# Self-managed superannuation **2021** fund annual return

#### Who should complete this annual return? To complete this annual return Only self-managed superannuation funds (SMSFs) can complete ■ Print clearly, using a BLACK pen only. this annual return. All other funds must complete the Fund ■ Use BLOCK LETTERS and print one character per box. income tax return 2021 (NAT 71287). M TH 8 Т S The Self-managed superannuation fund annual return Place $|\mathcal{X}|$ in ALL applicable boxes. instructions 2021 (NAT 71606) (the instructions) can assist you to complete this annual return. Postal address for annual returns: The SMSF annual return cannot be used to notify us of a Australian Taxation Office change in fund membership. You must update fund details GPO Box 9845 via ABR.gov.au or complete the Change of details for [insert the name and postcode superannuation entities form (NAT 3036). of your capital city] For example; Australian Taxation Office GPO Box 9845 SYDNEY NSW 2001 Section A: Fund information To assist processing, write the fund's TFN at 1 Tax file number (TFN) Provided the top of pages 3, 5, 7 and 9. The ATO is authorised by law to request your TFN. You are not obliged to quote your TFN but not quoting it could increase the chance of delay or error in processing your annual return. See the Privacy note in the Declaration. 2 Name of self-managed superannuation fund (SMSF) McPeake Constructions Pty Ltd Superannuation Fund 92144899453 Australian business number (ABN) (if applicable) 3 **Current postal address** 4 PO Box 3685 Suburb/town State/territor Postcode 5000 Rundle Mall SA 5 Annual return status Is this an amendment to the SMSF's 2021 return? Yes Is this the first required return for a newly registered SMSF? B No Yes

#### 6 SMSF auditor

Title: Mr X Mrs Miss Miss Ms Other Family name Boys First given name Anthony William SMSF Auditor Number Auditor's phone number	
Boys       First given name       Other given names       Anthony William	
First given name     Other given names       Anthony William	
Anthony William	
SMSE Auditor Number Auditor's phone number	
100014140 0410712708	
Postal address	
PO Box 3376	
Suburb/town State/territory Pos	stcode
Rundle Mall SA	5000
Date audit was completed A A / A / A / A / A / A / A / A / A /	
Was Part A of the audit report qualified? <b>B</b> No X Yes	
Was Part B of the audit report qualified?     C No X Yes	
If Part B of the audit report was qualified, have the reported issues been rectified? D No 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.

#### Α Fund's financial institution account details

This account is used for super contributions and rollovers. Do not provide a tax agent account here.

	035046	Fund account number 480329
Fund account name	;	
McPeake Constru	uctions Pty Ltd Super	rannuation Fund
	, i	
I would like my tax r	refunds made to this ad	ccount. X) Go to C.
Financial institut	tion account detail	s for tax refunds
This account is used	d for tax refunds. You d	can provide a tax agent account here.
BSB number		Account number
Account name		

#### ctronic service address allas

Provide the electronic service address alias (ESA) issued by your SMSF messaging provider. (For example, SMSFdataESAAlias). See instructions for more information.

	Tax File Number Provided
8	Status of SMSF       Australian superannuation fund       A No       Yes       Yes       Fund benefit structure       B       A Code         Does the fund trust deed allow acceptance of the Government's Super Co-contribution and Low Income Super Amounts?       C       No       Yes       Yes       X       Ves       X
9	Was the fund wound up during the income year?         No X Yes       If yes, provide the date on which the fund was wound up         Vo       Year         Have all tax lodgment and payment obligations been met?
10	Exempt current pension income Did the fund pay retirement phase superannuation income stream benefits to one or more members in the income year?
	To claim a tax exemption for current pension income, you must pay at least the minimum benefit payment under the law. Record exempt current pension income at Label A.
	No Section B: Income.
	Yes X) Exempt current pension income amount A \$ 13,197
	Which method did you use to calculate your exempt current pension income?
	Segregated assets method <b>B</b> X
	Unsegregated assets method <b>C W</b> as an actuarial certificate obtained? <b>D Yes</b>
	Did the fund have any other income that was assessable?
	E Yes X) Go to Section B: Income.
	No Choosing 'No' means that you do not have any assessable income, including no-TFN quoted contributions. Go to Section C: Deductions and non-deductible expenses. (Do <b>not</b> complete Section B: Income.)
	If you are entitled to claim any tax offsets, you can list these at Section D: Income tax calculation statement.

