

Signature as prescribed in tax return

Self-managed superannuation fund annual return

2012

489MS2012

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 2012* (NAT 71287).

TO COMPLETE THIS ANNUAL RETURN

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

! The *Self-managed superannuation fund annual return instructions 2012* (NAT 71606) (the instructions) can assist you to complete this annual return.

Section A: Fund information

➤ To assist processing, write the fund's TFN at the top of pages 3, 5 and 7.

1 Tax file number (TFN)

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

2 Name of self-managed superannuation fund (SMSF)

3 Australian business number (ABN) (if applicable)

4 Current postal address

Suburb/town State/territory Postcode

5 Annual return status

Is this an amendment to the SMSF's 2012 annual return? **No** **Yes**

6 Fund auditor

Auditor's name

Title: Mr Mrs Miss Ms Other

Family name

First given name Other given names

SMSF Auditor Number Professional body Membership number Auditor's phone number
Code

Postal address

Suburb/town State/territory Postcode

Date audit was completed **A** Day / Month / Year Was Part B of the audit report qualified? **B** **No** **Yes**

7 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.

BSB number (must be six digits) Fund account number

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

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8 Status of SMSF Australian superannuation fund **A** No Yes Fund benefit structure **B** Code
 Does the fund trust deed allow acceptance of the Government's Super Co-contributions? **C** No Yes

9 Was the fund wound up during the income year?
 No Yes If yes, provide the date on which the fund was wound up Day / Month / Year Have all tax lodgment and payment obligations been met? No Yes

Section B: Income

10 Income Did you have a capital gains tax (CGT) event during the year? **G** No Yes If the total capital loss or total capital gain is greater than \$10,000 complete and attach a *Capital gains tax (CGT) schedule 2012*.
 Did the CGT event relate to a forestry managed investment scheme interest that you held other than as an initial participant? **Z** No Yes You must complete and attach a *Capital gains tax (CGT) schedule 2012*.

Net capital gain **A** \$

Gross rent and other leasing and hiring income **B** \$

Gross interest **C** \$

Forestry managed investment scheme income **X** \$

Gross foreign income		Loss
D1 \$	Net foreign income	D \$

Australian franking credits from a New Zealand company **E** \$

Transfers from foreign funds **F** \$ Number

Gross payments where ABN not quoted **H** \$

<p>Calculation of assessable contributions Assessable employer contributions R1 \$ <i>plus</i> Assessable personal contributions R2 \$ <i>plus</i> *No-TFN quoted contributions R3 \$ <i>less</i> Transfer of liability to life insurance company or PST R6 \$</p>	<p>Gross distribution from partnerships I \$ Loss *Unfranked dividend amount J \$ *Franked dividend amount K \$ *Dividend franking credit L \$ Code *Gross trust distributions M \$ Code</p>
<p>Assessable contributions R \$ (R1 plus R2 plus R3 less R6)</p>	

<p>Calculation of non-arm's length income *Net non-arm's length private company dividends U1 \$ <i>plus</i> *Net non-arm's length trust distributions U2 \$ <i>plus</i> *Net other non-arm's length income U3 \$</p>	<p>*Other income S \$ Code *Assessable income due to changed tax status of fund T \$</p>
<p>Net non-arm's length income U \$ (subject to 45% tax rate) (U1 plus U2 plus U3)</p>	

*If an amount is entered at this label, check the instructions to ensure the correct tax treatment has been applied.

GROSS INCOME **W** \$ Loss
 (Sum of labels A to U)

Exempt current pension income **Y** \$

TOTAL ASSESSABLE INCOME **V** \$ Loss
 (W less Y)

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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 \$**Other deductions **L \$**Tax losses deducted **M \$****TOTAL DEDUCTIONS N \$**

Code

TAXABLE INCOME OR LOSS
(TOTAL ASSESSABLE INCOME *less* TOTAL DEDUCTIONS) **O \$**

Loss

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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.

