# Self-managed superannuation fund annual return

**2013** 

# 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 2013* (NAT 71287).

The Self-managed superannuation fund annual return instructions 2013 (NAT 71606) (the instructions) can assist you to complete this annual return.

Section A: Fund information

# TO COMPLETE THIS ANNUAL RETURN

To assist processing, write the fund's

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

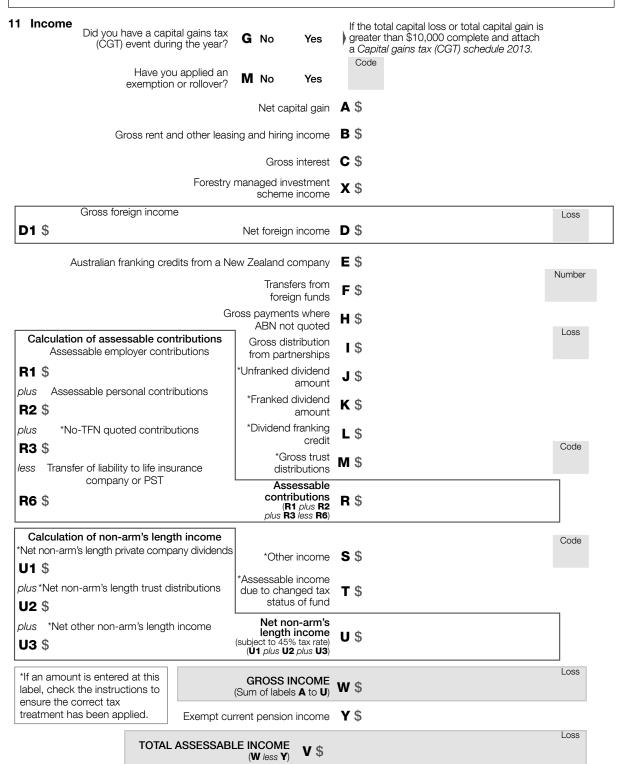
| 1               | Tax file number (TFN)  |                     | TFN at the top of pages 3                          | 3, 5 and 7.       |          |
|-----------------|--|---------------------|--|-------------------|----------|
|                 | The Tax Office is authorised by law to reques quoting it could increase the chance of delay or e | st your TFN. You ai | re not obliged to quote you<br>your annual return. | r TFN but not     | -        |
| 2               | Name of self-managed superannuation f  | iund (SMSF)         |  |                   |          |
| 3               | Australian business number (ABN) (if appli   | icable)             |  |                   |          |
| 1               | Current postal address   |                     |  |                   |          |
| ∂ubı            | urb/town   |                     |  | State/territory   | Postcode |
| 5               | Annual return status Is this an amendment to the SMSF's 2013 annual                              | I return? No        | Yes  |                   |          |
| <b>3</b><br>Aud | SMSF auditor<br>ditor's name   |                     |  |                   |          |
| itle:<br>am     | : Mr Mrs Miss Ms Other<br>iily name  |                     |  |                   |          |
| irst            | given name   | Other given names   |  |                   |          |
| SMS             | SF Auditor Number Professional body Code   | Membership nur      | nber A   | uditor's phone nu | mber     |
| Pos             | stal address   |                     |  |                   |          |
| Subi            | urb/town   |                     |  | State/territory   | Postcode |
| Date            | e audit was completed <b>A</b> Day Month   | Year                |  |                   |          |
| Nas             | s Part B of the audit report qualified? <b>B</b> No  | Yes                 |  |                   |          |
|                 | e audit report was qualified, have the reported npliance issues been rectified?                  | C No                | Yes  |                   |          |

# Electronic funds transfer (EFT) Provide your fund's financial institution details. Write the BSB number, fund's account number and account name below. (See relevant instructions.) We do not issue refunds to a trustee's personal account. Fund account number BSB number (must be six digits) Fund account name (for example, J&Q Citizen ATF J&Q Family SF) Status of SMSF Fund benefit structure Australian superannuation fund A No Yes В Code Does the fund trust deed allow acceptance of C No Yes the Government's Super Co-contribution and Low Income Super Contribution? Was the fund wound up during the income year? Have all tax lodgment Month and payment obligations been met? If yes, provide the date on No Yes which the fund was wound up 10 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 the law. Record exempt current pension income at Label A Go to Section B: Income. No Yes Exempt current pension income amount A \$ 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 the fund have any other income that was assessable? E Yes Go to Section B: Income. Go to Section C: Deductions and non-deductible expenses. No (Do not complete Section B: Income.)

f you are entitled to claim any tax offsets, you can list these 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.



