
Interest expenses within Australia	A1 \$		A2 \$	
Interest expenses overseas	B1 \$		<b>B2</b> \$	
Capital works expenditure	D1 \$		D2 \$	
Decline in value of depreciating assets	E1 \$		<b>E2</b> \$	
Insurance premiums – members	F1 \$		F2 \$	
Death benefit increase	G1 \$			
SMSF auditor fee	H1 \$		H2 \$	
Investment expenses	I1 \$		<b>I2</b> \$	
Management and administration expenses	J1 \$		<b>J2</b> \$	
Forestry managed investment scheme expense	U1 \$	Code	<b>U2</b> \$	Code
Other amounts	L1 \$		L2 \$	
Tax losses deducted	M1 \$			
	TOTAL DEDUCTIONS		TOTAL NON-DEDUCTIBLE EXPENSES	
	N \$		<b>Y</b> \$	
	(Total <b>A1</b> to <b>M1</b> )		(Total A2 to L2)	
	*TAXABLE INCOME OR LOSS	Loss	TOTAL SMSF EXPENSES	]
	<b>o</b> \$		<b>z</b> \$	
#This is a mandatory label.	(TOTAL ASSESSABLE INCOME less TOTAL DEDUCTIONS)		(N plus Y)	

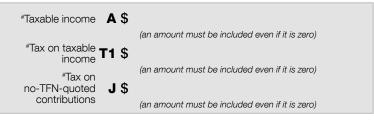
### Section D: Income tax calculation statement

### #Important:

Section B label R3, Section C label O and Section D labels A,T1, J, T5 and I are mandatory. If you leave these labels blank, you will have specified a zero amount.

### 13 Calculation statement

Please refer to the Self-managed superannuation fund annual return instructions 2015 on how to complete the calculation statement.



Gross tax **B** \$

(T1 plus J)

Foreign income tax offset

C1\$

Rebates and tax offsets

C2\$

Non-refundable non-carry forward tax offsets

**C**\$

(C1 plus C2)

Complying fund's franking credits tax offset

E1\$

No-TFN tax offset

**E2**\$

National rental affordability scheme tax offset

**E3**\$

**SUBTOTAL** T2 \$

(B less C - cannot be less than zero)

Refundable tax offsets

E\$

(E1 plus E2 plus E3)

### \*TAX PAYABLE **T5** \$

(T2 less E - cannot be less than zero)

Credit for interest on early payments amount of interest

H1\$

Credit for tax withheld – foreign resident withholding

**H2**\$

Credit for tax withheld – where ABN or TFN not quoted (non-individual)

**H3**\$

Credit for TFN amounts withheld from payments from closely held trusts

**H5**\$

Credit for interest on no-TFN tax offset

**H6**\$

Section 102AAM interest charge

**G**\$

Eligible credits

**H**\$

(H1 plus H2 plus H3 plus H5 plus H6)

\*Tax offset refunds

(Remainder of refundable tax offsets)

1\$

(unused amount from label **E** – an amount must be included even if it is zero)

PAYG instalments raised

**K**\$

Supervisory levy

Supervisory levy adjustment for wound up funds

Supervisory levy adjustment for new funds

**N**\$

AMOUNT DUE OR REFUNDABLE \$\$

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

(T5 plus G less H less I less K plus L less M plus N)

\*This is a mandatory label.

### Section E: Losses

### 14 Losses

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

Tax losses carried forward to later income years

Net capital losses carried forward to later income years

### Section F: Member information

In Section F report all current members in the fund at 30 June.
Use Section G to report any former members or deceased members who held an interest in the fund at any time during the income year.

MEMBER 1

Title: Mr Ms Other Family name First given name Other given names Day Month Member's TFN Date of birth See the Privacy note in the Declaration. Contributions OPENING ACCOUNT BALANCE \$ Refer to instructions for completing these Employer contributions A\$ labels. ABN of principal employer A1 Personal contributions **B**\$ CGT small business retirement exemption CGT small business 15-year exemption amount **D** \$ Personal injury election **E**\$ Spouse and child contributions Other third party contributions Assessable foreign superannuation fund amount Non-assessable foreign superannuation fund amount Transfer from reserve: assessable amount Transfer from reserve: non-assessable amount L\$ Contributions from non-complying funds **T**\$ and previously non-complying funds Any other contributions (including Super Co-contributions and Low Income Super Contributions) TOTAL CONTRIBUTIONS N \$ Loss Other transactions Allocated earnings or losses **O** \$ Inward rollovers and transfers Outward rollovers and transfers Q\$ Code Lump Sum payment R1 \$ Code Income stream payment R2 \$ CLOSING ACCOUNT BALANCE S\$

