

Self-managed superannuation fund annual return



Who	should	complete	this	annual	return?
AALIO	SHOURG	Combiere	UIII	amuan	return:

Only self-managed superannuation funds (SMSFs) can complete this annual return. All other funds must complete the *Fund income tax return 2021* (NAT 71287).

- The Self-managed superannuation fund annual return instructions 2021 (NAT 71606) (the instructions) can assist you to complete this annual return.
- The SMSF annual return cannot be used to notify us of a change in fund membership. You must update fund details via ABR.gov.au or complete the Change of details for superannuation entities form (NAT 3036).

To complete this annu	al return
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Print clearly, using a BLACK pen only.

Use BLOCK LETTERS and print one character per box.

8 1 1 1 1 1 8 7

Place X in ALL applicable boxes.

Postal address for annual returns:

Australian Taxation Office GPO Box 9845 [insert the name and postcode of your capital city]

For example;

Australian Taxation Office GPO Box 9845 SYDNEY NSW 2001

Sect	on A: Fund informat	ion		1000 110000		
1 Tax	(file number (TFN) 359	278 6	87		ssing, write the fues 3, 5, 7 and 9.	und's IFN at
0	The ATO is authorised by law to rec the chance of delay or error in proc	juest your TFN. You essing your annual	are not obliged to return. See the Priv	quote your TFN acy note in the [but not quoting i Declaration.	t could increase
[]I	me of self-managed superann	uation fund (SN	· ar in the same are seen as			
3 Au	stralian business number (ABI	N) (if applicable)	44 824	128	269	
4 Cu	rrent postal address					
PIC	BOX 8406					
Suburb/to						
M 0	OLLOOMGABBA				State/territory [Q[L]]	Postcode 4 1 0 2
	nual return status nis an amendment to the SMSF's 20	21 return?	A No X	Yes		
ls t	nis the first required return for a newl	v registered SMSF?	B No X	Yes		



6 SMSF auditor Auditor's name Title: Mr X Mrs Miss Ms Other Family name B C Y S First given name Other given names ANTHONY SMSF Auditor Number Auditor's phone number 6 1 4 1 0 1 2 7 0 8
Postal address POBOX 3876 Suburb/town State/territory Postcode SA 5000 Date audit was completed A / / / / / / / / / / / / / / / / / /
Was Part A of the audit report qualified? Was Part B of the audit report qualified? C No X Yes If Part B of the audit report was qualified, have the reported increase been rectified? D No Y Yes
7 Electronic funds transfer (EFT) We need your self-managed super fund's financial institution details to pay any super payments and tax refunds owing to you. A Fund's financial institution account details This account is used for super contributions and rollovers. Do not provide a tax agent account here. Fund BSB number
B Financial institution account details for tax refunds This account is used for tax refunds. You can provide a tax agent account here. BSB number
C Electronic service address alias Provide the electronic service address alias (ESA) issued by your SMSF messaging provider. (For example, SMSFdataESAAlias). See instructions for more information. B G L S F 3 G O S F 3 G O S F S G O S G O S F S G O S F S G O S

		Fund's tax fi	le number (TFN) [3]	5 9 2 7 8	6 8 7
8	Status of SMSF	Australian superannuation fund	A No Yes X	Fund benefit struct	ture B A Code
		und trust deed allow acceptance of nment's Super Co-contribution and Low Income Super Amounts?	C No Yes X		- Value
9		nd up during the income year	? Month Year	Have all tax lodgment	
	No Yes X wh	es, provide the date on ich the fund was wound up $\boxed{1}$	11/2021)	and payment obligations been met?	
10	Exempt current pe	ension income			
	Did the fund pay retire	ment phase superannuation income	stream benefits to one or	more members in the in	icome year?
		comption for current pension income current pension income at Label A.	, you must pay at least the	minimum benefit paym	ent under the law.
	No X) Go to Sectio	n B: Income.			
	Yes Exempt curre	ent pension income amount A\$		\square ·×	
	Which method	od did you use to calculate your exer	mpt current pension incon	ne?	
		Segregated assets method B			
	U	nsegregated assets method C	Was an actuarial certifica	ate obtained? D Yes	
	Did the fund have any	other income that was assessable?			
	E Yes Go to Se	ection B; Income.			
	No Choosing Go to Se	g 'No' means that you do not have a ction C: Deductions and non-deduc	ny assessable income, inc tible expenses. (Do not co	cluding no-TFN quoted o Implete Section B: Inco	contributions. me.)
	If you are entitled	I to claim any tax offsets, you can lis D: Income tax calculation statement	t.		