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<br>expenditure               | D1 \$  |      | D2 \$                         |      |
| Decline in value of depreciating assets    | E1 \$  |      | <b>E2</b> \$                  |      |
| Insurance premiums – members               | F1 \$  |      | F2 \$                         |      |
| Death benefit increase                     | <b>G1</b> \$                                       |      |                               |      |
| 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 A1 to M1)                                   |      | (Total A2 to L2)              |      |
|  | TAXABLE INCOME OR LOSS                             | Loss | TOTAL SMSF EXPENSES           | ]    |
|  | 0 \$   | _000 | <b>z</b> \$                   |      |
|  | (TOTAL ASSESSABLE INCOME less<br>TOTAL DEDUCTIONS) |      | (N plus Y)                    |      |

# Section D: Income tax calculation statement

# 13 Calculation statement

Please refer to the Self-managed superannuation fund annual return instructions 2013 on how to complete the calculation statement.

Taxable income A\$

Tax on taxable **T1** \$ income

Tax on no-TFN J \$ quoted contributions

Gross tax B \$

Foreign income tax offset

(T1 plus J)

C1\$

Rebates and tax offsets

C2\$

Non-refundable non-carry forward tax offsets

**C**\$

**SUBTOTAL** 

Refundable tax offsets

(C1 plus C2)

Complying fund's franking credits tax offset

**E1**\$

No-TFN tax offset

T2 \$

(B less C - cannot be less than zero)

**E2**\$

National rental affordability scheme tax offset

E\$

**E3**\$

(E1 plus E2 plus E3 plus other refundable tax offset amounts)

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)

Remainder of refundable tax offsets

1\$

(unused amount from label E)

PAYG instalments raised

**K**\$

Supervisory levy

L\$

Supervisory levy adjustment for wound up funds

**M** \$

# 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)

# Section E: Losses

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

Tax losses carried forward to later income years

Net capital losses carried V \$ 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 Miss Ms Other Family name First given name Other given names Month Year Member's TFN Date of birth Contributions OPENING ACCOUNT BALANCE \$ Refer to instructions for completing these Employer contributions A\$ labels. For example, include contributions ABN of principal employer A1 reported to you on a Rollover benefits statement Personal contributions **B** \$ (RBS) (NAT 70944). 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 **G** \$ Assessable foreign superannuation fund amount 1\$ Non-assessable foreign superannuation fund amount Transfer from reserve: assessable amount K \$ 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 м \$ and Low Income Super Contributions) TOTAL CONTRIBUTIONS N \$ Loss Other transactions Allocated earnings or losses **O** \$ Loss Inward amounts less any rolled in contributions reported at **A** – **M P**\$ Outward amounts less any rolled out contributions at item 15K on RBS Code Lump Sum payment R1 \$ Code Income stream payment R2 \$ **CLOSING ACCOUNT BALANCE** S\$

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 Month Year Member's TFN Date of birth Contributions OPENING ACCOUNT BALANCE \$ Refer to instructions for completing these Employer contributions A\$ labels. For example, include contributions ABN of principal employer A1 reported to you on a Rollover benefits statement Personal contributions **B** \$ (RBS) (NAT 70944). 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 1\$ Non-assessable foreign superannuation fund amount Transfer from reserve: assessable amount K \$ 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 м \$ and Low Income Super Contributions) TOTAL CONTRIBUTIONS N \$ Loss Other transactions Allocated earnings or losses **O** \$ Loss Inward amounts less any rolled in contributions reported at **A** – **M P**\$ Outward amounts less any rolled out contributions at item 15K on RBS 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 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?

