| Sig             | gnature as prescribed in   | tax return                                    |                             |   |           |
|-----------------|--|---|-----------------------------|---|-----------|
|                 |  |   | elf-managed<br>nd annual re | superannuation <b>2</b>   | 2012      |
| On<br>cor       | no should complete this and by self-managed superannuat mplete this annual return. All and income tax return 2012 (N   | ion funds (SMSFs) car<br>other funds must com | n Print o                   | MPLETE THIS ANNUAL RETURN clearly, using a BLACK pen only.  LOCK LETTERS. | 489MS2012 |
| in              | The Self-managed superant<br>structions 2012 (NAT 71606)<br>ou to complete this annual re                              | (the instructions) can                        | eturn                       |   |           |
| <br>Se<br>1     | ection A: <b>Fund in</b> Tax file number (TFN)   | formation                                     |                             | To assist processing, write the fund's N at the top of pages 3, 5 and 7.  |           |
|                 | The Tax Office is authoris could increase the chance of  |   |                             | iged to quote your TFN but not quoting it .                               | _         |
|                 |  |   |                             |   |           |
| 3               | Australian business nu   | ımber (ABN) (if appl                          | licable)                    |   |           |
| <b>4</b><br>Sub | Current postal address   | •   |                             | State/territory   | Postcode  |
| 5               | Annual return status Is this an amendment to the   | e SMSF's 2012 annua                           | ıl return? <b>No</b>        | Yes   |           |
| <b>6</b><br>Au  | Fund auditor<br>ditor's name   |   |                             |   |           |
| Title<br>Fan    | e: Mr Mrs Miss<br>nily name  | Ms Other                                      |                             |   |           |
| Firs            | t given name   |   | Other given names           |   |           |
| SM              | ISF Auditor Number   | Professional body Code                        | Membership number           | Auditor's phone nu  | mber      |
| Po              | stal address   |   |                             |   |           |
| Sub             | ourb/town  |   |                             | State/territory   | Postcode  |
| Da              | te audit was completed A   | Day Month                                     | Year<br>Was Pa              | rt B of the audit report qualified? <b>B</b> No                           | Yes       |
| 7               | Electronic funds trans<br>Provide your fund's financial<br>Write the BSB number, fund'<br>We do not issue refunds to a | institution details.<br>'s account number and |                             | See relevant instructions.)   |           |

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Fund account number

BSB number (must be six digits)

Fund account name (for example, J&Q Citizen ATF J&Q Family SF)

