Jo & Greg Superfund

#### **PART A** Electronic lodgment declaration (Form P, T, F, SMSF or EX)

This declaration is to be completed where the tax return is to be lodged via an approved ATO electronic channel. 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
The ATO is authorised by the Taxation Administration Act 1953 to request the provision of tax file numbers (TFNs). The ATO will use the TFNs to identify each partner or beneficiary or entity in our records. It is not an offence not to provide the TFNs. However, you cannot lodge your tax return electronically if you do not quote your TFN.

TFN: 957 601 383

Taxation law authorises the ATO to collect information and disclose it to other government agencies, including personal information about the person authorised to sign the declaration. For information about privacy go to ato.gov.au/privacy

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                            | 957 601 383         | Year 2021 |
|--|---------------------|-----------|
| Name of partnership, trust, fund or entity | Jo & Greg Superfund |           |

I authorise my tax agent to electronically transmit this tax return via an approved ATO electronic channel.

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. Date trustee or director

#### **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 an approved ATO electronic lodgment channel.

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.

| Agents rein          | umber     | 7440     | 00004         |              |         |        |      |        |      |     |        |   | <br> |
|----------------------|-----------|----------|---------------|--------------|---------|--------|------|--------|------|-----|--------|---|------|
| Account              | Name      | J&G      | Black         | Super        | Pty     | Ltd    | BSB: | 633000 | Acc: | 154 | 207955 | i |      |
| authorise the refund | d to be o | deposite | ed directly t | to the speci | fied ac | count. |      |        |      |     |        |   |      |
| Signature            |           |          |               |              |         |        |      | [      | Date |     |        |   |      |

#### **PART D**

# Tax agent's certificate (shared facilities only)

| Shane | Elliott |  |
|-------|---------|--|
|       |         |  |

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 loage this tax | return, including any applicable sche- | dules.    |
|---------------|--|----------------------------------|--|-----------|
| Agent's       |  |                                  |  |           |
| signature     |  | Date                             | Client reference                       | e JGBSF01 |
| Contact name  | Mr Shane Elliott                                       |                                  |  |           |
| Agent's phone | e number 03 97376292                                   |                                  | Agent's reference number 744           | 00004     |

# **Self-managed superannuation** fund annual return

2021

2021

TFN: 957 601 383

Return year

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 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 undate fund details

| зe | ction A: Fund information   |   |                  |                    |
|----|---|---|------------------|--------------------|
|    | Tax file number (TFN)   | 957 601 383   |                  |                    |
|    |   | uest your TFN. You are not obliged to quote your TFN bu<br>ur annual return. See the Privacy note in the Declaration.                       | t not quoting it | could increase the |
|    | Name of self-managed superannuat  | tion fund (SMSF)  |                  |                    |
|    |   | Jo & Greg Superfund   |                  |                    |
|    |   |   |                  |                    |
|    | Australian business number (ABN)  | 61 751 619 095  |                  |                    |
|    | Current postal address  | C/- Shane Elliott   |                  |                    |
|    |   | PO Box 211  |                  |                    |
|    |   | LILYDALE  | VIC              | 3140               |
|    |   | return? A N   |                  |                    |
|    |   |   |                  |                    |
|    | Is this the first required return for a newly   |   |                  |                    |
|    | Is this the first required return for a newly   |   |                  |                    |
|    |   |   |                  |                    |
|    | SMSF auditor  | registered SMSF? B N  Mr  Boys  |                  |                    |
|    | SMSF auditor Auditor's name  Title Family name First given name   | registered SMSF? B N  Mr  Boys  Anthony   |                  |                    |
|    | SMSF auditor Auditor's name Title Family name   | registered SMSF? B N  Mr  Boys  |                  |                    |
|    | SMSF auditor Auditor's name  Title Family name First given name   | registered SMSF? B N  Mr  Boys  Anthony   |                  |                    |
|    | SMSF auditor Auditor's name  Title Family name First given name Other given names   | registered SMSF? B N  Mr  Boys  Anthony  William  |                  |                    |
|    | SMSF auditor Auditor's name  Family name First given name Other given names  SMSF Auditor Number  | registered SMSF? B N  Mr  Boys  Anthony  William  100 014 140   |                  |                    |
|    | SMSF auditor Auditor's name  Family name  First given name  Other given names  SMSF Auditor Number  Auditor's phone number  Use Agent  Postal address | registered SMSF? B N  Mr  Boys  Anthony  William  100 014 140  0410 712708  |                  |                    |
|    | SMSF auditor Auditor's name  Family name  First given name  Other given names  SMSF Auditor Number  Auditor's phone number  Use Agent  Postal address | registered SMSF? B N  Mr  Boys  Anthony  William  100 014 140  0410 712708  | SA               | 5000               |
|    | SMSF auditor Auditor's name  Family name  First given name  Other given names  SMSF Auditor Number  Auditor's phone number  Use Agent  Postal address | registered SMSF? B N  Mr  Boys  Anthony  William  100 014 140  0410 712708  PO Box 3376   | SA               | 5000               |
|    | SMSF auditor Auditor's name  Family name  First given name  Other given names  SMSF Auditor Number  Auditor's phone number  Use Agent  Postal address | mr Boys Anthony William  100 014 140  0410 712708  PO Box 3376  RUNDLE MALL   |                  | 5000               |
|    | SMSF auditor Auditor's name  Family name  First given name  Other given names  SMSF Auditor Number  Auditor's phone number  Use Agent  Postal address | registered SMSF? B N  Mr  Boys  Anthony  William  100 014 140  0410 712708  PO Box 3376  RUNDLE MALL  Date audit was completed A 08/03/2022 | N                | 5000               |