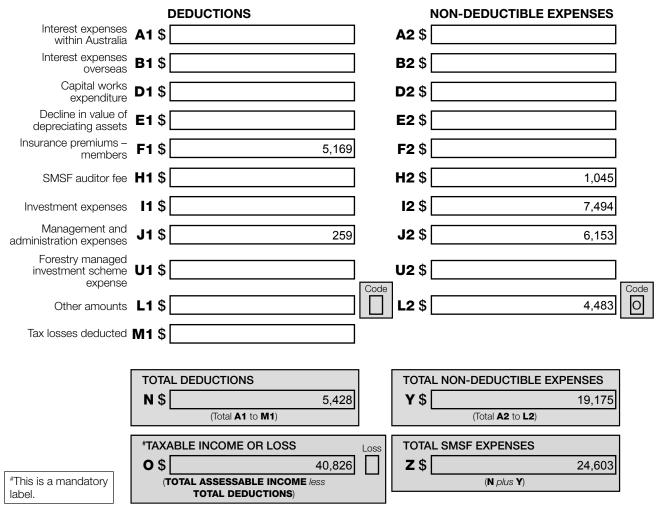
Section B: Income	
the retirement phase for the entire year, there was no other in	the SMSF were supporting superannuation income streams in come that was assessable, and you <b>have not</b> realised a deferred n record these at Section D: Income tax calculation statement.
11 Income Did you have a capital gains tax (CGT) event during the year? <b>G</b> 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 <i>Capital gains tax (CGT) schedule 2021</i> .
Have you applied an <b>M</b> No X Yes	
Net capital g	gain A\$
Gross rent and other leasing and hiring inco	me <b>B</b> \$ 12,644
Gross inte	rest <b>C \$</b> 79
Forestry managed investm scheme inco	
Gross foreign income	
D1 \$ Net foreign inco	
Australian franking credits from a New Zealand comp	any <b>E</b> \$
Transfers fi	
foreign fu Gross payments wh	
ABN not que	
Assessable employer contributions from partnersh	
R1 \$ 1,254 *Unfranked divid	15
Plus Assessable personal contributions *Franked divid	<sup>end</sup> K \$ 332
plus #*No-TFN-quoted contributions *Dividend frank	
	edit 142
<i>(an amount must be included even if it is zero)</i> *Gross t <i>less</i> Transfer of liability to life insurance	
company or PST Assessa	
R6 \$ contribution (R1 plus R3 less	R2 R 3 40,254
Calculation of non-arm's length income	Code
*Net non-arm's length private company dividends U1 \$	me S \$
plus *Net non-arm's length trust distributions 44	
U2 \$ status of f	
plus *Net other non-arm's length income Net non-ar length income	me II ¢
U3 \$ (subject to 45% tax (U1 plus U2 plus	vate) U3)
"This is a mandatory GROSS INCO	
label.     (Sum of labels A to       *If an amount is	
entered at this label, check the instructions	
to ensure the correct TOTAL ASSESSABLE	\$ 46,254
tax treatment has been applied.	

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# Section C: Deductions and non-deductible expenses