| Sig | nature as prescribed in tax return   |  |          |      | Tax File Number   |                 |
|-----|--|--|----------|------|---|-----------------|
| 8   | Status of SMSF Australian sup  | perannuation fund A No   |          | Yes  | Fund benefit structure <b>B</b>   | Code            |
|     | Does the fund trust deed allow a<br>Government's Super (   |  |          | Yes  |   |                 |
| 9   | Was the fund wound up during th  | _  |          | .,   | Have all tax lodgment   |                 |
|     | No Yes If yes, provide the date which the fund was w   |  |          | Year | and payment obligations been met?   | Yes             |
|     | ection B: <b>Income</b>  |  |          |      |   |                 |
| 10  | Income Did you have a capital gains (CGT) event during the year  |  |          |      | al capital loss or total capital gain is greater than seand attach a Capital gains tax (CGT) schedule 2 |                 |
|     | Did the CGT event relate to a forest<br>managed investment scheme interest the<br>you held other than as an initial participal | hát <b>Z No Yes</b>  |          |      | complete and attach a Capital gains tax hedule 2012.  |                 |
|     |  | Net capital gain   | A        | \$   |   |                 |
|     | Gross rent and oth   | her leasing and hiring income  | В        | \$   |   |                 |
|     |  | Gross interest   | С        | \$   |   |                 |
|     | F  | Forestry managed investment scheme income                                  | X        | \$   |   |                 |
| Г   | Gross foreign income   |  |          |      |   | Loss            |
| C   | 1 \$   | Net foreign income   | D        | \$   |   |                 |
|     | Australian franking credits fr   | om a New Zealand company   | E        | \$   |   | N Is seed to as |
|     |  | Transfers from foreign funds   | F        | \$   |   | Number          |
| _   |  | Gross payments where ABN not quoted  | н        | \$   |   | Loss            |
|     | Calculation of assessable contribution<br>Assessable employer contributions  | Gross distribution from partnerships                                       | I        | \$   |   |                 |
| F   | 1 \$   | *Unfranked dividend<br>amount  | J        | \$   |   |                 |
| l'  | Assessable personal contributions  | *Franked dividend  | K        | \$   |   |                 |
|     | 2 \$ us *No-TFN quoted contributions   | amount *Dividend franking  |          |      |   |                 |
|     | 3 \$   | credit<br>*Gross trust   | <u>.</u> | \$   |   | Code            |
| le  | ss Transfer of liability to life insurance company or PST  | distributions  | М        | \$   |   |                 |
| F   | <b>6</b> \$  | Assessable<br>contributions<br>(R1 plus R2 plus R3 less R6)                | R        | \$   |   |                 |
| *N  | Calculation of non-arm's length incom  |  |          |      |   | Code            |
|     | et non-arm's length private company divide   | *Other income  | S        | \$   |   |                 |
| pi  | us *Net non-arm's length trust distribution  | *Assessable income<br>due to changed tax<br>status of fund                 | Т        | \$   |   |                 |
| Ι΄. | *Net other non-arm's length income   | Net non-arm's length income (subject to 45% tax rate) (U1 plus U2 plus U3) | U        | \$   |   |                 |
| la  | f an amount is entered at this abel, check the instructions to assure the correct tax treatment                                | GROSS INCOME<br>(Sum of labels <b>A</b> to <b>U</b> )                      | w        | \$   |   | Loss            |
| - 1 | as been applied  | empt current pension income  | Y        | \$   |   |                 |
|     | TOTAL ASSI   | ESSABLE INCOME (W Jess Y) V \$   |          |      |   | Loss            |

Loss

Signature as prescribed in tax return **Tax File Number** // Place your attachments here. Section C: Deductions 11 Deductions Interest expenses within Australia A \$ Interest expenses overseas **B** \$ Capital works deductions **D** \$ Deduction for decline in value of depreciating assets **E** \$ Small business and general business tax break **P** \$ Death or disability premiums **F** \$ Death benefit increase **G** \$ Approved auditor fee **H** \$ Investment expenses I \$ Management expenses **J** \$ Administration expenses **Q** \$ Forestry managed investment scheme deduction **U** \$ Code Other deductions L \$ Tax losses deducted M \$

TOTAL DEDUCTIONS N \$

TAXABLE INCOME OR LOSS

(TOTAL ASSESSABLE INCOME less TOTAL DEDUCTIONS)

) \$

Signature as prescribed in tax return Tax File Number

## Section D: Income tax calculation statement

#### 12 Calculation statement

Please refer to the Self-managed superannuation fund annual return instructions 2012 on how to complete the calculation statement.

Eoreign income tax offset

Taxable income **A** \$

Tax on taxable income **T1**\$

Tax on no-TFN quoted contributions

Gross tax B \$

(T1 plus J)

Rebates and tax offsets

Non-refundable non-carry forward tax offsets

C \$

Complying fund's franking credits tax offset SUBTOTAL T2\$

E1 \$

No-TFN tax offset

National rental affordability scheme tax offset

Refundable tax offsets

E3 \$

(E1 plus E2 plus E3)

(C1 plus C2)

(cannot be less than zero)

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

(cannot be less than zero)

Credit for interest on early payments – amount of interest

H1 \$

C1 \$

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

I \$

(unused amount from label **E**)

PAYG instalments raised

K \$

Supervisory levy

L \$

#### 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)

## Section E: Losses

#### 13 Losses

**(1)** If total loss is greater than \$100,000, or there is a foreign loss, complete and attach a *Losses schedule 2012*.