**SMSF Return 2021** Jo & Greg Superfund TFN: 957 601 383 **Page 2 of 11** 

| 7  | EI<br>We | ectronic funds trans<br>e need your self-manag | sfer (EFT)<br>ged super fund's financial institution details to pay any super payments and tax refunds owing  | g to you.   |
|----|----------|--|---|-------------|
|    | A        |  | stitution account details for super contributions and rollovers. Do not provide a tax agent account here.   |             |
|    |          | Fund BSB number (must be six digits)           | 633000 Fund account number 154207955  |             |
|    |          | Fund account name (fo                          | or example, J&Q Citizen ATF J&Q Family SF) er Ptv Ltd   |             |
|    |          | _  | funds made to this account Y Print Y for yes If Yes Go to C   |             |
|    |          |  | OF NOTIFIES.  |             |
|    | В        | Financial institutio                           | n account details for tax refunds  Use Agent Trust  | Account?    |
|    |          | This account is used f                         | for tax refunds. You can provide a tax agent account here.  |             |
|    |          | BSB number                                     | Account number  |             |
|    |          | Fund account name (fo                          | or example, J&Q Citizen ATF J&Q Family SF)  |             |
|    |          |  |   |             |
|    | С        | Electronic service                             | address alias   |             |
|    |          |  | service address (ESA) issued by your SMSF messaging provider ataESAAlias). See instructions for more information.   |             |
|    |          |  |   |             |
|    |          |  | Fund's tax file number (TFN)  | 957 601 383 |
| 8  | St       | tatus of SMSF                                  | Australian superannuation fund A Y Fund benefit structure   | A Code      |
|    |          | Governr  | ust deed allow acceptance of the ment's Super Co-contribution and Low Income Super Contribution?  |             |
| 9  | w        | as the fund wound i                            | up during the income year?  |             |
| •  | N        | Drint V for year                               | If yes, provide the date on which fund was wound up  Day Month Year  Have all tax lodgment and payment obligations been met?  |             |
| 10 | Fy       | kempt current pensi                            | on income   |             |
|    | Die      | •  | nt phase superannuation income stream benefits to one or more members  N  Print Y to or N for   |             |
|    |          |  | n for current pension income, you must pay at least the minimum benefit payment under current pension income at Label A   |             |
|    | If       | No, Go to Section B: Inc                       | come  |             |
|    | If       | Yes Exempt current p                           | pension income amount A   |             |
|    |          | Which method did                               | d you use to calculate your exempt current pension income?  |             |
|    |          | Segre  | egated assets method B  |             |
|    |          | Unsegre  | egated assets method C Was an actuarial certificate obtained? D Print Y   | for yes     |
|    |          | Did the fund have any                          | other income that was assessable?   |             |
|    |          |  | Choosing 'No' means that you do not have any assessable income, including no-TFN quote Go to Section C: Deductions and non-deductible expenses. (Do not complete Section B: Inc |             |
|    |          |  | m any tax offsets, you can list   |             |
|    | th       | nese at Section D: Incon                       | me tax calculation statement  |             |