Page 6

Sensitive (when completed)

Page 7

In Section F report all current members in the fund at 30 June. Use Section G to report any former members or deceased members who held an interest in the fund at any time during the income year. **MEMBER 2** Title: Mr Miss Ms Other Family name First given name Other given names Day Month Member's TFN Date of birth See the Privacy note in the Declaration. Contributions OPENING ACCOUNT BALANCE \$ Refer to instructions for completing these Employer contributions A\$ labels. ABN of principal employer A1 Personal contributions **B** \$ CGT small business retirement exemption **C**\$ CGT small business 15-year exemption amount **D** \$ Personal injury election **E**\$ Spouse and child contributions Other third party contributions Assessable foreign superannuation fund amount Non-assessable foreign superannuation fund amount Transfer from reserve: assessable amount **L** \$ Transfer from reserve: non-assessable amount Contributions from non-complying funds **T**\$ and previously non-complying funds Any other contributions (including Super Co-contributions and Low Income Super Contributions) м\$ TOTAL CONTRIBUTIONS N \$ Loss Other transactions Allocated earnings or losses **O** \$ Inward rollovers and transfers Outward rollovers and transfers Q\$ Code Lump Sum payment R1 \$ Code Income stream payment R2 \$ **CLOSING ACCOUNT BALANCE** S\$

Sensitive (when completed)

In Section F report all current members in the fund at 30 June. Use Section G to report any former members or deceased members who held an interest in the fund at any time during the income year. MEMBER 3 Title: Miss Ms Other Family name First given name Other given names Day Month Member's TFN Date of birth See the Privacy note in the Declaration. Contributions OPENING ACCOUNT BALANCE \$ Refer to instructions for completing these Employer contributions A\$ labels. ABN of principal employer A1 Personal contributions **B** \$ CGT small business retirement exemption **C**\$ CGT small business 15-year exemption amount **D** \$ Personal injury election **E**\$ Spouse and child contributions Other third party contributions **G** \$ Assessable foreign superannuation fund amount Non-assessable foreign superannuation fund amount Transfer from reserve: assessable amount **L** \$ Transfer from reserve: non-assessable amount Contributions from non-complying funds **T**\$ and previously non-complying funds Any other contributions (including Super Co-contributions and Low Income Super Contributions) м\$ TOTAL CONTRIBUTIONS N \$ Loss Other transactions Allocated earnings or losses **O** \$ Inward rollovers and transfers Outward rollovers and transfers Q\$ Code Lump Sum payment R1 \$ Code Income stream payment R2 \$ **CLOSING ACCOUNT BALANCE** S\$ Page 8 Sensitive (when completed)

Page 9

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 4** Title: Miss Ms Other Family name First given name Other given names Day Month Member's TFN Date of birth See the Privacy note in the Declaration. Contributions OPENING ACCOUNT BALANCE \$ Refer to instructions for completing these Employer contributions A\$ labels. ABN of principal employer A1 Personal contributions **B**\$ CGT small business retirement exemption **C**\$ CGT small business 15-year exemption amount **D** \$ Personal injury election **E**\$ Spouse and child contributions Other third party contributions **G** \$ Assessable foreign superannuation fund amount Non-assessable foreign superannuation fund amount Transfer from reserve: assessable amount **L** \$ Transfer from reserve: non-assessable amount Contributions from non-complying funds **T**\$ and previously non-complying funds Any other contributions (including Super Co-contributions and Low Income Super Contributions) м\$ TOTAL CONTRIBUTIONS N \$ Loss Other transactions Allocated earnings or losses **O** \$ Inward rollovers and transfers Outward rollovers and transfers Q\$ Code Lump Sum payment R1 \$ Code Income stream payment R2 \$ **CLOSING ACCOUNT BALANCE** S\$

Sensitive (when completed)