Taxable income **A \$**Tax on taxable income **T1 \$**Tax on no-TFN
quoted contributions **J \$**Gross tax **B \$**Foreign income tax offset
C1 \$**(T1 plus J)**Rebates and tax offsets
C2 \$

Non-refundable non-carry forward tax offsets

C \$**(C1 plus C2)**Complying fund's franking credits tax offset
E1 \$SUBTOTAL **T2 \$***(cannot be less than zero)*No-TFN tax offset
E2 \$National rental affordability scheme tax offset
E3 \$

Refundable tax offsets

E \$**(E1 plus E2 plus E3)**TAX PAYABLE **T5 \$***(cannot be less than zero)*Credit for interest on early payments –
amount of interest
H1 \$

Section 102AAM interest charge

G \$Credit for tax withheld – foreign
resident withholding
H2 \$Credit for tax withheld – where ABN
or TFN not quoted (non-individual)
H3 \$

Eligible credits

H \$**(H1 plus H2 plus H3 plus H5 plus H6)**Credit for TFN amounts withheld from
payments from closely held trusts
H5 \$Credit for interest on no-TFN tax offset
H6 \$

Remainder of refundable tax offsets

I \$*(unused amount from label E)*

PAYG instalments raised

K \$

Supervisory levy

L \$AMOUNT DUE OR REFUNDABLE **S \$**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

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

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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 Mrs Miss Ms Other

Family name

First given name

Other given names

Member's TFN

Date of birth

Day / Month / Year

Contributions

! Refer to instructions for completing these labels. For example, include contributions reported to you on a *Rollover benefits statement (RBS)* (NAT 70944).

OPENING ACCOUNT BALANCE \$

- Employer contributions **A** \$
- ABN of principal employer **A1**
- Personal contributions **B** \$
- CGT small business retirement exemption **C** \$
- CGT small business 15-year exemption amount **D** \$
- Personal injury election **E** \$
- Spouse and child contributions **F** \$
- Other third party contributions **G** \$
- Directed termination (taxable component) payments **H** \$
- Assessable foreign superannuation fund amount **I** \$
- 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 **T** \$
- Any other contributions (including Super Co-contributions) **M** \$

TOTAL CONTRIBUTIONS N \$

Other transactions

- Allocated earnings or losses **O** \$
- Inward amounts /less any rolled in contributions reported at **A – M** **P** \$
- Outward amounts /less any rolled out contributions at item **15K** on RBS **Q** \$
- Benefit payments and code **R** \$

Loss

Loss

Code

CLOSING ACCOUNT BALANCE **S** \$

Signature as prescribed in tax return Tax File Number

! 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 2

Title: Mr Mrs Miss Ms Other
Family name

First given name Other given names

Member's TFN Date of birth Day / Month / Year

Contributions

! Refer to instructions for completing these labels. For example, include contributions reported to you on a *Rollover benefits statement (RBS)* (NAT 70944).

OPENING ACCOUNT BALANCE \$

- Employer contributions **A** \$
- ABN of principal employer **A1**
- Personal contributions **B** \$
- CGT small business retirement exemption **C** \$
- CGT small business 15-year exemption amount **D** \$
- Personal injury election **E** \$
- Spouse and child contributions **F** \$
- Other third party contributions **G** \$
- Directed termination (taxable component) payments **H** \$
- Assessable foreign superannuation fund amount **I** \$
- 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 **T** \$
- Any other contributions (including Super Co-contributions) **M** \$

TOTAL CONTRIBUTIONS N \$

Other transactions

- Allocated earnings or losses **O** \$
- Inward amounts /less any rolled in contributions reported at **A – M** **P** \$
- Outward amounts /less any rolled out contributions at item **15K** on RBS **Q** \$
- Benefit payments and code **R** \$

Loss
Loss
Code

CLOSING ACCOUNT BALANCE **S** \$

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Section H: Assets and liabilities**14 ASSETS**

14a Australian managed investments

Listed trusts **A \$**

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 BALANCE**s from Sections F and G) **W \$**

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? **G** No Yes

Total TOFA gains **H \$**

Total TOFA losses **I \$**

TOFA transitional balancing adjustment **J \$**

IN-CONFIDENCE – when completed

Loss

Signature as prescribed in tax return

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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

- Did the SMSF loan, lease to or invest in related parties (known as in-house assets)? **A** No Yes \$
- Did the SMSF hold in-house assets at any time during the year that exceeded 5% of total assets? **B** No Yes
- 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? **D** No Yes \$

Other regulatory questions

- Did the SMSF lend money or provide financial assistance to a member or relative of a member of the fund? **E** No Yes
- 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? **I** No Yes
- 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? **K** No Yes
- 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? **M** No Yes
- 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? **O** No Yes

Section K: Other information

Forestry managed investment schemes

	Code	Year	Number
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**). **A**

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. **C**

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

Tax File Number

Section L: **Declarations**

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

Important

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

TRUSTEE'S OR DIRECTOR'S DECLARATION:

I declare that current trustees and directors have authorised this annual return and it is documented as such in the SMSF's records. I have received the audit report and I am aware of any matters raised. I declare that the information on this annual return, including any attached schedules and additional documentation is true and correct. I also authorise the ATO to make any tax refunds to the nominated bank account (if applicable).

