Sig	gnature as prescribed in	tax return			
			elf-managed nd annual re	superannuation 2	2012
On 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 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 structions 2012 (NAT 71606) ou to complete this annual re	(the instructions) can	eturn		
 Se 1	ection A: Fund in 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 authorised by law to request your TFN. You are not obliged to quote your TFN but not quoting could increase the chance of delay or error in processing your annual return.					_
3	Australian business nu	ımber (ABN) (if appl	licable)		
4 Sub	Current postal address	•		State/territory	Postcode
5	Annual return status Is this an amendment to the	e SMSF's 2012 annua	ıl return? No	Yes	
6 Au	Fund auditor ditor's name				
Title Fan	e: Mr Mrs Miss 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 Was Pa	rt B of the audit report qualified? B No	Yes
7	Electronic funds trans Provide your fund's financial Write the BSB number, fund' We do not issue refunds to a	institution details. '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	Code
	Does the fund trust deed allow a 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: Income					
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 managed investment scheme interest the you held other than as an initial participal	hát Z No Yes			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 Assessable employer contributions	Gross distribution from partnerships	I	\$		
F	1 \$	*Unfranked dividend amount	J	\$		
l'	Assessable personal contributions	*Franked dividend	K	\$		
	2 \$ us *No-TFN quoted contributions	amount *Dividend franking				
	3 \$	credit *Gross trust	<u>.</u>	\$		Code
le	ss Transfer of liability to life insurance company or PST	distributions	М	\$		
F	6 \$	Assessable contributions (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 due to changed tax 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 (Sum of labels A to U)	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** 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** \$

IN-CONFIDENCE – when completed

Page 11

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: Declar	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 and I am aware of any matters raised. I declare that 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 Family name	Ms Other					
First given name	Other given names					
Phone number Email address 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 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 stating that the information stating the stating stati					
		Date	Day	Month	/	Year
Tax agent's contact detai	s				•	
Title: Mr Mrs Miss 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: the information provided to the agent for the preparation 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

authorise the refund to be deposited directly 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

			1 1000 1 1		
I declare that the	intormation in	this schadilla and	additional doc	cumentation is true	and correct

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

F

Capital allowances

schedule

2012

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.

Ta	ax file number (TFN) See Privacy no	ote on page 2 of this schedule. Australian I	ousiness nu	ımber (A	BN)
Na	ame of entity		Signature)	
_					
<u>ان</u> 1	Part A Depreciating assets Total cost of depreciating as	s first deducted in the 2012 incomessets (excluding motor vehicles)	e year A		
2	Assets each costing less than \$1	1,000			
2	Total cost of depreciating as Assets each costing \$1,000 or m		В		
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.
			E and F	as approp	riate. If no , go to part B.
	Total cost of assets for which	Depreciating assets (excluding motor vehicles)	_	Moto	r vehicles
	effective life self-assessed		F		
P	art B For all depreciating				
1	Information from depreciation assets worksheet	adjustment amounts	G		
		Total deductible balancing adjustment amounts	H		
		Total deduction for decline in value – prime cost method			
		Total deduction for decline in value – diminishing value method	J		
		Total adjustable values at end of income year	K		
2	Information from low-value	Closing pool balance for previous income year			
	pool worksheet	Total cost of low-cost	M		
		assets allocated to pool Total opening adjustable values of	N		
		low-value assets allocated to pool Total second element of cost	0		
		amounts allocated to pool Closing pool balance	P		
		for this income year Total termination values of pooled assets	Q		
^	Decale delice of	for which balancing adjustment event occurred			Print X in the
3	Recalculation of effective life	Did you recalculate effective life for any of your assets this income year?	R Yes	No	appropriate box.
		Depreciating assets	s and T	as approp	riate. If no , go to part C.
	Total opening adjustable values	(excluding motor vehicles)		Moto	r vehicles

