# Self-managed superannuation fund annual return

2016

#### 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.

#### TO COMPLETE THIS ANNUAL RETURN

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

Section	Λ.	Г	هـ	:		:-	
Section	Α.	Fun	a	INTO	rm	atio	ın

1 Tax file number (TFN
------------------------

Date audit was completed

Was Part B of the audit report qualified?

compliance issues been rectified?

If the audit report was qualified, have the reported

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					
Sub	urb/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		
<b>6</b> Aud	SMSF auditor ditor's name					
Title Fam	: Mr Mrs Miss Ms Other ily name					
First	given name Other given	name	S			
SM	SF Auditor Number Auditor's phone number					
Pos	stal address					
Sub	urb/town				State/territory	Postcode

Sensitive (when completed)

Yes

Yes

C No

#### 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 superannuation fu	nd 🌡	<b>A</b> No	Yes	Fund benefit structure <b>B</b>	Code
			e fund trust deed allow acceptance vernment's Super Co-contribution a Low Income Super Contributio	nd (	<b>N</b> o	Yes		
9	Was the	e fund wo	ound up during the income ye				Llova all toy lodgmont	
	No	Yes )	If yes, provide the date on which the fund was wound up	/ '	Month /	Year	Have all tax lodgment and payment obligations been met?	'es
10	Exempt	current	pension income					
	Did the fu	und pay an	income stream to one or more mer	mbers	in the inc	come year?		
			x exemption for current pension inco empt current pension income at La			pay at least	the minimum benefit payment under	
	No )	Go to Sec	otion B: Income.					
	Yes	Exempt c	urrent pension income amount A	\$				
		Which me	ethod did you use to calculate your e	exemp	t current	pension inc	ome?	
			Segregated assets method <b>B</b>					
			Unsegregated assets method <b>C</b>	) v	Vas an ac	ctuarial certif	icate obtained? <b>D</b> Yes	
	Did the fu	und have a	ny other income that was assessab	le?				
	<b>E</b> Yes	Go to	Section B: Income.					
	No	) Choos Go to	sing 'No' means that you do not hav Section C: Deductions and non-de	ve any ductib	assessa le expens	ble income, ses. (Do <b>not</b>	including no-TFN quoted contributions complete Section B: Income.)	
			tled to claim any tax offsets, you can	n list				

# Section B: Income

been applied.

**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.

11 Income Did ((	you have a capital gains tax CGT) event during the year?	<b>G</b> No	Yes	gr	the total capital loss or total capital gain is eater than \$10,000 complete and attach Capital gains tax (CGT) schedule 2016.	
	Have you applied an exemption or rollover?	M No	Yes	(	Code	
		Net cap	pital gain	<b>A</b> \$	<b>;</b>	
	Gross rent and other leas	ing and hiring	g income	В	3	
		Gross	s interest	C	3	
	Forestry	managed inv	vestment e income	X S	;	
Gros	s foreign income					Loss
D1 \$		Net foreign	n income	D S	<b>;</b>	
Austral	lian franking credits from a N	ew Zealand c	company	ES	3	N Is seed to as
			fers from gn funds	FS	3	Number
	G	ross paymen ABN no	ts where t quoted	Н 9	3	1
1	assessable contributions employer contributions	Gross dis		1 9	3	Loss
R1 \$		*Unfranked	dividend amount	J §	3	
plus Assessable <b>R2</b> \$	e personal contributions	*Franked	dividend amount	K	3	
ľ	-quoted contributions	*Dividend	franking credit	L §	3	Ondo
R3 \$ (an amount m	nust be included even if it is zero)		oss trust ributions	М \$	3	Code
	iability to life insurance	uist	i ibutioi is			
l .	npany or PST		essable ibutions	_		
R6 \$		(R	1 plus R2 3 less R6)	RS	)	
Calculation of r	non-arm's length income	7				Code
1 .	yth private company dividends	*Othe	r income	S	3	
U1 \$		*Assessable	e income			
plus*Net non-arm	's length trust distributions	due to chai		T 9	;	
	non-arm's length income		n-arm's income			
U3 \$		(subject to 479) ( <b>U1</b> plus <b>U2</b>	% tax rate) 2 plus <b>U3</b> )	U S	<b>;</b> 	
#This is a mandato	ıry	GROSS I	NCOME	w s	3	Loss
*If an amount is	Exempt cu	urrent pensior	3 A (0 0)	Υ 9		
entered at this labe	ei,   '					Loss
to ensure the corre	TOTAL ASSESSAB	LE INCOME (W less Y)	<b>V</b> \$			