Authorised trustee's, director's or public officer's signature

Date Day / Month / Year

Preferred trustee or director contact details:

Title: Mr Mrs Miss Ms Other

Family name

First given name

Other given names


Phone number

Email address

Non-individual trustee name (if applicable)

ABN of non-individual trustee

Time taken to prepare and complete this annual return	Hrs
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 The Commissioner of Taxation, as Registrar of the Australian Business Register, may use the ABN and business details which you provide on this annual return to maintain the integrity of the register. For further information, refer to the instructions.

TAX AGENT'S DECLARATION:

I declare that the *Self-managed superannuation fund annual return 2012* has been prepared in accordance with information provided by the trustees, that the trustees have given me a declaration stating that the information provided to me is true and correct, and that the trustees have authorised me to lodge this annual return.

Tax agent's signature

Date Day / Month / Year

Tax agent's contact details

Title: Mr Mrs Miss Ms Other

Family name

First given name

Other given names

Tax agent's practice

Tax agent's phone number

Reference number

Tax agent number

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

IN-CONFIDENCE – when completed

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
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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 of this tax return, including any applicable schedules is true and correct; and
- the agent is authorised to lodge this tax return.

Signature of Partner, Trustee,
Director or Public Officer

Date

/ /

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 directly to the specified account

Signature

Date

/ /

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 public officer to lodge this tax return, including any applicable schedules.

Agent's signature

Date

Contact name

Agent Ref No

Agent's Phone No

Capital gains tax (CGT) schedule

2012
566BK2012

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)

Signature as prescribed in tax return

Part A Capital gains from CGT assets and CGT events

Non-active assets

- Shares and units (in unit trusts) **A**
- Forestry managed investment scheme interest **Y**
- Real estate **D**
- Other CGT assets and any other CGT events **G**
- Collectables **J**
- Hedging financial arrangements **F**

Active assets

- Shares and units (in unit trusts) **M**
- Forestry managed investment scheme interest **B**
- Real estate **P**
- Other CGT assets and any other CGT events **S**

Total current year capital gains (CYCG) **V**

Capital gains – indexation method

- B**
- Z**
- E**
- H**
- K**
- F**

Add amounts at **A** to **S** above and write the total at **V** below.

Capital gains – discount method

- N**
- C**
- Q**
- T**
- W**

Add amounts at **B** to **T** above and write the total at **W** below.

Other capital gains

- C**
- A**
- F**
- I**
- L**
- H**
- O**
- D**
- R**
- U**
- X**

Add amounts at **C** to **U** above and write the total at **X** below.

F

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Tax File Number

Part B Current year capital losses (CYCL) from CGT assets and CGT events – other than capital losses from collectables

Shares and units
(in unit trusts) **A**

Forestry managed
investment scheme
interest **T**

Real estate **B**

Hedging financial
arrangements **U**

Other CGT assets and
any other CGT events **C**

Add amounts at **A** to **C** above and write the
total at **D** below.

**Total current year
capital losses (CYCL) D**

Part D Applying capital losses against current year capital gains

	Capital gains – indexation method	Capital gains – discount method	Other capital gains
Current year capital losses applied	E	F	G
Prior year net capital losses applied	I	J	K
Capital losses transferred in applied	M	N	O
Add amounts at E to M above and write the total at Q below.		Add amounts at F to N above and write the total at R below.	Add amounts at G to O above and write the total at S below.
Total capital losses applied Q	R	S	

Current year capital losses applied

Prior year net capital losses applied

Capital losses transferred in applied

Use **P** only for transfers from or to a foreign bank branch or permanent establishment of foreign financial entity.
Add amounts at **M**, **N** and **O** above and write the total at **P** below.

Add amounts at **E**, **F** and **G** above and write the total at **H** below.

Add amounts at **I**, **J** and **K** above and write the total at **L** below.