F

Signature as prescribed in tax return		Tax File Number
Part C Project pools		
1 Project pools		<u></u>
	Number of project p	pools U
	Total closing pool va for previous income	
	Total closing pool va	
	for this income	year W
2 Amounts allocated this income y	year	
	Total amounts incurre environmental assessm	
	Total mining capital expenditure ar	nd/or 🔻
	transport capital expend	
	Total of other project amo	punts Z
Part D Entities engaged in exp	oloration or prospecting	
Total deduction f	or decline in value of intangible deprecia	
Total deduct	assets used in exploration or prosper ion for decline in value of other deprecia	akina a
iotal deduct	assets used in exploration or prosper	
Part E Taxation of financial ar	rangements	
lotal gains tr	om relevant hedging financial arrangem	nents C
Total losses fr	om relevant hedging financial arrangem	nents D
Is your Capital allowances schedo Make sure you have completed your Ca may be ineffective and will be returned	apital allowances schedule 2012 o	correctly. If there are any errors your schedule
Before you lodge the Capital allowance	, ,	
• you have included your tax file num	ber (TFN) at the top of page 1 of	the schedule
• you have included your Australian b	ousiness number (ABN) at the top	p of page 1 of the schedule
your name is printed on page 1 of th		
 you have completed the appropriate 		
Ensure your Capital allowances s	chedule 2012 is attached to y	your tax return.
If the schedule is not lodged with the	income tax return you are require	ed to sign and date the schedule.
attachments to this form, and that the info	rmation provided is true and correct	d has been provided on this form and any in every detail. If you are in doubt about any aspect as heavy penalties for false or misleading statements.
TAXPAYER'S DECLARATION		
I declare that the information on this form	n is true and correct.	
Signature		
		Day Month Year
		Date / /
Contact person	D	avtime contact number (include area code)

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

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

2007-08

2006–07 and earlier

income years

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

2010-11

2009–10 **J**

2008-09 **K**

2007-08

2006-07 and earlier income years

Total \

F

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

864BP2012 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. Year of loss Whether continuity of majority Print X in the ownership test passed 2011-12 **A Yes** appropriate box. Note: If the entity has deducted, transferred Print X in the 2010–11 **B** Yes No in or transferred out (as applicable) in the appropriate box. 2011-12 income year a loss incurred in Print X in the 2009-10 **C** Yes No any of the listed years, print X in the Yes appropriate box. or No box to indicate whether the entity Print X in the has satisfied the continuity of majority 2008–09 **D** Yes No appropriate box. ownership test in respect of that loss. Print X in the 2007-08 **Yes** No appropriate box. 2006-07 and earlier Print X in the income years No 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 C Net capital losses 3 Losses carried forward for which the same business test must be satisfied before they can be deducted in later vears - excludes film losses Tax losses Net capital losses 4 Do current year loss provisions apply? Print X in the Is the company required to calculate its taxable income or tax loss for Yes Nο appropriate box. 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)? 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 Print X in the after 1.00pm by legal time in the Australian Capital Territory on Yes No appropriate box. 11 November 1999? 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 Print X in the No appropriate box. net asset value test under section 152-15 of ITAA 1997? If you printed **X** in the **No** box at **M**, has the company Print X in the

Part D Life insurance companies

determined it had an unrealised net loss at the changeover time? 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?

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

Complying superannuation/FHSA net capital losses carried forward to later income years No

appropriate box.

F

Signature as prescribed in tax return

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

Signature as prescribed in tax return		Tax File Number
Part F Tax losses reconciliation	statement	
Balance of tax losse	s brought forward from the prior income	year A
	SUBTRACT Net forgiven amount of o	debt C
ADD	Tax loss incurred (if any) during current	year D
ADD Tax loss amou	ant from conversion of excess franking off	sets E
	SUBTRACT Net exempt inco	ome F
	SUBTRACT Tax losses forg	gone G
	SUBTRACT Tax losses deduc	oted H
	sses transferred out under Subdivision 17 nk branch or a PE of a foreign financial er	
Total tax	x losses carried forward to later income ye	ears J
Transfer the	e amount at J to the Tax losses carried	d forward to later income years label on your tax return.
If the schedule is not lodged with the inco	ome tax return you are required to	sign and date the schedule.
<u> </u>	ed is true and correct in every detail. I	as been provided on this form and any attachments f you are in doubt about any aspect of the tax return, or false or misleading statements.

TAXPAYER'S DECLARATION

declare that the information on th	his form is true and correct.
------------------------------------	-------------------------------

Signature		_				
		Date	Day /	Month	/	Year
Contact person	Dayt	ime contact r	number (include a	area co	ode)

F