### Section B: Income

Do not complete this section if all superannuation interests in the SMSF were supporting superannuation income streams in the retirement phase for the entire year, there was no other income that was assessable, and you have not realised a deferred notional gain. If you are entitled to claim any tax offsets, you can record these at Section D: Income tax calculation statement.

| Income                    | Did you have a capital gains tax  |              | Print Y for yes or N for no. | \$10,000 or you                                   | elected to use   | capital gain is greater that<br>the CGT relief in 2017 ar<br>been realised, complete |      |
|---------------------------|---|--------------|------------------------------|---|------------------|--|------|
|                           | (CGT) event during the year?  Have you applied an   |              | Print Y for yes              | Code and attach a Ca                              | ipital Gains Tax | (CGT) schedule 2021.   |      |
|                           | exemption or rollover?  | IVI          | or <b>N</b> for no.          |   |                  |  |      |
|                           |   |              |                              | Net capital gair                                  | <b>A</b>         |  |      |
|                           |   | Gross r      | ent and other I              | easing and hiring income                          | В                | 20,087   |      |
|                           |   |              |                              | Gross interes                                     | t C              | 268  |      |
|                           |   |              | Fore                         | stry managed investmen<br>scheme income           |                  |  |      |
| Gross                     | foreign income  |              |                              |   |                  |  | Loss |
| D1                        |   |              |                              | Net foreign income                                | D                |  |      |
|                           | Austral   | ian frankinç | g credits from a             | a New Zealand company                             | / <b>E</b>       |  |      |
|                           |   |              |                              | Transfers from<br>foreign funds                   |                  |  | Num  |
|                           |   |              |                              | Gross payments where ABN not quoted               | H                |  |      |
|                           | of assessable contributions sable employer contributions  |              |                              | Gross distribution from partnerships              |                  |  | Loss |
| R1                        | 0   |              |                              | * Unfranked dividend                              |                  | 45   |      |
| plus Asses                | ssable personal contributions   |              |                              | amoun  * Franked dividend                         | K                | 1,276  |      |
|                           | FN-quoted contributions   |              |                              | amoun  * Dividend franking                        |                  | 547  |      |
| R3                        | nust be included even if it is zero)  |              |                              | credi<br>* Gross trus                             |                  |  | Code |
| less Trans                | sfer of liability to life ance company or PST   |              |                              | distributions                                     |                  |  |      |
| R6                        | 0   |              |                              | Assessable contributions plus R2 plus R3 less R6  |                  | 0  |      |
| Calaulatian               | of your ownie low with in come  |              |                              |   |                  |  |      |
|                           | of non-arm's length income on-arm's length private  |              |                              |   |                  |  |      |
| co                        | empany dividends  |              |                              | * Other income                                    | S                |  | Code |
| nlus * Net n              | non-arm's length trust distributions  |              |                              | *Assessable income                                |                  |  |      |
| U2                        |   |              |                              | due to changed tax<br>status of fund              |                  |  |      |
| I                         | other non-arm's length income   |              | Net non                      | -arm's length income                              |                  |  |      |
| U3                        |   |              | •                            | (subject to 45% tax rate)<br>(U1 plus U2 plus U3) |                  |  |      |
| * If an amou instructions | andatory label unt is entered at this label, check the to ensure the correct tax as been applied. |              |                              | GROSS INCOMI<br>(Sum of labels A to U             | E W              |  | Loss |
|                           |   |              | Exemp                        | t current pension income                          | Y                |  |      |
|                           |   |              | TOTAL                        | ASSESSABLE INCOMI                                 |                  | 22,223   | Loss |