Total TOFA gains **H** \$

Total TOFA losses | \$

TOFA transitional balancing adjustment **J** \$

Loss

# Section J: Other information

# Family trust election status

If the trust or fund has made, or is making, a family trust election, write the four-digit **income year specified** of the election (for example, for the 2012–13 income year, write **2013**).

If revoking or varying a family trust election, print **R** for revoke or print **V** for variation, and complete and attach the *Family trust election, revocation or variation 2013.* 

# Interposed entity election status

If the trust or fund has an existing election, write the earliest income year specified. If the trust or fund is making one or more elections this year, write the earliest income year being specified and complete an *Interposed entity election or revocation 2013* for each election.

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

| Section | <b>I</b> /· |     | laration | •  |
|---------|-------------|-----|----------|----|
| Seciion | N.          | Dec | iaratior | 15 |



Penalties may be imposed for false or misleading information in addition to penalties relating to any tax shortfalls.

Important
Before making this declaration check to ensure that all income has been disclosed and the annual return, all attached schedules and any additional documents are true and correct in every detail. If you are in doubt about any aspect of the annual return, place all the facts before the ATO.

# TRUSTEE'S OR DIRECTOR'S DECLARATION:

s.

| I have received the audit rep   | ort and I ar                | m aware of   | any matter    | rs raised. I d | declare that th  | e informatio | documented as such in the SMSF's information on this annual return, in |       |         |       | including |
|---|-----------------------------|--------------|---------------|----------------|------------------|--------------|--|-------|---------|-------|-----------|
| any attached schedules and<br>nominated bank account (if  |                             |              | ation is true | and correc     | ct. I also autho | orise the AT | O to m   | ake a | any tax | refun | ds to the |
| Authorised trustee's, directo   |                             |              | gnature       |                |                  |              |  |       |         |       |           |
|   | -                           |              | -             |                |                  |              | Б.   |       | Month   |       | V.        |
|   |                             |              |               |                |                  | Date         | Day  | /     | Month   | /     | Year      |
| Duefermed two stees an di-  |                             |              | .:            |                |                  | Date         |  | /     |         | /     |           |
| Preferred trustee or di   |                             |              | alis:         |                |                  |              |  |       |         |       |           |
| Title: Mr Mrs Miss<br>Family name   | Ms                          | Other        |               |                |                  |              |  |       |         |       |           |
| First given name  |                             |              | Other         | given names    |                  |              |  |       |         |       |           |
| Phone number<br>Email address   |                             |              |               |                |                  |              |  |       |         |       |           |
| Non-individual trustee name   | e (if applicab              | ole)         |               |                |                  |              |  |       |         |       |           |
| ABN of non-individual truste  | ee                          |              |               |                |                  |              |  |       |         |       |           |
|   |                             |              |               |                |                  | Hrs          |  |       |         |       |           |
|   | Time take                   | n to prepar  | e and com     | plete this a   | nnual return     |              |  |       |         |       |           |
| The Commissioner of which you provide on this   |                             |              |               |                |                  |              |  |       |         |       |           |
| TAX AGENT'S DECLAF<br>I declare that the Self-mana,<br>by the trustees, that the trus<br>the trustees have authorised | ged superar<br>stees have g | jiven me a d | declaration   |                |                  |              |  |       |         |       |           |
| Tax agent's signature   |                             |              |               |                |                  |              |  |       |         |       |           |
|   |                             |              |               |                |                  | Date         | Day  | /     | Month   | /     | Year      |
| Toy agent's contact de  | toilo                       |              |               |                |                  | Date         |  | /     |         | /     |           |
| <b>Tax agent's contact de</b> Title: Mr Mrs Miss Family name  |                             | Other        |               |                |                  |              |  |       |         |       |           |
| First given name  |                             |              | Other         | given names    |                  |              |  |       |         |       |           |
| Tax agent's practice  |                             |              |               |                |                  |              |  |       |         |       |           |
| Tax agent's phone number  |                             |              | Reference     | ce number      |                  |              | Tax  | x age | ent nur | nber  |           |
| Postal address for ann  | nual returns                | : Australiar | n Taxation    | Office, GF     | O Box 9845,      | IN YOUR (    | CAPITA   | AL C  | ITY     |       |           |

# **PART A**

# **Electronic Lodgement Declaration (Form P, T, C, F, SMSF or EX)**

This declaration is to be completed where the tax return is to be lodged via the Tax Office's Electronic Lodgment Service (ELS). It is the responsibility of the taxpayer to retain this declaration for a period of five years after the declaration is made, penalties may apply for failure to do so.