Tax losses carried forward to later income years

Net capital losses carried forward to later income years **V** \$

| Signature as prescribed in tax return | Tax File Number |
|---------------------------------------|-----------------|

### Section F: Member information

### Report current members at 30 June 2012 and former members who were paid a benefit (lump sum or income stream, but not a rollover) during the financial year. Include members for whom no contributions were received. Report deceased members in Section G. **MEMBER 1** Title: Mr Other Mrs Miss Ms Family name First given name Other given names Dav Month 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 **F** Other third party contributions **G** \$ Directed termination (taxable component) payments **H** \$ Assessable foreign superannuation fund amount Non-assessable foreign superannuation fund amount **J** Transfer from reserve: assessable amount **K** \$ Transfer from reserve: non-assessable amount L Contributions from non-complying funds and previously non-complying funds Any other contributions (including Super Co-contributions) **M** \$ TOTAL CONTRIBUTIONS N \$ Loss Other transactions Allocated earnings or losses **O** \$ Loss Inward amounts less any rolled in contributions reported at A - M Outward amounts less any rolled out contributions at item 15K on RBS Code Benefit payments and code R \$

CLOSING ACCOUNT BALANCE \$ \$

| Signature as prescribed in tax return | Tax File Number |
|---------------------------------------|-----------------|

|   | nbers at 30 June 2012 and former members who were paid a benefit (jump sum or income s<br>pial year. Include members for whom no contributions were received. Report deceased memb |      |
|---|--|------|
| IEMPED O  |  |      |
| IEMBER 2<br>tle: Mr Mrs Mis<br>milly name                   | iss Ms Other   |      |
| st given name   | Other given names  |      |
|   | Day Month Year   |      |
| ember's TFN   | Date of birth / /  |      |
| ontributions  | OPENING ACCOUNT BALANCE \$   |      |
| Refer to instructions r completing these bels. For example, | Employer contributions <b>A</b> \$   |      |
| clude contributions eported to you on a                     | ABN of principal employer A1   |      |
| Pollover benefits stateme<br>RBS) (NAT 70944).              | Personal contributions <b>B</b> \$   |      |
| CG <sup>-</sup>   | T small business retirement exemption <b>C</b> \$  |      |
| CGT sma   | all business 15-year exemption amount <b>D</b> \$  |      |
|   | Personal injury election <b>E</b> \$   |      |
|   | Spouse and child contributions <b>F</b> \$   |      |
|   | Other third party contributions <b>G</b> \$  |      |
| Directed term   | nination (taxable component) payments <b>H</b> \$  |      |
| Assessabl   | le foreign superannuation fund amount   \$   |      |
| Non-assessabl   | le foreign superannuation fund amount <b>J</b> \$  |      |
| Trar  | nsfer from reserve: assessable amount <b>K</b> \$  |      |
|   | from reserve: non-assessable amount L \$   |      |
| Co  | ontributions from non-complying funds and previously non-complying funds   |      |
| Any other contribution                                      | ions (including Super Co-contributions) <b>M</b> \$  | _    |
|   | TOTAL CONTRIBUTIONS N \$   |      |
| ther transactions   | Allocated earnings or losses <b>O</b> \$   | Loss |
|   | Inward amounts <i>less</i> any rolled in contributions reported at <b>A</b> – <b>M</b>   | Loss |
|   | tward amounts less any rolled out contributions at item <b>15K</b> on RBS  | Code |
|   | Benefit payments and code R \$   | 2300 |
|   | CLOSING ACCOUNT BALANCE <b>S</b> \$  |      |