Section B: Income	
Do not complete this section if all superannuation interests in the the retirement phase for the entire year, there was no other incom notional gain. If you are entitled to claim any tax offsets, you can re	e that was assessable, and you have not realised a deferred
Did you have a capital gains tax (CGT) event during the year? G No X Yes	If the total capital loss or total capital gain is greater than \$10,000 or you elected to use the transitional CGT relief in 2017 and the deferred notional gain has been realised, complete and attach a Capital gains tax (CGT) schedule 2021.
Have you applied an exemption or rollover? M No X Yes	Coda
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\$, , , , , , , , , , , , , , , , , , ,
Gross payments where ABN not quoted	H \$
Calculation of assessable contributions Assessable producer contributions Gross distribution	IS Loss
R1 \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	18
plus Assessable personal contributions amount	
R2 \$, amount	K \$
plus **No-TFN-quoted contributions Dividend franking credit	L \$
(an amount must be included even if it is zero) 'Gross trust	M \$,×
R6 \$,	R \$,
Calculation of non-arm's length income 'Net non-arm's length private company dividends 'Other income	S \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
U1 \$	T \$\text{\$\}\$}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}
U2 \$ due to changed tax status of fund	T\$
plus *Net other non-arm's length income Wet non-arm's length income (subject to 45% tax rate) (U1 plus U2 plus U3)	u \$,×
"This is a mandatory abel. Gross Income (Sum of labels A to U)	w \$ □□□, □□□, □□□
If an amount is entered at this label, check the instructions	y \$□□,□□,□□·×
to ensure the correct tax treatment has INCOME (W less Y)	, , 2 4·×

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Section C: Deductions and non-deductible expenses

12 Deductions and non-deductible expenses

Under 'Deductions' list all expenses and allowances you are entitled to claim a deduction for, Under 'Non-deductible expenses", list all other expenses or normally allowable deductions that you cannot claim as a deduction (for example,

all expenses rela	ated to exempt current pension income should be reco	orded in the 'Non-deductible expenses' column).	
	DEDUCTIONS	NON-DEDUCTIBLE EXPENSES	
Interest expenses within Australia	A1 \$,×	A2 \$,×	
Interest expenses overseas	B1 \$,	B2 \$,	
Capital works expenditure	D1 \$,	D2 \$ [[], [] , [] ·×	
Decline in value of depreciating assets	E1 \$	E2 \$, .×	
Insurance premiums members	F1 \$,,×	F2 \$,	
SMSF auditor fee	H1 \$,	H2 \$,	
Investment expenses	I1 \$,	12 \$ [],], ·×	
Management and administration expenses	J1\$,	J2 \$,,·×	
Forestry managed investment scheme expense	U1 \$,	U2 \$ [] ,] , ×	Cod
Other amounts		L2 \$, ,	Çoa
Tax losses deducted	M1 \$,		
	TOTAL DEDUCTIONS N \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	TOTAL NON-DEDUCTIBLE EXPENSES Y \$ \text{(Total A2 to L2)}	
#This is a mandatory	"TAXABLE INCOME OR LOSS O \$ \[\] \	TOTAL SMSF EXPENSES Z \$	

lanel.

TOTAL DEDUCTIONS



Section D: Income tax calculation statement

#Important:

Section B label R3, Section C label O and Section D labels A,T1, J, T5 and I are mandatory. If you leave these labels blank, you will have specified a zero amount.

13 Calculation statement		
Please refer to the	*Taxable income	(an amount must be included even if it is zero)
Self-managed superannuation fund annual return instructions	"Tax on taxable income	T1 \$
2021 on how to complete the calculation statement.	*Tax on	(an amount must be included even if it is zero)
	no-TFN-quoted contributions	(an amount must be included even if it is zero)
	Gross tax	B \$,,,,
Foreign income tax offset		
Rebates and tax offsets	•	Non-refundable non-carry forward tax offsets C \$ (C1 plus C2)
		SUBTOTAL 1 T2 \$,,,
Early stage venture capital limite partnership tax offset	ed	
D1\$, , ,		
Early stage venture capital limite tax offset carried forward from p	ed partnership previous year	Non-refundable carry forward tax offsets
D2\$[[],[]],[][D\$,
Early stage investor tax offset	a	(D1 plus D2 plus D3 plus D4)
Early stage investor tax offset carried forward from previous y	AST	SUBTOTAL 2
D4\$	•	тз \$, , ,
		(T2 less D - cannot be less than zero)
Complying fund's franking credit	s tax offset	
No TFN tax offset		
E2\$	ne tay offset	
E3\$, , ,		
E4\$,,		E \$ (E1 plus E2 plus E3 plus E4)
	*TAX PAYABLE	T5 \$
		Section 102AAM interest charge G \$