### **Privacy**

Your tax file number

It is not an offence not to quote your (or if applicable, the partner's or beneficiary's) tax file number (TFN). However, you cannot lodge your tax return electronically if you do not quote your TFN. The Tax Office is authorised by the *Income Tax Assessment Act 1936* and the *Income Tax Assessment Act 1997* to ask for information on this tax return.

The Australian Business Register

The Commissioner of Taxation, as Registrar of the Australian Business Register, may use the ABN and business details which you provide on this tax return to maintain the integrity of the register.

Please refer to the privacy statement on the Australian Business Register (ABR) website (www.abr.gov.au) for further information – it outlines our commitment to safeguarding your details.

Electronic funds transfer - direct debit

Where you have requested an EFT direct debit some of your details will be provided to your financial institution and the Tax Office's sponsor bank to facilitate the payment of your taxation liability from your nominated account.

Tax File Number Name of Partnership, Trust, Fund or Entity Year

I authorise my tax agent to electronically transmit this tax return via the Electronic Lodgment Service.

# **Important**

Before making this declaration please check to ensure that all income has been disclosed and the tax return is true and correct in every detail. If you are in doubt about any aspect of the tax return, place all the facts before the Tax Office. The tax law provides heavy penalties for false or misleading statements on tax returns.

| Declaration:                       | I declare that: the information provided to the agent for the preparation is true and correct; and | on of this tax return, including any applicable s | schedules |   |
|------------------------------------|--|---|-----------|---|
| •                                  | the agent is authorised to lodge this tax return.  |   |           |   |
| Signature of Pa<br>Director or Pub | artner, Trustee,<br>blic Officer   | Date  | I         | 1 |

# **PART B**

# **ELECTRONIC FUNDS TRANSFER CONSENT**

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

This declaration must be signed by the partner, trustee, director or public officer prior to the EFT details being transmitted to the Tax Office. If you elect for an EFT, all details below must be completed.

Important: Care should be taken when completing EFT details as the payment of any refund will be made to the account specified.

**Agent Ref No** 

Account name

| I authorise the refund to be deposited direct | tly 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 | ne partner, trustee, director or public officer to lodge this tax return, including any ap | plicable s | chedules |  |
|------------------------|--|------------|----------|--|
| Agent's signature      | Date   | 1          | 1        |  |
| Contact name           | 7`]YbhRefYfYbW   | 1          |          |  |
| Agent's Phone No"      | Agentfig RefYfYbWY N   | No"        |          |  |

# Capital gains tax (CGT) schedule

**2013** 

# 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 2013* available on our website at **ato.gov.au** for instructions on how to complete this schedule.

# Tax file number (TFN)

• We are authorised by law to request your TFN. You do not have to quote your TFN. However, if you don't it could increase the chance of delay or error in processing your form.

# Australian business number (ABN)

# Taxpayer's name

| 1 Current year cap   | pital gains and | capital losses |   |
|--|-----------------|----------------|---|
| Shares in companies<br>listed on an Australian<br>securities exchange  |                 | Capital gain   | Capital loss  |
| Other shares   | В\$             |                | L \$  |
| Units in unit trusts<br>listed on an Australian<br>securities exchange | <b>C</b> \$     |                | M\$   |
| Other units  | <b>D</b> \$     |                | N \$  |
| Real estate situated in Australia                                      | <b>E</b> \$     |                | <b>o</b> \$   |
| Other real estate  | F \$            |                | P \$  |
| Amount of capital gains from a trust (including a managed fund)        | G \$            |                |   |
| 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   | C \$  |
|   | 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   | A \$  |
|   | Small business retirement exemption   | В\$   |
|   | Small business rollover   | C \$  |