# 12 Deductions and non-deductible expenses

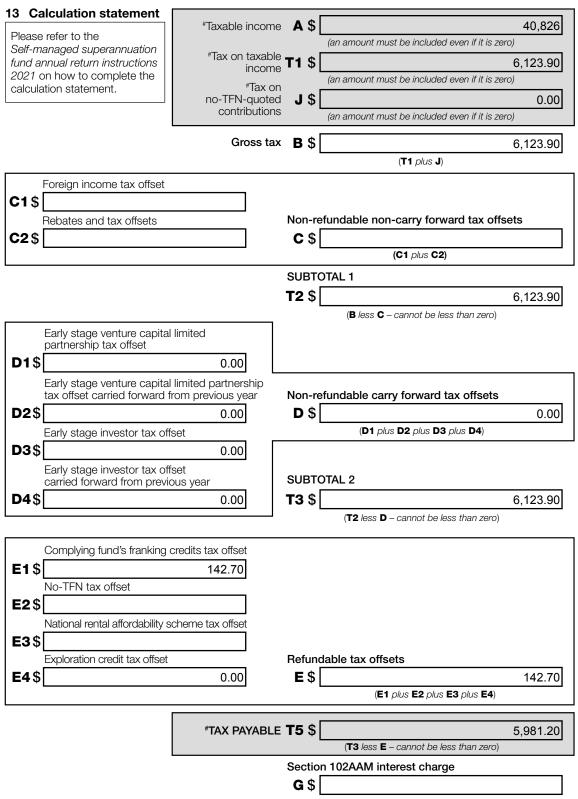
Under 'Deductions' list all expenses and allowances you are entitled to claim a deduction for. Under 'Non-deductible expenses', list all other expenses or normally allowable deductions that you cannot claim as a deduction (for example, all expenses related to exempt current pension income should be recorded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

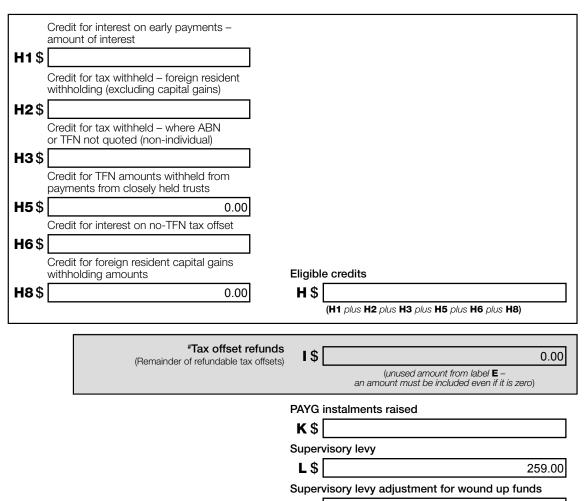


# Section D: Income tax calculation statement

## #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.

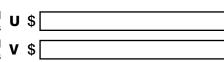




"This is a mandatory label.

# Section E: Losses

If total loss is greater than \$100,000, complete and attach a Losses schedule 2021. Tax losses carried forward to later income years Net capital losses carried forward to later income years



				Tiovidou	
Section F: Men	nber informati	on			
MEMBER 1					
Title: Mr Mrs M	iss Ms Other				
Family name					
Mcpeake					
First given name		Other given names			
Mark Andrew					
Member's TFN			<b>-</b>		
See the Privacy note in th	e Declaration. Provided		Date of birth	Provideo	d
	<b></b>				
Contributions	OPENING ACCOU	NT BALANCE \$		782,784.69	
Refer to instructions	s for completing these labe	els. Proceeds t	from primary residenc	e disposal	
V	1 0	—— Н\$Г			
Employer contrib	utions	Receipt da	te Day Month	Year	
A \$		H1		] / []	
ABN of principal e	employer	Assessable	e foreign superannuati	on fund amount	
A1		I \$	0		
Personal contribu	itions		sable foreign superar	nuation fund amount	
<b>B</b> \$	25,00		isable lereight caperal		
Ŧ	ess retirement exemption	• • L	om reserve: assessab		
C \$		K \$			
	ess 15-year exemption amo				
D \$			om reserve: non-asse	ssable amount	
Personal injury ele	action	L \$			
E \$	501011	Contributio	ons from non-complying fu	ng tunds Inds	
<b>□</b> Ψ_ Spouse and child	aantributiana	<b>T</b> \$			
F \$	CONTINUTIONS	· <b>_</b>	contributions		
	a antrila uti a na	(including s	Super Co-contributior	ns and	
Other third party	CONTIDUTIONS		ne Super Amounts)		
G \$		M \$			
		Ν¢	05.000	20	
	TOTAL CONTRIBUTIONS	·	25,000.	00	
		(Sum of labels A to	IVI)		
Other transactions	Allo	cated earnings			Loss
	7 410	or losses <b>0</b> \$		54,816.99	
		Inward			
-	ase account balance	rollovers and <b>P</b> \$			
S1 \$	0.00	Outward			
Retirement phase	e account balance	rollovers and Q \$			
– Non CDBIS		transfers			Code
S2 \$	19,005.20	Lump Sum R1 \$		827,456.48	A
Potiromont phase	e account balance	payments		021,100.10	
– CDBIS	account Dalance	Income			Code
S3 \$	0.00	stream R2 \$		16,140.00	М
	0.00	payments		ľ	
	,				
0 TRIS Count	CLOSING ACCOU	JNT BALANCE <b>S</b> \$		19,005.20	
	-		(S1 plus S2 plus S	<b>S3</b> )	
	Accumulation	on phase value <b>X1 \$</b>			
	Dativerse				
Retirement phase value <b>X2</b> \$					
	Outstanding li	mited recourse			
	borrowing arrang				
Page 8	OFFIC	IAL: Sensitive (when c	ompleted)		