Fund's tax file number (TFN) 359 278 687 Credit for interest on early payments amount of interest H1\$ Credit for tax withheld - foreign resident withholding (excluding capital gains) 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**\$ Credit for foreign resident capital gains withholding amounts Eligible credits H8\$ H\$ (H1 plus H2 plus H3 plus H5 plus H6 plus H8) *Tax offset refunds 1\$ (Remainder of refundable tax offsets) (unused amount from label E an amount must be included even if it is zero) PAYG instalments raised K\$ Supervisory levy L\$ 5 9 0 0 Supervisory levy adjustment for wound up funds M \$ Supervisory levy adjustment for new funds N \$ AMOUNT DUE OR REFUNDABLE SS A positive amount at S is what you owe, while a negative amount is refundable to you. (T5 plus G less H less I less K plus L less M plus N) #This is a mandatory label.

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Tax losses carried forward to later income years

Net capital losses carried

forward to later income years

Section E: Losses

schedule 2021.

If total loss is greater than \$100,000,

complete and attach a Losses

14 Losses

Section F: Member infor	mation
MEMBER 1	
Title: Mr X Mrs Miss Ms Other Family name	
STECLE First given name	Other given names
GREGORY	
Member's TFN See the Privacy note in the Declaration. 496	571 9 Date of birth 14/10/1961
Contributions OPENING ACCOU	INT BALANCE \$,
Employer contributions A \$	H\$
TOTAL CONTRIBUTIONS	S N \$ Sum of labels A to M)
Other transactions Alle	ocated earnings os , 2, 435.40 L
Accumulation phase account balance \$1 \$	rollovers and transfers Outward rollovers and transfers Outward rollovers and transfers
S2 \$, Retirement phase account balance	Lump Sum payments R1 \$
s3 \$,	stream payments R2 \$
TRIS Count CLOSING ACCO	OUNT BALANCE S \$
Acqumulat	ion phase value X1 \$
Retirem	ent phase value X2 \$,
Outstanding borrowing arran	limited recourse ys , , , , , , , , , , , , , , , , , ,

Fund's tax file number (TFN) 259 218 681 MEMBER 2 Title: Mr Family name First given name Other given names Member's TFN Date of birth See the Privacy note in the Declaration. Contributions OPENING ACCOUNT BALANCE \$ Proceeds from primary residence disposal Refer to instructions for completing these labels. \$ Employer contributions Receipt date \$ ABN of principal employer Assessable foreign superannuation fund amount **A1** \$ Personal contributions Non-assessable foreign superannuation fund amount \$ \$ J CGT small business retirement exemption Transfer from reserve: assessable amount \$ \$ K CGT small business 15-year exemption amount Transfer from reserve: non-assessable amount \$ \$ Personal injury election Contributions from non-complying funds \$ and previously non-complying funds Spouse and child contributions Any other contributions \$ (including Super Co-contributions and Other third party contributions Low Income Super Amounts) \$ \$ TOTAL CONTRIBUTIONS N \$ (Sum of labels A to M) Other transactions Allocated earnings or losses Inward Accumulation phase account balance rollovers and transfers **S1**\$ Outward Retirement phase account balance rollovers and - Non CDBIS transfers Code \$2\$ Lump Sum R1 \$ payments Retirement phase account balance - CDBIS Income stream R2 \$ **S3**\$ payments TRIS Count CLOSING ACCOUNT BALANCE \$ \$

(S1 plus S2 plus S3)