Signature as prescribed in tax return **Tax File Number** Section H: Assets and liabilities 14 ASSETS Listed trusts A \$ 14a Australian managed investments Unlisted trusts **B** \$ Insurance policy C \$ Other managed investments **D** \$ 14b Australian direct investments Cash and term deposits **E** \$ Debt securities **F** \$ Loans G \$ Listed shares **H** \$ Unlisted shares **I** \$ Limited recourse borrowing arrangements **J** \$ Non-residential real property K \$ Residential real property **L** \$ Collectables and personal use assets **M** \$ Other assets **O** \$ 14c 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 OVERSEAS ASSETS U \$ 15 LIABILITIES Borrowings V \$ Total member closing account balances (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 16 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 | \$ Loss

TOFA transitional balancing adjustment **J** \$

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Signature as prescribed in tax return Tax File Number

## Section J: Regulatory information

The following questions indicate the operational status of the SMSF. Penalties will apply for false or misleading information. You must answer either **No** or **Yes** for all questions listed and provide dollar amounts if applicable.

#### In-house and related party assets

| (known as in-house assets)?                          | A No | Yes | \$ |
|--|------|-----|----|
| Did the CMCE held in house coasts at any time during |      |     |    |

Did the SMSF hold in-house assets at any time during the year that exceeded 5% of total assets?

Did the SMSF hold an investment in a related party at any time during the year (excluding in-house assets)? C No Yes \$

Did the SMSF acquire any exempt assets from related parties? P No Yes \$

Did the SMSF acquire any assets (other than exempt assets) from related parties?

#### Other regulatory questions

Did the SMSF lend money or provide financial assistance to a member or relative of a member of the fund?

Did the SMSF receive in specie contributions during the year? **F** No Yes \$

Did the SMSF make and maintain all investments on an arm's length basis? **G** No Yes

Did the SMSF borrow for purposes that are not permissible? **H** No Yes

Did members have the personal use of the SMSF's assets before retirement?

Did the SMSF provide money to members without a condition of release being met? **J** No Yes

Did trustees of the fund receive any remuneration for their services as a trustee?

Are any trustees or directors currently disqualified persons as defined by SISA? L No Yes

Are all SMSF assets appropriately documented as owned by the fund?

Did the SMSF carry on a business of selling goods or services? N No Yes

Does the auditor provide services to the SMSF as either a tax agent, accountant or financial advisor or administrator?

## Section K: Other information

#### Forestry managed investment schemes

Product or private ruling information **G** H / I

#### 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 2011–12 income year, write 2012).

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 2012. **B** 

#### Interposed entity election status

If the trust or fund has an existing election, write the earliest income year specified. If the trust or fund is making one or more elections this year, write the earliest income year being specified and complete an *Interposed entity election or revocation 2012* for each election.

If revoking an interposed entity election, print **R**, and complete and attach the *Interposed entity election or revocation 2012*.

Number

#### **Tax File Number**

| Section L: <b>Declar</b>   | ations   |                  |         |            |          |           |
|--|--|------------------|---------|------------|----------|-----------|
| Penalties may be   | imposed for false or misleading information in additio   | n to penalties r | elating | to any ta  | x short  | falls.    |
| <u> </u>   | check to ensure that all income has been disclosed a are true and correct in every detail. If you are in doub TO.  |                  |         |            |          |           |
| I have received the audit report                                 | nd directors have authorised this annual return and it<br>and I am aware of any matters raised. I declare that<br>Iditional documentation is true and correct. I also aut  | the information  | on thi  | s annual r | eturn, i | ncluding  |
| Authorised trustee's, director's                                 | or public officer's signature  |                  |         |            |          |           |
|  |  | Date             | Day     | Month /    | /        | Year      |
| Preferred trustee or direc                                       | tor contact details:   |                  |         | ,          | ,        |           |
| Title: Mr Mrs Miss<br>Family name                                | Ms Other   |                  |         |            |          |           |
| First given name   | Other given names  |                  |         |            |          |           |
| Phone number<br>Email address<br>Non-individual trustee name (if | applicable)  |                  |         |            |          |           |
| (i.  | www.com.com  |                  |         |            |          |           |
| ABN of non-individual trustee                                    |  |                  |         |            |          |           |
| Ti   | me taken to prepare and complete this annual return  | Hrs              |         |            |          |           |
|  | ntion, as Registrar of the Australian Business Register<br>urn to maintain the integrity of the register. For further  |                  |         |            |          | ils which |
|  | superannuation fund annual return 2012 has been prosenated by the same and superannuation fund annual return 2012 has been prosenated by the superannuation stating that the information stating the stating sta |                  |         |            |          |           |
|  |  | Date             | Day     | Month      | /        | Year      |
| Tax agent's contact detai  | s  |                  |         |            | •        |           |
| Title: Mr Mrs Miss<br>Family name                                | Ms Other   |                  |         |            |          |           |
| First given name   | Other given names  |                  |         |            |          |           |