MEMBER 2				
Fitle: Mr Mrs Miss Ms Other				
Family name				
Mcpeake				
First given name	Other given names			
Beverley Gloria				
Member's TFN See the Privacy note in the Declaration. Provided		Date of birth	Provided	
Contributions OPENING ACCOU	JNT BALANCE		855,638.86	
Refer to instructions for completing these lab	els. Proceeds from pri	mary residence dispo	sal	
Employer contributions	Dessint data	Day Month	Year	
<b>A \$</b> 1,254.00				
ABN of principal employer	Assessable foreign	superannuation fund	amount	
A1	I \$			
Personal contributions		preign superannuatior	I fund amount	
	」 ♥ ♥			
CGT small business retirement exemption C \$		rve: assessable amou	Int	
CGT small business 15-year exemption amount	<b>K</b> \$			
D \$	L \$	rve: non-assessable a	amount	
Personal injury election		n non-complying fund		
E \$	and previously nor			
Spouse and child contributions	<b>T</b> \$			
F \$	Any other contribu	itions Co-contributions and		
Other third party contributions	Low Income Supe	er Amounts)		
G \$	M \$		500.00	
TOTAL CONTRIBUTIONS N	\$	21,754.00		
	(Sum of labels A to M)	21,701.00		
	· · · · · · · · · · · · · · · · · · ·		Loss	
Other transactions Alle	ocated earnings or losses <b>0 \$</b>		40,698.40	
	nward			
Accumulation phase account balance	rollovers and <b>P</b> \$			
<b>S1 \$</b> 0.00	Outward			
Retirement phase account balance	rollovers and <b>Q</b> \$		800,000.00	
- Non CDBIS	transfers		Code	
<b>S2</b> \$ 8,151.26	payments <b>R1 \$</b>		95,000.00 A	
Retirement phase account balance – CDBIS			Code	
<b>S3 \$</b> 0.00	stream R2 \$		14,940.00 M	
0.00	payments			
0 TRIS Count CLOSING ACCC	OUNT BALANCE <b>S</b> \$		8,151.26	
		(S1 plus S2 plus S		
			I	
	ion phase value X1 \$			
Retirem	ent phase value X2 \$			
Outstanding limited recourse borrowing arrangement amount				
	° CIAL: Sensitive (when co	mpleted)	Page 9	

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Tax File Number Provided

A	ion H: <b>Assets and liabilit</b> ssets	Ies			
ia A	ustralian managed investments	Listed trusts	A	\$	
		Unlisted trusts	В	\$	
		Insurance policy	С	\$	
	Otl	her managed investments	D	\$	
b A	ustralian direct investments	Cash and term deposits	Е	\$	25,313
	Limited recourse borrowing arrangements	s Debt securities	F	\$	
	Australian residential real property <b>J1 \$</b>	Loans			
	Australian non-residential real property	-			7.024
	J2 \$	Listed shares			7,824
	Overseas real property	Unlisted shares	I	\$	
	J3 \$	Limited recourse	J	\$	
	Australian shares	borrowing arrangements		Ť	
	J4 \$ Overseas shares	Non-residential real property	Κ	\$	
	J5 \$	Residential real property	L	\$	
	Other	Collectables and personal use assets			
	J6 \$	personal use assets	IVI	<u>ه</u>	
	Property count	Other assets	0	\$	
	J7				
; 0	ther investments	Crypto-Currency	N	\$	
a c	verseas direct investments	Overseas shares	Ρ	\$	
	Overseas no	on-residential real property	Q	\$	
	Oversea	as residential real property	R	\$	
	Overse	eas managed investments	S	\$	
		Other overseas assets	т	\$	