Total capital losses applied H

L

P

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	A	B	C
Active assets	D	E	F
Add amounts at A and D above and write the total at G below.		Add amounts at B and E above and write the total at H below.	Add amounts at C and F above and write the total at I below.
Totals – CYCG after applying capital losses G	H	I	

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Part F Applying the CGT discount on capital gains

Capital gains – discount method

From non-active assets **J**From active assets **K****Part G Applying the CGT concessions for small business**

Capital gains – indexation method

Capital gains – discount method

Other capital gains

Small business active
asset reduction **L****M****N**Small business
retirement exemption **O****P****Q**Small business rollover **R****S****T****F****Part H Calculating net capital gain**Totals – CGT discount
and small business
concessions **A**Add amounts at **L** to **R** above and write the
total at **A** below.Add amounts at **J** to **S** above and write the
total at **B** below.Add amounts at **N** to **T** above and write the
total at **C** below.Deduct the amount at **A** above from the amount at **G** in
part E on page 2 and write the result at **D** below.Deduct the amount at **B** above from the amount at **H** in
part E on page 2 and write the result at **E** below.Deduct the amount at **C** above from the amount at **I** in
part E on page 2 and write the result at **F** below.**D****E****F**Net capital gain (**D** + **E** + **F**) **G**Transfer the amount at **G** to **A** on your tax return.**Part I Unapplied net capital losses (UNCL) carried forward to later income years**UNCL from
collectables **H**UNCL from all other CGT
assets and CGT events **I**Add amounts at **H** and **I** and write
the total at **V** on your tax return.**Part J Small business 15-year exemption**Exempt capital gains **J**CGT asset or CGT
event code **K****F****Part K Scrip-for-scrip rollover for exchanging taxpayer**Rollover chosen? **A** Yes **No**Print **X** in the
appropriate box.Original interests
cost base **B**Replacement
interests
market value **C**Cash and other considerations **D**

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Part L Scrip-for-scrip rollover for acquiring entity – to be completed by companies and trusts only

Acquiring entity **E** Yes No Print **X** in the appropriate box. Number of original entities **F** Taxpayer TFN of original entity **G**

Number of shares/units etc issued **H** Number of options/rights etc issued **I**

Amount of other considerations **J** First element of cost base of interests acquired **K**

Joint choice for rollover **L** Yes No Print **X** in the appropriate box. Cost base – significant common stakeholder interests acquired **M**

Part M Did you have an employee share scheme in place at any time during the year? – to be completed by companies only

N Yes No Print **X** in the appropriate box.

Part N Same majority underlying ownership and pre-CGT assets – Division 149 – to be completed by companies only

O Yes No Print **X** in the appropriate box.

F

Part O Earnout arrangements

Are you a party to an earnout arrangement? **P** Yes, as a buyer Yes, as a seller No Print **X** in the appropriate box. How many years does the earnout arrangement run for? **Q** What year of that arrangement are you in? **R**

If you are a party to more than one earnout arrangement, copy and attach a separate sheet to this schedule providing the details listed in part O of the additional earnout arrangements.

If you are the seller, what is the total estimated capital proceeds from the earnout arrangement? **S**

Amount of any capital gain or loss you made under your earnout arrangement in the income year. **T**

LOSS
/

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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

Capital allowances schedule

2012
617BL2012

Read *Capital allowances schedule instructions 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 pen only. Print one letter or number in each box. Do not use correction fluid or tape.

Tax file number (TFN) See **Privacy** note on page 2 of this schedule.

Australian business number (ABN)

Name of entity

Signature

Part A Depreciating assets first deducted in the 2012 income year

1 Total cost of depreciating assets (excluding motor vehicles)

Assets each costing less than \$1,000

A

2 Total cost of depreciating assets (excluding motor vehicles)

Assets each costing \$1,000 or more

B

3 Total cost of motor vehicles

C

4 Self-assessed effective life

Have you self-assessed the effective life of any of these assets?

D Yes

No

Print **X** in the appropriate box.

If **yes**, complete **E** and **F** as appropriate. If **no**, go to part B.

Depreciating assets
(excluding motor vehicles)

Motor vehicles

Total cost of assets for which effective life self-assessed

E

F

Part B For all depreciating assets

1 Information from depreciating assets worksheet

Total assessable balancing adjustment amounts

G

Total deductible balancing adjustment amounts

H

Total deduction for decline in value – prime cost method

I

Total deduction for decline in value – diminishing value method

J

Total adjustable values at end of income year

K

2 Information from low-value pool worksheet

Closing pool balance for previous income year

L

Total cost of low-cost assets allocated to pool

M

Total opening adjustable values of low-value assets allocated to pool

N

Total second element of cost amounts allocated to pool

O

Closing pool balance for this income year

P

Total termination values of pooled assets for which balancing adjustment event occurred

Q

3 Recalculation of effective life

Did you recalculate effective life for any of your assets this income year?