Fund's tax file number (TFN)

TFN: 957 601 383

957 601 383

#### Section C: Deductions and non-deductible expenses

#### 12 Deductions and non-deductible expenses

Under 'Deductions' list all expenses and allowances you are entitled to claim a deduction for. Under 'Non-deductible expenses', list all other expenses or normally allowable deductions that you cannot claim as a deduction (for example, all expenses related to exempt current pension income should be recorded in the 'Non-deductible expenses' column).

|  | DEDUCTIONS  | NON-DEDUCTIBLE EXPENSES                            |
|--|---|--|
| Interest expense<br>within Australi      | es A1   | A2   |
| Interest expense oversea                 | es B1   | B2   |
| Capital work expenditur                  | re D1   | D2   |
| Decline in value of depreciating asset   |   | E2   |
| Insurance premiums<br>member             | -<br>rs <b>F1</b>   | F2   |
| SMSF auditor fe                          | ee <b>H1</b> 385  | H2   |
| Investment expense                       | es [1] 6,201  | 12   |
| Management an administration expense     | 1,420   | J2   |
| Forestry manage investment scheme expens | ed U1   | U2   |
| Other amount                             |   | Code Code  |
| Tax losses deducte                       | M1  |  |
|  | TOTAL DEDUCTIONS  8 , 195  (Total A1 to M1)                                   | TOTAL NON-DEDUCTIBLE EXPENSES  O  (Total A2 to L2) |
| #This is a mandatory label.              | #TAXABLE INCOME OR LOSS  0 14,028  (TOTAL ASSESSABLE INCOME TOTAL DEDUCTIONS) | TOTAL SMSF EXPENSES  8,195  (N plus Y)             |

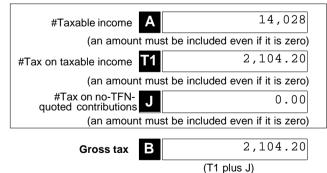
#### Section D: Income tax calculation statement

#### #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 Self-managed superannuation fund annual return instructions 2021 on how to complete the calculation statement.



| Foreign income tax offset  C1  Rebates and tax offsets  C2   | Non-refundable non-carry forward tax offsets  0.00  (C1 plus C2)               |
|--|--|
|  | SUBTOTAL 1  2,104.20  (B less C –cannot be less than zero)                     |
| Early stage venture capital limited partnership tax offset   |  |
| Early stage venture capital limited partnership tax offset carried forward from previous year  D2  Early stage investor tax offset | Non-refundable carry forward tax offsets  D 0.00  (D1 plus D2 plus D3 plus D4) |
| Early stage investor tax offset carried forward from previous year  D4   | SUBTOTAL 2  T3  2,104.20  (T2 less D –cannot be less than zero)                |
| Complying fund's franking credits tax offset  546.87   |  |
| No-TFN tax offset  E2  National rental affordability scheme tax offset  E3   |  |
| Exploration credit tax offset  E4  | Refundable tax offsets  546.87  (E1 plus E2 plus E3 plus E4)                   |
|  | #TAX PAYABLE <b>T5</b> 1,557.33  |



TFN: 957 601 383 957 601 383 Fund's tax file number (TFN)