### Section H: Assets and liabilities 15 ASSETS Listed trusts A \$ 15a Australian managed investments Unlisted trusts **B** \$ Insurance policy C\$ Other managed investments **D** \$ 15b Australian direct investments Cash and term deposits **E**\$ Limited recourse borrowing arrangements Debt securities **F** \$ Australian residential real property Loans G \$ **J1**\$ Australian non-residential real property Listed shares **H** \$ **J2**\$ Unlisted shares | | \$ Overseas real property **J3**\$ Limited recourse J \$ Australian shares borrowing arrangements **J4**\$ Non-residential real property **K** \$ Overseas shares Residential **J5**\$ real property Collectables and personal use assets **M** \$ Other **J6**\$ Other assets **O** \$ 15c Overseas direct investments Overseas shares **P** \$ Overseas non-residential real property Q \$ Overseas residential real property R\$ Overseas managed investments **\$**\$ Other overseas assets **T** \$ TOTAL AUSTRALIAN AND OVERSEAS ASSETS U\$ (Sum of labels A to T) 15d In-house assets Did the fund have a loan to, lease to or investment in, related parties (known \$ as in-house assets) at the end of the

income year?

16 LIABILITIES

Borrowings  $\boldsymbol{V}$  \$

Total member closing account balances W

(total of all CLOSING ACCOUNT BALANCEs from Sections F and G)

Reserve accounts X \$

Other liabilities Y \$

TOTAL LIABILITIES **Z** \$

### Section I: Taxation of financial arrangements

### 17 Taxation of financial arrangements (TOFA)

Did you make a gain, loss or transitional balancing adjustment from a financial arrangement subject to the TOFA rules? **G** No Yes

Total TOFA gains **H** \$

Total TOFA losses | \$

TOFA transitional balancing adjustment **J** \$

Loss

### Section J: Other information

### Family trust election status

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

### 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*.

Soction	<b>V</b> ·	Dac	larations	
Sechon	n.	Dec	iarations	



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

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 a law received the audit report and I am aware of any matters raised. I declare that the inany attached schedules and additional documentation is true and correct. I also authorise nominated bank account (if applicable).	information on	this annua	l return,	including
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	ay use the ABN rmation, refer t	N and busir o the instru	ness det uctions.	ails which
TAX AGENT'S DECLARATION: I declare that the Self-managed superannuation fund annual return 2015 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	Ti	ax agent nu	ımber	
Postal address for annual returns: Australian Taxation Office, GPO Box 9845, IN	I YOUR CAPIT	AL CITY		
Page 16 Sensitive (when completed)				