R Yes

No

Print **X** in the appropriate box.

If **yes**, complete **S** and **T** as appropriate. If **no**, go to part C.

Depreciating assets
(excluding motor vehicles)

Motor vehicles

Total opening adjustable values of assets for which effective life recalculated

S

T

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Part C Project pools

1 Project pools

Number of project pools **U**Total closing pool values for previous income year **V**Total closing pool values for this income year **W**

2 Amounts allocated this income year

Total amounts incurred for environmental assessments **X**Total mining capital expenditure and/or transport capital expenditure **Y**Total of other project amounts **Z**

F

Part D Entities engaged in exploration or prospecting

Total deduction for decline in value of intangible depreciating assets used in exploration or prospecting **A**Total deduction for decline in value of other depreciating assets used in exploration or prospecting **B**

Part E Taxation of financial arrangements

Total gains from relevant hedging financial arrangements **C**Total losses from relevant hedging financial arrangements **D**

Is your *Capital allowances schedule 2012* complete?

Make sure you have completed your *Capital allowances schedule 2012* correctly. If there are any errors your schedule may be ineffective and will be returned to you to complete correctly.

Before you lodge the *Capital allowances schedule 2012*, check that:

- you have included your **tax file number (TFN)** at the top of page 1 of the schedule
- you have included your **Australian business number (ABN)** at the top of page 1 of the schedule
- your name is printed on page 1 of the schedule
- you have completed the appropriate parts of the schedule.

Ensure your *Capital allowances schedule 2012* is attached to 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.

TAXPAYER'S DECLARATION

I declare that the information on this form is true and correct.

Signature

Day / Month / Year
Date / /

Contact person

Daytime contact number (include area code)

F

Privacy: The Tax Office is authorised by the *Taxation Administration Act 1953* to request you to quote your TFN. It is not an offence not to quote your TFN. However, your assessment will be delayed 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 schedule. We need this information to help us to administer the taxation laws. We may give this information to other government agencies as authorised in taxation law – for example, benefit payment agencies such as Centrelink and the Department of Education, Employment and Workplace Relations; law enforcement agencies such as state and federal police; and other agencies such as the Child Support Agency and the Australian Bureau of Statistics.

Losses schedule

2012

864BP2012

Companies and trusts that do not join consolidated groups should complete and attach this schedule to their 2012 tax return.

Superannuation funds should complete and attach this schedule to their 2012 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 2012*, available on our website www.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 2012–13 income year – excludes film losses

1 Tax losses carried forward to later income years

Year of loss

2011–12 **B**2010–11 **C**2009–10 **D**2008–09 **E**2007–08 **F**2006–07 and earlier
income years **G****Total U**

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

2 Net capital losses carried forward to later income years

Year of loss

2011–12 **H**2010–11 **I**2009–10 **J**2008–09 **K**2007–08 **L**2006–07 and earlier
income years **M****Total V****F**

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

Signature as prescribed in tax return

Tax File Number

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 2011–12 income year, no loss has been claimed as a deduction or, in the case of companies, losses have not been transferred in or out.

1 Whether continuity of majority ownership test passed

Note: If the entity has deducted, transferred in or transferred out (as applicable) in the 2011–12 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	Yes	No	
2011–12	A		Print X in the appropriate box.
2010–11	B		Print X in the appropriate box.
2009–10	C		Print X in the appropriate box.
2008–09	D		Print X in the appropriate box.
2007–08	E		Print X in the appropriate box.
2006–07 and earlier income years	F		Print X in the appropriate box.

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 **I**Net capital losses **J**
4 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?

L Yes No Print **X** in the appropriate box.

If you printed **X** in the **No** box at **L**, do not complete **M**, **N** or **O**.

At the changeover time did the company satisfy the maximum net asset value test under section 152-15 of ITAA 1997?

M Yes No Print **X** in the appropriate box.

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?

O

Part D Life insurance companies

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

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

F

Signature as prescribed in tax return

Tax File Number

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 **K**

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

2 Controlled foreign company losses

Current year CFC losses **M**

CFC losses deducted **N**

CFC losses carried forward **O**

F

Signature as prescribed in tax return

Tax File Number

Part F Tax losses reconciliation statement

Balance of tax losses brought forward from the prior income year **A**

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 **E**

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) **I**

Total tax losses carried forward to later income years **J**

F

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

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TAXPAYER'S DECLARATION

I declare that the information on this form is true and correct.

Signature

Date Day / Month / Year

Contact person

Daytime contact number (include area code)

F