# 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	<b>B1</b> \$		B2\$	
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>12</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 A1 to M1)		(Total <b>A2</b> to <b>L2</b> )	
	*TAXABLE INCOME OR LOSS	Loss	TOTAL SMSF EXPENSES	]
	<b>o</b> \$		z\$	
#This is a mandatory label.	(TOTAL ASSESSABLE INCOME less TOTAL DEDUCTIONS)		(N plus Y)	

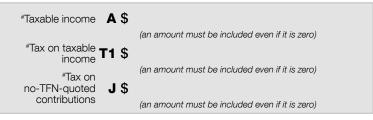
#### Section D: Income tax calculation statement

#### #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 2016 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**\$

Exploration credit tax offset

**E4**\$

T2 \$

**SUBTOTAL** 

(B less C - cannot be less than zero)

Refundable tax offsets

(E1 plus E2 plus E3 plus E4)

\*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 2016.

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 **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) 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 \$

S\$

**CLOSING ACCOUNT BALANCE** 

	ction H: <b>Assets and liabilitie</b>	es			
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	E	\$	
	Limited recourse borrowing arrangements  Australian residential real property	Debt securities	F	\$	
	J1 \$	Loans	G	\$	
	Australian non-residential real property	Listed shares	Н	\$	
	J2 \$ Overseas real property	Unlisted shares	ı	\$	
	J3 \$	Limited recourse orrowing arrangements	J	\$	
	Australian shares  J4 \$	Non-residential	ĸ	\$	J
	Overseas shares	real property Residential			
	J5 \$	real property	L	\$	
	Other	Collectables and personal use assets	M	\$	
	J6 \$	Other assets	0	\$	
15c	Overseas direct investments	Overseas shares	P	\$	
	Overseas non-	residential real property	Q	\$	
	Overseas	residential real property	R	\$	
	Overseas	managed investments	S	\$	
		Other overseas assets	T	\$	
	TOTAL AUSTRALIAN AND (Sum of labels		U	\$	
15d	In-house assets  Did the fund have a loan to, lease to or investment in, related parties (known	No Yes		\$	

as in-house assets) at the end of the income year?

Sensitive (when completed)

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)

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  ${\bf R}$  for revoke or print  ${\bf V}$  for variation, and complete and attach the Family trust election, revocation or variation 2016.

#### 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: <b>Declarations</b>						
Penalties may be imposed for false or misleading information in addition to	penalties relating	to any	tax short	falls.		
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 a law received the audit report and I am aware of any matters raised. I declare that the any attached schedules and additional documentation is true and correct. I also authorise nominated bank account (if applicable).	information on th	nis annu	ual return,	including		
Authorised trustee's, director's or public officer's signature	Day	Mo	onth	Year		
	Date	/	nun /	rear		
Preferred trustee or director contact details:	J	,	,			
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, m you provide on this annual return to maintain the integrity of the register. For further info	ay use the ABN rmation, refer to	and bus	siness det tructions.	tails which		
TAX AGENT'S DECLARATION:  I declare that the Self-managed superannuation fund annual return 2016 has been prepare 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	ared in accordand provided to me	ce with i	informatio	on provided ct, and that		
	Day Day	Mo	onth /	Year		
Tax agent's contact details						
Title: Mr Mrs Miss Ms Other						
Family name						
First given name Other given names						

Page 16

Tax agent's practice

Tax agent's phone number

Postal address for annual returns: Australian Taxation Office, GPO Box 9845, IN YOUR CAPITAL CITY

Reference number

Tax agent number

#### **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

Declarations I declare that

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.