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

Reference number

Tax agent's practice

Tax agent's phone number

Tax agent number

#### **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:<br>the information provided to the agent for the preparation<br>is true and correct; and | on of this tax return, including any applicable so | chedules |   |
|-----------------|--|--|----------|---|
| •               | the agent is authorised to lodge this tax return.  |  |          |   |
| Signature of Pa |  | Date   | 1 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 | 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
- is true and correct; and ■ I am authorised by the partner, trustee, director or public officer to lodge this tax return, including any applicable schedules.

| I am authorised by the | partner, trustee, director or | public office | er to loage ti | nis tax re | eturn, including any applicable schedules. |  |
|------------------------|-------------------------------|---------------|----------------|------------|--|--|
| Agent's signature      |                               | Date          | 1              | 1          |  |  |
| Contact name           |                               |               |                |            | Agent Ref No                               |  |
| Agent's Phone No       |                               |               |                |            |  |  |

# Capital gains tax (CGT) schedule

Add amounts at A to S above and write the

total at V below.

Signature as prescribed in tax return

Add amounts at C to U above and write

the total at X below.

Use in conjunction with company, trust, fund income tax return or the self managed superannuation fund annual return. Refer to Guide to capital gains tax 2012 available on our website www.ato.gov.au for instructions on how to complete this schedule.

Print neatly in BLOCK LETTERS with a black or blue ballpoint pen only. Do not use correction fluid or tape. Print one letter or number in each box.

Tax file number (TFN)

Taxpayer's name

Australian business number (ABN)

Non-active assets

**Active assets** 

capital gains (CYCG) Total current vear

Part A Capital gains from CGT assets and CGT events Shares and units A Capital gains - indexation method Capital gains - discount method Other capital gains В Forestry managed investment scheme interest Real estate Other CGT assets and Other CGT assets and any other CGT events Collectables **J** Hedging financial arrangements Shares and units

""" trusts) Forestry managed investment scheme interest Real estate any other CGT events Other CGT assets and

Add amounts at B to T above and write the

total at W below.

F

Part E Current year capital gains (CYCG) after applying capital losses Capital gains - indexation method Capital gains - discount method Other capital gains Non-active assets В C E Active assets Add amounts at A and D above and write Add amounts at B and E above and write Add amounts at C and F above and write the total at **H** below. the total at **II** below. the total at **G** below. Totals – CYCG after applying capital losses

IN CONFIDENCE - when completed

PAGE 2

|                                       | 566BK2012       |
|---------------------------------------|-----------------|
| Signature as prescribed in tax return | Tax File Number |
| Taxpayer's declaration                |                 |
|                                       |                 |

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

Before making this declaration check to ensure that all required information has been disclosed and is true and correct in every detail.

The income tax law imposes heavy penalties for false or misleading statements in tax returns. For further information refer to the instruction guide.

#### **DECLARATION**

I declare that the information in this schedule and additional documentation is true and correct.

| Signature      |      |     |         |      |  |
|----------------|------|-----|---------|------|--|
|                | Date | Day | Month / | Year |  |
| Contact person |      |     |         |      | Daytime contact number (include area code) |

F