| Credit for interest on early payments -  |   |
|--|---|
| amount of interest   |   |
| Credit for tax withheld – foreign  |   |
| Credit for tax withheld – foreign resident withholding (excluding capital gains) |   |
| H2   |   |
| Credit for tax withheld – where ABN or TFN not quoted (non-individual)           |   |
| Н3   |   |
| Credit for TFN amounts withheld from payments from closely held trusts           |   |
| H5   |   |
| Credit for interest on no-TFN tax offset   |   |
| Н6   |   |
| Credit for foreign resident capital gains withholding amounts                    | Eligible credits  |
| H8   | H 0.00  |
|  | (H1 plus H2 plus H3 plus H5 plus H6 plus H8)                        |
|  |   |
|  | #Tax offset refunds 0.00  |
|  | (Remainder of refundable tax offsets). (unused amount from label E- |
|  | an amount must be included even if it is zero)                      |
|  | PAYG instalments raised   |
|  | K 2,425.00  |
|  | Supervisory levy  |
|  | 259.00  |
|  | Supervisory levy adjustment   |
|  | for wound up funds M  |
|  |   |
|  | Supervisory levy adjustment for new funds                           |
|  | N   |
|  |   |
|  | Total amount of tax refundable \$ 608.67                            |
| #This is a mandatory label.  | (T5 plus G less H less I less K plus L less M plus N)               |
| <u> </u>   |   |
| ection E: <b>Losses</b>  |   |
| Losses   |   |
| If total loss is greater than \$100,000,   | Tax losses carried forward to later income years                    |
| complete and attach a Losses   |   |
| schedule 2021.   | Net capital losses carried forward to later income years            |
| Net capital losses brought forward   | Net capital losses carried forward                                  |
| from prior years   | to later income years   |
| Non-Collectables   |   |
| Collectables   |   |
|  |   |

# Section F / Section G: Member Information

| In Section F / G report all current members in the fund at 30 June.   |
|---|
| Use Section F / G to report any former members or deceased members who held an interest in the fund at any time during the income year. |
|   |

|                      |                               | See the Privacy no           | ote in the Declaration.                   | Member Number           |
|----------------------|-------------------------------|------------------------------|---|-------------------------|
| Title                | Mr                            | Member'sTFN 3                | 331 430 826                               | 1                       |
| Familyname           | Black                         |                              |   | Account status          |
| First given name     | Gregory                       |                              |   | O Code                  |
| her given names      | Allan                         |                              |   |                         |
|                      | Date of birth 10/10/19        | 60 If deceased date of deatl |   |                         |
| ontributions         |                               | OPENING ACCOUNT BAL          | ANCE 1                                    | 99,943.18               |
| Refer to instruction | ons for completing these labe | Is                           | Proceeds from prima                       | ary residence disposal  |
| Employer contrib     | utions                        |                              | Receipt date                              |                         |
| Α                    |                               |                              | H1  |                         |
| ABN of principal     | employer                      |                              | Assessable foreign fund amount            | superannuation          |
| Personal contribu    | utions                        |                              | Non-assessable for fund amount            | eign superannuation     |
| В                    |                               |                              | J   |                         |
| CGT small busine     | ess retirement exemption      |                              | Transfer from reser assessable amount     |                         |
| CGT small busin      |                               |                              | K   |                         |
| exemption amou       | nt                            |                              | Transfer from reser non-assessable am     |                         |
| Personal injury el   | ection                        |                              |   |                         |
| E                    |                               |                              | Contributions from n and previously non-c | on-complying funds      |
| Spouse and child     | d contributions               |                              | T   | complying rands         |
|                      |                               |                              | Any other contribution                    | ons (including          |
| Other third party    | contributions                 |                              | Super Co-contribution Income Super Contri | ons and low<br>butions) |
| G                    |                               |                              | М   |                         |
|                      | TOTAL CONTRIE                 | BUTIONS N                    | 0.00                                      |                         |
| (h(                  |                               | (Sum of labels               | A to M)                                   |                         |
| ther transaction     |                               |                              |   | Loss                    |
| S1                   | ase account balance           | Allocated earnings or loss   | ses O                                     | 9,284.05                |
|                      | e account balance             | Inward rollovers and transf  | fers <b>P</b>                             |                         |
| - Non CDBIS          |                               | Outward rollovers and transf | fers Q                                    |                         |
| S2                   | 0.00                          | Lump Sum paym                |   | Code                    |
| -CDBIS               | e account balance             |                              |   | Code                    |
| <b>S3</b>            | 0.00                          | Income stream paym           | nent R2                                   |                         |
| 0 TR                 | RIS Count                     | CLOSING ACCOUNT BALAN        |   | 09,227.23               |
|                      |                               | Accumulation phase val       | S1 plus S2 plus                           | S S3                    |
|                      |                               | Accumulation phase val       |   |                         |
|                      |                               | Retirement phase va          | llue X2                                   |                         |