PART B								
Signature of Pa	artner, Trustee, or		Date	/	1			
	is true and correct; and the agent is authorised to	lodge this tax return.						
•	the information provided to the agent for the preparation of this tax return, including any applicable schedules							
Deciaration.	i deciare mai.							

#### **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		Date	1	/			

#### **PART D**

## Tax Agent's Certificate (shared facilities only)

#### I declare that:

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

I am authorised by the partner, trustee, director or pu	blic 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

2016

#### 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 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	<b>C</b> \$		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)	<b>G</b> \$		
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.

2	Capital losses	
	Total current year capital losses	<b>A</b> \$
	Total current year capital losses applied	В\$
	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 \$
_	OOT	
5	CGT concessions for small business  Small business active asset reduction	Λ \$
	Small business retirement exemption	_
	Small business rollover	C \$ 
	Total small business concessions applied	<b>D</b> \$
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? <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 an details requested here for each additional earnout arrangement.	d attach a separate sheet to	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 non-qualifying arrangement in the income year.	E \$	LOSS
	Request for amendment  If you received or provided a financial benefit under a look-through earn to seek an amendment to that earlier income year, complete the follow		r income year and you wish
	Income year earnout right created	F	
	Amended net capital gain or capital losses carried forward	G \$	Loss
8	Other CGT information required (if applicable)		CODI
	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	<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 the	schedule.
	portant		
Be to	portant fore making this declaration check to ensure that all the information requi this form, and that the information provided is true and correct in every d urn, place all the facts before the ATO. The income tax law imposes heav	etail. If you are in doubt abou	t any aspect of the tax
to retri	fore making this declaration check to ensure that all the information requithis form, and that the information provided is true and correct in every d	etail. If you are in doubt aboury penalties for false or mislea er government agencies. This	t any aspect of the tax ading statements.
Pr Tax	fore making this declaration check to ensure that all the information requiths 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 heavivacy  kation law authorises the ATO to collect information and disclose it to oth	etail. If you are in doubt aboury penalties for false or mislea er government agencies. This	t any aspect of the tax ading statements.
Pr Tax info	fore making this declaration check to ensure that all the information requiths 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 heaving the facts before the ATO and the income tax law imposes heaving the facts before the ATO and the income tax law imposes heaving the facts before the ATO to collect information and disclose it to other person authorised to sign the declaration. For information	etail. If you are in doubt aboury penalties for false or mislea er government agencies. This	t any aspect of the tax ading statements.
Pr Tax info	fore making this declaration check to ensure that all the information requiths 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 heavilated with the facts before the ATO. The income tax law imposes heavilated with the facts before the ATO to collect information and disclose it to other person authorised to sign the declaration. For information eclare that the information on this form is true and correct.	etail. If you are in doubt about penalties for false or misleater government agencies. This about your privacy go to atout pate.	t any aspect of the tax ading statements.

#### Losses schedule

2016

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

# Year of loss 2015–16 B 2014–15 C 2013–14 D 2012–13 E 2011–12 F 2010–11 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

# Year of loss 2015–16 H 2014–15 I 2013–14 J

2012–13 **K** 

2011–12 **L** 

2010–11 and earlier income years

Total V

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 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.

#### Whether continuity of majority ownership test passed

Note: If the entity has deducted, applied, transferred in or transferred out (as applicable) in the 2015-16 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

Print X in the 2015-16 A Yes No appropriate box. Print X in the 2014-15 **B Yes** No appropriate box Print X in the 2013-14 **C** Yes No appropriate box. Print X in the 2012–13 **D** Yes No appropriate box. Print X in the 2011–12 **E Yes** No appropriate box Print X in the 2010–11 and earlier income years **F Yes** No

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)?

K Yes

No

Print X in the appropriate box.

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

No

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 class tax losses carried forward to later income years

Complying superannuation net capital losses carried forward to later income years

#### 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		Yea
		Date		/	/	
Contact person	Dayti	me contact	numbe	r (include	area c	ode)