MEMBER 3 Title: Mr Mrs Family name First given name Other given names Member's TFN Date of birth See the Privacy note in the Declaration. OPENING ACCOUNT BALANCE \$ Contributions Proceeds from primary residence disposal Refer to instructions for completing these labels. Employer contributions Receipt date \$ ABN of principal employer Assessable foreign superannuation fund amount A1 Personal contributions Non-assessable foreign superannuation fund amount \$ \$ J CGT small business retirement exemption Transfer from reserve: assessable amount \$ K \$ CGT small business 15-year exemption amount Iransfer from reserve: non-assessable amount \$ \$ Personal injury election Contributions from non-complying funds \$ and previously non-complying funds Spouse and child contributions Any other contributions \$ (Including Super Co-contributions and Other third party contributions Low Income Super Amounts) \$ \$ M TOTAL CONTRIBUTIONS N \$ (Sum of labels A to M) Other transactions Allocated earnings or losses Inward Accumulation phase account balance rollovers and transfers \$1\$ Outward Retirement phase account balance rollovers and - Non CDBIS transfers Code S2 \$ Lumo Sum payments Retirement phase account balance - CDBIS Income stream R2 \$ **S3**\$ payments TRIS Count CLOSING ACCOUNT BALANCE \$ \$ (S1 plus S2 plus S3) Accumulation phase value X1 \$

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Y S

Retirement phase value X2 \$

Outstanding limited recourse

borrowing arrangement amount

MEMBER 4	
Title: Mr Mrs Miss Ms Other College	
Family name Other given names	
Member's TFN See the Privacy note in the Declaration. Date of birth Date of birth	
Contributions OPENING ACCOUNT BALANCE \$,	
Refer to instructions for completing these labels. Proceeds from primary residence disposal H \$	
Employer contributions A \$	
(Sum of labels A to M) Other transactions Allocated earnings	
Other transactions Allocated earnings or losses Inward	
Accumulation phase account balance rollovers and transfers Outward	
Retirement phase account balance rollovers and Q\$	
S2 \$, Lump Sum payments R1 \$,	
Retirement phase account balance - CDBIS S3 \$	
TRIS Count CLOSING ACCOUNT BALANCE \$ \$, , , , , , , , , , , , , , , , ,	
Accumulation phase value X1 \$,	
Retirement phase value X2 \$	

7° 	
Section G: Supplementary member information	
MEMBER 5	Carlo
Title: Mr Mrs Miss Ms Other Account status Family name	Code
First given name Other given names	
Member's TFN Date of birth If deceased, date of death	_111
See the Privacy note in the Declaration Day Month Wall	
Contributions OPENING ACCOUNT BALANCE \$	
Refer to instructions for completing these labels. Proceeds from primary residence disposal	
Employer contributions H \$	
A \$	
ABN of principal employer Assessable foreign superannuation fund amount	
Paranal contributions	
B \$	
CGT small business retirement exemption Transfer from reserve: assessable amount	
CGI complete and the second of	
D \$ Transfer from reserve: non-assessable amount L \$	
Personal injury election Contributions from non-complying funds	
E \$ and previously non-complying funds Spouse and child contributions T \$	
F \$ Any other contributions (including Super Co-contributions and	
Other third party contributions Con	
TOTAL CONTRIBUTIONS N \$ (Sum of labels A to M)	
Other transactions Allocated earnings	
or losses	
Accumulation phase account balance rollovers and transfers Accumulation phase account balance rollovers and transfers P \$	
Retirement phase account balance ollovers and one of transfers	
S2 \$,, Lump Sum payments R1 \$,	
- CDBIS Income	
S3 \$,, stream R2 \$,,	
TRIS Count CLOSING ACCOUNT BALANCE \$ \$,	
Accumulation phase value X1 \$	
Retirement phase value X2 \$	
Outstanding limited recourse borrowing arrangement amount	