				Tax File Number	Provided
15f	If the fund had an LRBA were the LRBA borrowings from a licensed financial institution?	<b>A</b> No Yes <b>B</b> No Yes			
16	LIABILITIES				
	Borrowings for limited recourse borrowing arrangements	]			
	V1 \$				
	Permissible temporary borrowings				
	V2 \$				
	Other borrowings				
	V3 \$	Borrowin	gs V	\$	
	Total member clos (total of all <b>CLOSING ACCOUNT BALANCE</b> s fro	ing account balanc om Sections F and		\$	27,156
		Reserve accour	nts X	\$	
		Other liabiliti	ies Y	\$	5,981
		TOTAL LIABILI	ties <b>Z</b>	\$	33,137

# Section I: **Taxation of financial arrangements** 17 Taxation of financial arrangements (TOFA)

Н\$	Total TOFA gains
Ι\$	Total TOFA losses

# Section J: Other information

## Family trust election status

If the trust or fund has made, or is making, a family trust election, write the four-digit <b>income year specified</b> of the election (for example, for the 2020–21 income year, write <b>2021</b> ).	A
If revoking or varying a family trust election, print <b>R</b> for revoke or print <b>V</b> for variation, and complete and attach the <i>Family trust election, revocation or variation 2021.</i>	в
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 <i>Interposed entity election or revocation 2021</i> for each election.	c
If revoking an interposed entity election, print <b>R</b> , and complete and attach the <i>Interposed entity election or revocation 2021</i> .	D 🗌

# 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 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 27 / 09 / 2021
referred trustee or director contact details:
tle: Mr X Mrs Miss Ms Other
amily name
Icpeake
rst given names Other given names
/lark Andrew
hone number 0882719555 mail address
on-individual trustee name (if applicable)
BN of non-individual trustee
Time taken to prepare and complete this annual return
Time taken to prepare and complete this annual return
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.
AX AGENT'S DECLARATION:
declare that the Self-managed superannuation fund annual return 2021 has been prepared in accordance with information rovided by the trustees, that the trustees have given me a declaration stating that the information provided to me is true and prrect, and that the trustees have authorised me to lodge this annual return. ax agent's signature
rovided by the trustees, that the trustees have given me a declaration stating that the information provided to me is true and prrect, and that the trustees have authorised me to lodge this annual return.
rovided by the trustees, that the trustees have given me a declaration stating that the information provided to me is true and brrect, and that the trustees have authorised me to lodge this annual return. ax agent's signature Date 27 / 09 / 2021
rovided by the trustees, that the trustees have given me a declaration stating that the information provided to me is true and prrect, and that the trustees have authorised me to lodge this annual return. ax agent's signature
rovided by the trustees, that the trustees have given me a declaration stating that the information provided to me is true and borrect, and that the trustees have authorised me to lodge this annual return.  ax agent's signature  Day  Date  Day  Month Year  Date  Day  Date  Da
rovided 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.    ax agent's signature     Date     27     Month     Year        Date     27     Year     Date     27     Year     Date     27     Year     Date     Date     Date     Date     Date     Date     Date     Date <t< td=""></t<>
rovided by the trustees, that the trustees have given me a declaration stating that the information provided to me is true and borrect, and that the trustees have authorised me to lodge this annual return.    ax agent's signature     Date   27   09     2021     ax agent's contact details   tie:   Mr   Miss   Ms   Other
rovided 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.    ax agent's signature     Day     Month     Year   Date   27   09     2021     ax agent's contact details   tie:   Mr   Miss   Miss   Other     amily name
rovided by the trustees, that the trustees have given me a declaration stating that the information provided to me is true and borrect, and that the trustees have authorised me to lodge this annual return.    ax agent's signature     Day   Month   Vear   Date   27   09   2021     ax agent's contact details   tle:   Mr   Miss   Ms   Other     counder     Other given name
rovided by the trustees, that the trustees have given me a declaration stating that the information provided to me is true and borrect, and that the trustees have authorised me to lodge this annual return.    ax agent's signature     Date     27     Month     Year        Date     27     Month     Year     Date     27     Year        Date     27     Year        Date     27           Date   27   09   <
rovided by the trustees, that the trustees have given me a declaration stating that the information provided to me is true and borrect, and that the trustees have authorised me to lodge this annual return.    ax agent's signature     Date