### **PART A**

Signature

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

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±i]g'i\Y'fYgdcbg]V[`]lmicZl\Y'lUIdUm\Yf'lc Udd`m'Zcf'ZU[`ifY'lc'Xc'gc"	ˈfYhU]bˈh\]gˈXYWUfUh]cbˈ2cfˈUˈdYf]cXˈcZ2[jYˈmYUfgˈU2h/f	i'l\Y'XYWUfUljcb'	']g'a UXYždYbU'ljYg'a ≀
	ājārdæaāj}ÁDB3OÁRJÍHÁs[Á^``^∙OÁs@Aj¦[çārā[}Á;√áæa¢Áā^Á; Á;¦Ár}œaĉÁsjÁ;`¦Ár^&[¦å•ÈÓÁOÁsaÁ,[oÁsa)Á;~^}&^Á,[oÁs[Áj¦[çãa Á;[oÁ`[c^Á[ĭ¦Á/⊘ÞÈÓÁÁÁ		
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H\Y5 iglfƯ]Ub`6 ig]bYgg`FY[]ghYfÁÁ	eká Ás@ÁCE•dæpæg ÁÓ`•ã,^••ÁÜ^*ãrơ¦Ēk æÁ•^Ás@ÁCEÓÞÁ ^*¦ãcÁ,Ás@Á^*ãrơ¦ÈÁÁÁ	sa)åÁa`•ã,^••Áa^ca	a∳Á, @a&@Á[ັÁÁÁ
Ú ^æ•^Á\^^¦Áq Áo@·Á,¦ãçæ&`Árœæ•{ ^}ơʎ;}Áo@ Ë\$an¼` qā,^•Á;`¦Æq { ãq ^}ơʎq Áræ•^*`æbåā;' Á	ÁCE•daqāan) ÁO`•ā]^••ÁÜ^*ārc∿¦ÁÇCEÓÜDÁ,^à•āa∿ÁÇ,, jÈanà¦È 'Á[ĭ¦Ás^caa‡n•ÈÁÁÁ	[çÊsĕDÁ(¦Á~¦c@o⊹/	(a)-{¦{ææa[}}ÁÁÁ
	^àānÁ-[{^Á;-Á-[ˇ Ás^cœal*Á,ā Ás^Á; [çãs^åÁs[Á[ˇ Áā]æ)&ãa ˇ Áœa¢æan[}ÁāœàājācÁ-[{Á[ˇ Á,[{ā]æe^åÁsæ&S[ˇ}dÈ	‡Ánj•cãc cãi}Áan)åÁc@	∳Á/æ¢ÁJ~æ&∧€ÁÁ
Tax File Number Nam	e of Partnership, Trust, Fund or Entity		Year
I authorise my tax agent to electronically tr	ansmit this tax return via the Electronic Lodgment Servic	e.	
correct in every detail. If you are in doubt a	ck to ensure that all income has been disclosed and the bout any aspect of the tax return, place all the facts befollse or misleading statements [ n tax returns.		
Declaration: I declare that:  the information provided of the agent is authorised to	to the agent for the preparation of thãn ÁcæcÁnnoč  }ÉSA, & řåā]  [å*nÁc@ánÁcæcÁnnoč  }È	*Ása)^Ása] a38aaà ^/	Á&@å`  ^∙Á
Signature of Partner, TrusteeÊ[ ¦ Öã^&{ ¦		Date	1 1
PART 6 9 @ 7	7 HFCB=7 `: IB8G`HF5BG:9F`7CBG9BH		
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This declaration must be signed by the part If you elect for an EFT, all details below mu	ner, trustee, director or public officer prior to the EFT de st be completed.	tails being transm	itted to the Tax Office.
<b>■a dcffLbh</b> Care should be taken when co	mpleting EFT details as the payment of any refund will b	e made to the acc	count specified.Á
5 [YbhfigˈfYZYfYbWYˈbi a VYf			
5 <b>WV</b> ti bhname			
Á QÁcĕc@(¦ãr^Ác@:Án^~`}åÁq[Ásn^Ásn][•ãr/åÁsãn^8	d^Áq[Án@√Án]^&ããð\åÁna&&[*}c		

Date

### PART 8

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

### I declare that.

# Capital gains tax (CGT) schedule

2015

### 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 cap	pital gains and	capital losses	
Shares in companies listed on an Australian securities exchange	A \$	Capital gain	Capital loss
Other shares	В\$		L\$
Units in unit trusts listed on an Australian securities exchange	C \$		M\$
Other units	<b>D</b> \$		N \$
Real estate situated in Australia	E \$		<b>o</b> \$
Other real estate	F \$		P\$
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 <b>K</b> to <b>R</b> and write the total in item <b>2</b> label <b>A – Total current year capital losses</b> .

2	Capital losses	
	Total current year capital losses	A \$
		<b>D</b> A
	Total current year capital losses applied	B \$
	Total prior year net capital losses applied	<b>C</b> \$
	Total capital losses transferred in applied (only for transfers involving a foreign bank branch or permanent establishment of a foreign financial entity)	<b>D</b> \$
	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 <b>A</b> and <b>B</b> and transfer the total to label <b>V</b> – <b>Net capital losses carried forward to later income years</b> on your tax return.
4	CGT discount	
	Total CGT discount applied	A \$
5	CGT concessions for small business	
	Small business active asset reduction	<b>A</b> \$
	Small business retirement exemption	B \$
	Small business rollover	<b>C</b> \$
	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		
•		V	Na
	Are you a party to an earnout arrangement? <b>A</b> 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 ar details requested here for each additional earnout arrangement.	d attach a separate sheet to	o this schedule 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?	D \$	
	Amount of any capital gain or loss you made under your earnout arrangement in the income year.	E \$	LOS
8	Other CGT information required (if applicable)		COD
	Small business 15 year exemption - exempt capital gains	<b>A</b> \$	/
	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	<b>D</b> \$	
	Capital gains disregarded by a demerging entity	E \$	
Ta	axpayer's declaration  If the schedule is not lodged with the income tax return you are re	quired to sign and date th	ne schedule.
Be to	portant fore making this declaration check to ensure that all the information requesting form, and that the information provided is true and correct in every durn, place all the facts before the ATO. The income tax law imposes hear	etail. If you are in doubt abo	out any aspect of the tax
Tax	ivacy kation law authorises the ATO to collect information and disclose it to othe commation of the person authorised to sign the declaration. For information		
l d	eclare that the information on this form is true and correct.		
Siç	gnature		
		Date	
		Day	Month Year
Cc	ntact name		
Da	ytime contact number (include area code)		