Outstanding limited recourse borrowing arrangement amount

SMSF Return 2021 Jo & Greg Superfund TFN: 957 601 383 957 601 383 Fund's tax file number (TFN) See the Privacy note in the Declaration. Member Number Member'sTFN 454 012 045 Mrs Title Family name Black Account status Joanne 0 First given name Code Mary Other given names If deceased. 16/01/1965 Date of birth date of death 250,636.48 **Contributions OPENING ACCOUNT BALANCE** Proceeds from primary residence disposal Refer to instructions for completing these labels H Employer contributions Receipt date Α Assessable foreign superannuation ABN of principal employer fund amount Personal contributions Non-assessable foreign superannuation fund amount В J CGT small business retirement exemption Transfer from reserve: C assessable amount CGT small business 15-year exemption amount Transfer from reserve: non-assessable amount D 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 low Other third party contributions Income Super Contributions) M G TOTAL CONTRIBUTIONS N 0.00 (Sum of labels A to M) Other transactions Accumulation phase account balance 11,637.86 Allocated earnings or losses 0 262,274.34 **S1** Inward rollovers and transfers Retirement phase account balance - Non CDBIS Outward rollovers and transfers 0.00 **S2** Code Lump Sum payment R1 Retirement phase account balance -CDBIS Code 0.00 **S3** Income stream payment R2 262,274.34 TRIS Count CLOSING ACCOUNT BALANCE S S1 plus S2 plus S3 Accumulation phase value

Retirement phase value Outstanding limited recourse borrowing arrangement amount **X2** 

# Section H: Assets and liabilities

| 1 | 5 | ASSET | c |
|---|---|-------|---|
|   |   |       |   |

| 15a Australian managed investments         | Listed trusts   | Α                |
|--|---|------------------|
|  | Unlisted trusts   | В                |
|  | Insurance policy  | С                |
|  | Other managed investments   | D                |
|  |   |                  |
| 15b Australian direct investments          | Cash and term deposits  | 17,512           |
|  | Debt securities   | F                |
| Limited recourse borrowing arrangements    | Loans   | G                |
| Australian residential real property  J1   | Listed shares   | <b>H</b> 80,503  |
| Australian non-residential real property   | Unlisted shares   |                  |
| J2   |   |                  |
| Overseas real property  J3                 | Limited recourse borrowing arrangements   | <b>J</b> 0       |
| Australian shares                          | Non-residential real property   | X 373,811        |
| Overseas shares                            | Residential real property   | L                |
| J5   | Collectables and personal use assets  | M                |
| Other                                      | Other assets  | 0                |
| 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                |
|  | Overseas managed investments  | S                |
|  | Other overseas assets   |                  |
|  |   |                  |
|  | TOTAL AUSTRALIAN AND OVERSEAS ASSETS (Sum of labels A to T)   | <b>U</b> 471,826 |
| 15e In-house assets                        |   |                  |
| Did the fund have a loan t                 | to, lease to or investment in,  |                  |
| related parties (<br>at                    | known as in-house assets) the end of the income year  A  Print Y for yes or N for no.                             |                  |
| 15f Limited recourse borrowing arrangement | ents  |                  |
| If the fund ha                             | ad an LRBA were the LRBA borrowings from a licensed financial institution?  A  Print Y for yes or N for no.       |                  |
| Did the meml<br>fund use po                | pers or related parties of the ersonal guarantees or other security for the LRBA?  B Print Y for yes or N for no. |                  |
|  |   |                  |