100017996BP

202%

# Losses schedule

Companies and trusts that do not join consolidated groups should complete and attach this schedule to their 202F tax return. Superannuation funds should complete and attach this schedule to their 202F 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. Place  $\chi$  in all applicable boxes. Refer to *Losses schedule instructions 202F*, available on our website **ato.gov.au** for instructions on how to complete this schedule. Tax file number (TFN) Provided Name of entity McPeake Constructions Pty Ltd Superannuation Fund Australian business number

92144899453

# Part A - Losses carried forward to the 202%-2& income year - excludes film losses

- 1 Tax losses carried forward to later income years

   Year of loss

   200€-2F
   B

   201J-0€
   C

   2011-1J
   D

   2011-1J
   D

   2011-1J
   E

   2011-1J
   F

   2011-1T
   F

   2011-1T
   F

   2011-1T
   G

   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

fear of loss	
2020–21	н
2019–20	I
201Ì –19	J
201ï –1ì	κ
201Î –1Ï	L
2011 –11 and earlier income years	Μ
Total	v
Transfer the amount at V to the Net capital losses carried for	prward to later income years label on your tax return.

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		-	Tax File Number Provided
Part B – Ownership and b	usiness continuity	y te	est – company and listed widely held trust only
Complete item 3 of Part B if a loss is being c	arried forward to later income ye	ears	and the business continuity test has to be
satis ied in relation to that loss. Do not complete items <b>1</b> or <b>2</b> of <b>Part B</b> if, in t	he 2020–21 income year, no los	ss ha	as been claimed as a deduction, applied
against a net capital gain or, in the case of co			
1 Whether continuity of majority	Year of loss		
ownership test passed	2020–21	-	Yes No
Note: If the entity has deducted, applied,		_	
transferred in or transferred out (as applicable) in the 2020–21 income year a loss incurred in	2019–20	В	Yes No
any of the listed years, print <b>X</b> in the <b>Yes</b> or <b>No</b> box to indicate whether the entity has satisfied	2018–19	С	Yes No
the continuity of majority ownership test in respect of that loss.	2017–18	П	 Yes No
	2017-10	0	
	2016–17	Ε	Yes No
	2015–16 and earlier income years	F	Yes No
2 Amount of losses deducted/applied fo business continuity test is satisfied - ex		orit	y ownership test is not passed but the
,	Tax losses	G	
		u	
	Net capital losses	Н	
3 Losses carried forward for which the b applied in later years – excludes film losses		t be	satisfied before they can be deducted/
	Tax losses	I	
	Net capital losses	.1	
		U	
4 Do current year loss provisions apply?			
Is the company required to calculate its taxal the year under Subdivision 165-B or its net cap	ital gain or net capital loss	Κ	Yes No
for the year under Subdivision 165-CB of the <i>In</i> 1997 (ITAA 1997)?	come Tax Assessment Act		
Part C – Unrealised losses – co	mpany only		
Note: These questions relate to the operation of S			
Has a changeover time occurred in relation to t after 1.00pm by legal time in the Australian Cap 11 November 1999?		L	Yes No
If you printed <b>X</b> in the <b>No</b> box at <b>L</b> , do not comple	ete <b>M</b> , <b>N</b> or <b>O</b> .		
At the changeover time did the company satisfing net asset value test under section 152-15 of ITA		М	Yes No
If you printed <b>X</b> in the <b>No</b> box at <b>M</b> , has the con it had an unrealised net loss at the changeover		N	Yes No
If you printed <b>X</b> in the <b>Yes</b> box at <b>N</b> , what was t unrealised net loss calculated under section 16		0	