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MEMBER 6						
Title: Mr Mrs Miss Ms Other					Account stat	Code
Family name						
First given name	Other given	names				
Member's TFN See the Privacy note in the Declaration.	f birth Month		You.		d, date of dear	th .
	/ [] / [
Contributions OPENING ACCOUNT	NT BALANCE	\$],[][],[[
Refer to instructions for completing these laber	ls.	Proc H	eeds from primary re	sidence dispo	sal	
Employer contributions	т - т		eipt date	Marin.	The state of the s	
A \$		H1				
ABN of principal employer A1		Asse	ssable foreign supera	annuation fund	amount	
Personal contributions		Non-	assessable foreign s	الـــال, لـــاك uperannuatior:	fund amount	
B \$,, CGT small business retirement exemption		J	\$			
C \$		Trans K	sfer from reserve: ass	sessable amou	int -	
CGT small business 15-year exemption amo	ount		sfer from reserve: nor	n-assessable a	amount	
D \$,,,		L	\$			
Personal injury election E \$		Cont and	ributions from non-c previously non-comp	omplying fund lying funds	S	
Spouse and child contributions		T	\$			
F \$		(inclu	other contributions Iding Super Co-conti	ributions and		
G \$, , , , , , .		M	S J J J	intsj 	1-11	
TOTAL CONTRIBUTIONS	N \$ Sum c	of labe	ls A to M)	-		
Other transactions Alloc	cated earnings or losses	U	\$		al Control	Loss
Accumulation phase account balance	Inward rollovers and transfers	P	\$,	,	a l	
Retirement phase account balance - Non CDBIS	Outward rollovers and transfers	Q	s ,			
S2 \$,	Lump Sum payments		\$			Code
Retirement phase account balance - CDBIS	Income			7,1	7.17-11(1)-7.	Code
s3 \$	stream	R2	\$		B .	
TRIS Count CLOSING ACCOU	INT BALANCI	S	* L	,	in the state of th	
Accumulatio	n phase value	X1	\$,			
Retiremen	nt phase value	X2	\$			
Outstancing fin		Υ	\$		a	

MEMBER 7 Code Title: Mr Account status Family name Other given names First given name Member's TFN Date of birth If deceased, date of death See the Privacy note in the Declaration OPENING ACCOUNT BALANCE \$ Contributions Proceeds from primary residence disposal Refer to instructions for completing these labels. \$ Employer contributions Receipt date \$ H1 ABN of principal employer Assessable foreign superannuation fund amount Personal contributions Non-assessable foreign superannuation fund amount \$ \$ CGT small business retirement exemption Transfer from reserve: assessable amount \$ C K \$ CGT small business 15-year exemption amount Transfer from reserve; non-assessable amount \$ \$ Personal injury election Contributions from non-complying funds \$ and previously non-complying funds \$ Spouse and child contributions Any other contributions \$ F (including Super Co-contributions and Other third party contributions Low Income Super Amounts) \$ \$ TOTAL CONTRIBUTIONS N \$ (Sum of labels A to M) Other transactions Allocated earnings 0\$ or losses Inward Accumulation phase account balance rollovers and transfers \$1 \$ Outward Retirement phase account balance rollovers and - Non CDBIS transfers Code \$2\$ Lump Sum R1 \$ payments Retirement phase account balance - CDBIS Income stream R2 \$ **S3**\$ payments CLOSING ACCOUNT BALANCE \$ \$ TRIS Count (\$1 plus \$2 plus \$3) Accumulation phase value X1 \$ Refirement phase value X2 \$ Outstanding limited recourse Y \$ borrowing arrangement amount

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MEMBER 8	
Title: Mr Mrs Miss Ms Other Family name	Account status
First given name Other	given names
Member's TFN See the Privacy note in the Declaration. Date of birth Day Manuf	If deceased, date of death
	Day Manth / Wall
Contributions OPENING ACCOUNT BALA	ANCE \$ [], [], [], []
Refer to instructions for completing these labels.	Proceeds from primary residence disposal H \$
Employer contributions	Receipt date
A \$ _ _ _ _ _ _ ABN of principal employer	H1 Assessable foreign superannuation fund amount
A1	\$, ,
Personal contributions B \$	Non-assessable foreign superannuation fund amount J \$
CGT small business retirement exemption	Transfer from reserve: assessable amount
C \$ CGT small business 15-year exemption amount	K \$
D \$,,	L \$
Personal injury election E \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Contributions from non-complying funds and previously non-complying funds
Spouse and child contributions F \$	T \$
Other third party contributions	(including Super Co-contributions and Low Income Super Amounts)
G \$	M \$, ,
TOTAL CONTRIBUTIONS N \$	(Sum of labels A to M)
	osses • • III, IIII, IIIIIIIIIIIIIIIIIIIIIII
Accumulation phase account balance rollover	rs and P\$, , , , , , , , , , , , , , , , , ,
	tward conject to the second of the sec
	nsfers
Retirement phase account balance	nents R1 \$, , , , , , , , , , , , , , , , , ,
- CDBIS Inc	come roam R2 S
payn	nents
TRIS Count CLOSING ACCOUNT BAL	ANCE S \$,
Accumulation phase	value X1 \$
Retirement phase	
Outstanding limited red borrowing arrangement ar	