### Losses schedule

2015

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. 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

# Year of loss 2014–15 B 2013–14 C 2012–13 D 2011–12 E 2010–11 F 2009–10 and earlier income years G Total U

Transfer the amount at  $\overline{\mathbf{U}}$  to the **Tax losses carried forward to later income years** label on your tax return.

2 Net capital losses carried forward to later income years



Transfer the amount at V to the Net capital losses carried forward to later income years label on your tax return.

### Part B Ownership and same business test - company and listed widely held trust only

Complete item 3 of Part B if a loss is being carried forward to later income years and the same business test has to be satisfied in relation to that loss.

Do not complete items 1, 2 or 4 of Part B if, in the 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.

### Whether continuity of majority ownership test passed

Note: If the entity has deducted, applied, transferred in or transferred out (as applicable) in the 2014-15 income year a loss incurred in any of the listed years, print X in the Yes or No box to indicate whether the entity has satisfied the continuity of majority ownership test in respect of that loss

### Year of loss

			1001 01 1000
No Print X in the appropriate box.	No	A Yes	2014–15
No Print X in the appropriate box.	No	B Yes	2013–14
No Print X in the appropriate box.	No	C Yes	2012–13
No Print X in the appropriate box.	No	D Yes	2011–12
No Print X in the appropriate box.	No	E Yes	2010–11
No Print <b>X</b> in the appropriate box.	No	F Yes	2009–10 and earlier income years

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

> Tax losses G Net capital losses

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

Tax losses

Net capital losses

Do current year loss provisions apply?

Is the company required to calculate its taxable income or tax loss for the year under Subdivision 165-B or its net capital gain or net capital loss for the year under Subdivision 165-CB of the Income Tax Assessment Act 1997 (ITAA 1997)?

No

No

Print X in the appropriate box.

### Part C Unrealised losses - company only

Note: These questions relate to the operation of Subdivision 165-CC of ITAA 1997.

Has a changeover time occurred in relation to the company after 1.00pm by legal time in the Australian Capital Territory on 11 November 1999?

Yes

Print X in the No appropriate box.

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?

Print X in the No appropriate box.

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

N Yes

Print X in the appropriate box.

If you printed **X** in the **Yes** box at **N**, what was the amount of unrealised net loss calculated under section 165-115E of ITAA 1997?

### Part D Life insurance companies

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

Complying superannuation/FHSA net capital losses carried

### Part E Controlled foreign company losses

Current year CFC losses M

CFC losses deducted N

CFC losses carried forward

### Part F Tax losses reconciliation statement

Balance of tax losses brought forward from the prior income year

ADD Uplift of tax losses of designated infrastructure project entities B

SUBTRACT Net forgiven amount of debt C

ADD Tax loss incurred (if any) during current year D

ADD Tax loss amount from conversion of excess franking offsets

SUBTRACT Net exempt income F

SUBTRACT Tax losses forgone G

SUBTRACT Tax losses deducted H

SUBTRACT Tax losses transferred out under Subdivision 170-A (only for transfers involving a foreign bank branch or a PE of a foreign financial entity)

Total tax losses carried forward to later income years J

Transfer the amount at **J** to the **Tax losses carried forward to later income years** label on your tax return.

If the schedule is not lodged with the income tax return you are required to sign and date the schedule.

### Important

Before making this declaration check to ensure that all the information required has been provided on this form and any attachments to this form, and that the information provided is true and correct in every detail. If you are in doubt about any aspect of the tax return, place all the facts before the ATO. The income tax law imposes heavy penalties for false or misleading statements.

### Privacy

Taxation law authorises the ATO to collect information and disclose it to other government agencies. This includes personal information of the person authorised to sign the declaration. For information about your privacy go to **ato.gov.au/privacy** 

### **TAXPAYER'S DECLARATION**

I declare that the information on this form is true and correct.						
Signature						
			Day	Month		Year
		Date		/	/	
Contact person	Daytime	e contact i	numbe	r (include	area co	ode)