# 16 LIABILITIES

| Borrowings for limited recourse borrowing arrangements  |  |                  |
|---|--|------------------|
| V1  |  |                  |
| Permissible temporary borrowings  |  |                  |
| V2  |  |                  |
| Other borrowings  |  |                  |
| V3  | Borrowings   | <b>V</b> 0       |
| (total of all   | Total member closing account balances CLOSING ACCOUNT BALANCEs from Sections F and G)  | <b>W</b> 471,501 |
|   | Reserve accounts   | X                |
|   | Other liabilities  | Y 325            |
|   | TOTAL LIABILITIES  | <b>Z</b> 471,826 |
| Section I: Taxation of financial arra<br>17 Taxation of financial arrangements (TC  | •  |                  |
|   | Total TOFA gains   | H                |
|   | Total TOFA losses  |                  |
| Section J: Other information Family trust election status   |  |                  |
| •   | ng, a family trust election, write the four-digit income year  |                  |
|   |  | A                |
| specified of the election   | (for example, for the 2020-21 income year, write 2021).  |                  |
| If revoking or varying a famil  | (for example, for the 2020–21 income year, write 2021). y trust election, print R for revoke or print V for variation, ch the Family trust election, revocation or variation 2021. | B                |
| If revoking or varying a famil and complete and atta  | y trust election, print R for revoke or print V for variation, ch the Family trust election, revocation or variation 2021.   | В                |
| If revoking or varying a famil and complete and atta  Interposed entity election status  If the trust or fund has an existing election or fund is making one or mor | y trust election, print R for revoke or print V for variation,   | В                |

**SMSF Return 2021** Jo & Greg Superfund TFN: 957 601 383 **Page 11 of 11** 

#### 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 to 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 this 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 SMSF's records. I have received a copy of the audit report (if required) 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 pub                                  | lic officer's s | signature           |                  |                         |                 |                       |
|--|-----------------|---------------------|------------------|-------------------------|-----------------|-----------------------|
|  |                 |                     |                  |                         |                 | Day Month Year        |
|  |                 |                     |                  |                         | Date            | 08/03/2022            |
| Preferred trustee or director con  | tact details    | s:                  |                  | _                       | <u> </u>        |                       |
|  | Title           | Mr                  |                  |                         |                 |                       |
| Fa   | amily name      | Black               |                  |                         |                 |                       |
| First g  | iven name       | Greg                |                  |                         |                 | '                     |
| Other giv  | en names        |                     |                  |                         |                 |                       |
|  | ,               | Area code           | Number           |                         |                 |                       |
| Pho  | ne number       | 03                  | 97376292         |                         |                 |                       |
| Ema  | ail address     |                     |                  |                         |                 |                       |
| Non-individual trustee name (if a  | applicable)     |                     |                  |                         |                 |                       |
|  |                 |                     |                  |                         |                 |                       |
| ABN of non-individu  | l al trustae    |                     |                  |                         |                 |                       |
| אוטוז ווו זוט זוטר   | dai tiustee     |                     |                  |                         |                 |                       |
|  |                 | Time taken to p     | orepare and co   | mplete this annual retu | ırn             | Hrs                   |
|  |                 |                     |                  |                         |                 |                       |
| The Commissioner of Taxation, as F                                       | -               |                     | _                |                         |                 |                       |
| provide on this annual return to ma                                      | intain the int  | egrity of the regis | ster. For furthe | r information, refer to | the instruction | ons.                  |
| TAX AGENT'S DECLARATION:   |                 |                     |                  |                         |                 |                       |
| , Shane Elliott  |                 |                     |                  |                         |                 |                       |
| declare that the Self-managed sup  |                 |                     |                  |                         |                 |                       |
| by the trustees, that the trustees he the trustees have authorised me to |                 |                     | tating that the  | information provided t  | o me is true    | and correct, and that |
|  |                 |                     |                  |                         | ]               | Day Month Year        |
| Tax agent's signature  |                 |                     |                  |                         | Date            | 08/03/2022            |
| Tax agent's contact details  |                 |                     |                  |                         | _               |                       |
| Title  | Mr              |                     |                  |                         |                 |                       |
| Family name  | Elliott         |                     |                  |                         |                 |                       |
| First given name   | Shane           |                     |                  |                         |                 |                       |
| Other given names  |                 |                     |                  |                         |                 |                       |
| _  | Shane E         | '11io++             |                  |                         |                 |                       |
| Tax agent's practice   | Area code       | Number              |                  |                         |                 |                       |
| Tax agent's phone number   | 03              | 9737629             | 2                |                         |                 |                       |
| Tax agent number   | 7440000         | 4                   |                  | Reference number        | JGBSF01         |                       |