15	Section H: Assets and liak	oilities	
15a	Australian managed investments	Listed trusts	A \$
		Unlisted trusts	B \$ □ □ □ □ □ □ □ ·×
		Insurance policy	c \$
	Othe	er managed investments	
-		or managora arrooming no	
15b		Cash and term deposits	E\$
	Limited recourse borrowing arrangements Australian residential real property	Debt securities	F \$,
	J1 \$	Loans	G \$□□□,□□□.×
	Australian non-residential real property	Listed shares	H\$
	J2 \$,,×	Unlisted shares	I \$
	J3 \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Limited recourse	
	Australian shares	porrowing arrangements	J \$,
	J4 \$	Non-residential real property	K \$
	Overseas shares J5 \$	Residential real property	L \$
	Other	Collectables and personal use assets	M \$
	J6 \$,	Other assets	o \$
	Property count J7		(
15c	Other investments	Crypto-Currency	N \$, .×
15d	Overseas direct investments	Overseas shares	P \$[,
	Overseas non	-residential real property	Q \$
	Overseas	residential real property	R \$
	Oversea	is managed investments	s \$
		Other overseas assets	
	TOTAL AUSTRALIAN AND		u \$
15e	In-house assets		
	Did the fund have a loan to, lease to or investment in, related parties (known as in-house assets) at the end of the income year?	A No Yes	\$,

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15f	Limited recourse borrowing arrangements If the fund had an LRBA were the LRBA borrowings from a licensed financial institution? Yes	
	Did the members or related parties of the fund use personal guarantees or other security for the LRBA?	
16	IABILITIES	
	Borrowings for limited recourse	
	borrowing arrangements V1 \$	
	V2 \$ \tag{\text{\tint{\text{\tin}\text{\ti}\tint{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tin}}\tint{\text{\text{\text{\text{\text{\text{\tin}}\tint{\text{\text{\text{\text{\text{\tin}}\tint{\text{\text{\tin}}\tint{\text{\text{\text{\text{\text{\text{\text{\tin}}\tint{\text{\text{\tin\text{\text{\text{\text{\texict{\text{\tin}\tint{\text{\ti}\ti}\tint{\text{\text{\text{\text{\text{\text{\text{\tin}\tint{\ti}}	
	Other borrowings	
	V3 \$ Borrowings V \$, , , , ,	
	Total member closing account balances otal of all CLOSING ACCOUNT BALANCEs from Sections F and G) W \$,	
	Reserve accounts X \$, , , ,	
	Other liabilities Y \$	
	TOTAL LIABILITIES Z \$	
	Consed Founded Consent 9 (1 to 1	
Se	tion I: Taxation of financial arrangements	
17	axation of financial arrangements (TOFA) Total TOFA gains	
	Total TOFA losses \$, , .×	
Se	tion J: Other information	
	y trust election status 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 2020–21 income year, write 2021).	
	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 2021.	
Inte	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 2021 for each election.	
	If revoking an interposed entity election, print R, and complete and attach the <i>Interposed entity election or revocation 2021</i> .	

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Section K. 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 leave labels blank, you will have specified a zero amount or the label was not applicable to you. If you are in doubt about any aspect of the annual return, place all the facts before the ATO. Privacy The ATO is authorised by the Taxation Administration Act 1953 to request the provision of tax file numbers (TFNs). We will use the TFN identify the entity in our records. It is not an offence not to provide the TFN. However if you do not provide the TFN, the processing of the form may be delayed. Taxation law authorises the ATO to collect information and disclose it to other government agencies. For information about your privacy go to ato.gov.au/privacy
TRUSTEE'S OR DIRECTOR'S DECLARATION: I declare that, the current trustees and directors have authorised this annual return and it is documented as such in the SMSE's records. I have received a copy of the audit report and are aware of any matters raised therein. The information on this annual return, including any attached schedules and additional documentation is true and correct.
Authorised trustee's, director's or public officer's signature
Date Date Date
Preferred trustee or director contact details:
Title: Mr X Mrs Miss Ms Other Family name
STEELE
First given names Other given names United to the control of the
Phone number 0 1 3 3 6 0 9 6 0 0
Email address
Non-individual trustee name (if applicable)
G, T, STEELE PHYLLID
ABN of non-individual trustee
Time taken to prepare and complete this annual return Hrs
The Commissioner of Taxation, as Registrar of the Australian Business Register, 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 2021 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
Tax agent's contact details
Title: Mr X Mrs Miss Ms Other Family name
PCDEVIN
First given name Other given names
Tax agent's practice WM
Tax agent's phone number Tax agent number

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