6 Net capital gain

Net capital gain A \$

Total small business concessions applied **D** \$

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? $\mathbf{A}$ Yes, as a buyer (Print $\mathcal{X}$ in the appropriate box.)  | ,                           | Yes, as a seller  | No                |
|              | If you are a party to more than one earnout arrangement, copy and details requested here for each additional earnout arrangement.  | d attach a                  | separate sheet to this schedu                             | ule 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?  | <b>D</b> \$                 |   |                   |
|              | Amount of any capital gain or loss you made under your earnout arrangement in the income year.   | <b>E</b> \$                 |   | 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  | <b>C</b> \$                 |   |                   |
|              | Capital gains disregarded as a result of an inter-company asset rollover   | <b>D</b> \$                 |   |                   |
|              | Capital gains disregarded by a demerging entity  | E \$                        |   |                   |
| Im Be to ret | If the schedule is not lodged with the income tax return you are remportant  If the schedule is not lodged with the income tax return you are remportant  If the schedule is not lodged with the income tax return you are remportant  If the schedule is not lodged with the income tax law information required the schedule of the schedule | red has be<br>etail. If you | en provided on this form and are in doubt about any aspec | any attachments   |
| Co           | ontact name  |                             | ] / /   |                   |
|              |  |                             |   |                   |

Daytime contact number (include area code)

# Losses schedule

**2013** 

Companies and trusts that do not join consolidated groups should complete and attach this schedule to their 2013 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 2013, 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 2013–14 income year – excludes film losses

1 Tax losses carried forward to later income years

# Year of loss 2012–13 B 2011–12 C 2010–11 D 2009–10 E 2008–09 F 2007–08 and earlier income years 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                     |   |
|----------------------------------|---|
| 2012–13                          | Н |
| 2011–12                          | 1 |
| 2010–11                          | J |
| 2009–10                          | K |
| 2008–09                          | L |
| 2007–08 and earlier income years | M |
| Total                            | ٧ |

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 2012-13 income year, no loss has been claimed as a deduction 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, transferred in or transferred out (as applicable) in the 2012-13 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

|  |    |       | rear or ioss                     |
|--|----|-------|----------------------------------|
| Print <b>X</b> in the appropriate box. | No | A Yes | 2012–13                          |
| Print <b>X</b> in the appropriate box. | No | B Yes | 2011–12                          |
| Print <b>X</b> in the appropriate box. | No | C Yes | 2010–11                          |
| Print <b>X</b> in the appropriate box. | No | D Yes | 2009–10                          |
| Print <b>X</b> in the appropriate box. | No | E Yes | 2008-09                          |
| Print <b>X</b> in the appropriate box. | No | F Yes | 2007–08 and earlier income years |
|  |    |       |                                  |

2 Amount of losses deducted 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 H

3 Losses carried forward for which the same business test must be satisfied before they can be deducted 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.

# 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

No

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?

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

forward to later income years

# Part E Foreign source losses

1 Foreign loss component of a tax loss – excludes losses of CFCs

Foreign loss component of tax losses deducted – included at the Tax losses deducted label on your tax return

Foreign loss component of tax losses carried forward – included at the Tax losses carried forward to later income years label on your tax return

2 Controlled foreign company losses

Current year CFC losses M

CFC losses deducted N

CFC losses carried forward 0

| Part F      | Tax losses reconciliation statement  |
|-------------|--|
|             | Balance of tax losses brought forward from the prior income year   |
|             | SUBTRACT Net forgiven amount of debt   |
|             | ADD Tax loss incurred (if any) during current year   |
|             | SUBTRACT Tax losses carried back K   |
|             | 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   |
| (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 <b>J</b> to the <b>Tax losses carried forward to later income years</b> label on your tax return.                             |
|             |  |
| If the sche | dule 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.

# **TAXPAYER'S DECLARATION**

| I declare that the information on this form is true and correct. |        |            |       |            |         |      |
|--|--------|------------|-------|------------|---------|------|
| Signature  |        |            |       |            |         |      |
|  |        |            | Day   | Month      | ١       | Yea  |
|  |        | Date       |       | /          | /       |      |
| Contact person   | Davtin | ne contact | numbe | r (include | area co | ode) |