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	Та	x File Number	Provided
Part D – Life insurance companies			
Complying superannuation class tax losses carried forward to later income years	Ρ		
Complying superannuation net capital losses carried forward to later income years	Q		
Part E – Controlled foreign company losses			
Current year CFC losses	м		
CFC losses deducted	Ν		
CFC losses carried forward	0		
Part F – Tax losses reconciliation statement			
Balance of tax losses brought forward from the prior income year	Α		
ADD Uplift of tax losses of designated infrastructure project entities	в		
SUBTRACT Net forgiven amount of debt	_		
	_		
ADD Tax loss incurred (if any) during current year	D		
ADD Tax loss amount from conversion of excess franking offsets	Ε		
SUBTRACT Net exempt income	F		
SUBTRACT Tax losses forgone	G		
SUBTRACT Tax losses deducted	H		
<b>SUBTRACT</b> Tax losses transferred out under Subdivision 170-A (only for transfers involving a foreign bank branch or a PE of a foreign financial entity)	I		
Total tax losses carried forward to later income years	J		
Transfer the amount at J to the Tax losses carried for	ware	d to later income yea	<b>rs</b> label on your tax return.

	Tax File Number Provided
If the schedule is not lodged with the income tax return you are require	ed to sign and date the schedule.
Important Before making this declaration check to ensure that all the information requi to this form, and that the information provided is true and correct in every de place all the facts before the ATO. The income tax law imposes heavy penal	etail. If you are in doubt about any aspect of the tax return,
Privacy Taxation law authorises the ATO to collect information and disclose it to othe	er government agencies. This includes personal

information of the person authorised to sign the declaration. For information about your privacy go to **ato.gov.au/privacy** 

# Taxpayer's declaration

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

Signature

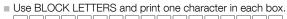
Mark Andrew Mcpeake	0882719555
Contact person	Daytime contact number (include area code)
	Date / /
	Day Month Year

202%

# Capital gains tax (CGT) schedule

# When completing this form

Print clearly, using a black or dark blue pen only.



- 8 M I T H 8 T
- Do not use correction fluid or covering stickers.
- Sign next to any corrections with your full signature (not initials).
- Use in conjunction with company, trust, fund income tax return or the self-managed superannuation fund annual return.
- Refer to the *Guide to capital gains tax 202F* available on our website at ato.gov.au for instructions on how to complete this schedule.

 Tax file number (TFN)
 Provided

We are authorised by law to request your TFN. You do not have to quote your TFN. However, if you don't it could increase the chance of delay or error in processing your form.

Australian business number (ABN) 92144899453

Taxpayer's name

McPeake Constructions Pty Ltd Superannuation Fund

## 1 Current year capital gains and capital losses

Shares in companies	Capital gain	Capital loss
listed on an Australian securities exchange	A \$	К\$
Other shares	в \$	L \$
Units in unit trusts listed on an Australian securities exchange	C \$	M\$
Other units	D \$	N \$
Real estate situated in Australia	E \$	O \$
Other real estate	F \$	Р\$
Amount of capital gains from a trust (including a managed fund)	G \$	
Collectables	Н\$	Q \$
Other CGT assets and any other CGT events	I \$	R \$
Amount of capital gain previously deferred under transitional CGT relief for superannuation funds	S \$	Add the amounts at labels <b>K</b> to <b>R</b> and write the total in item <b>2</b> label <b>A</b> – <b>Total current year</b> <b>capital losses</b> .
Total current year capital gains	J \$	

## 100017996BW

		Tax File Number	Provided
2	Capital losses		
	- Total current year capital losses	A \$	
	Total current year capital losses applied	в\$	
	Total prior year net capital losses applied	C \$	
	Total capital losses transferred in applied (only for transfers involving a foreign bank branch or permanent establishment of a foreign financial entity)	D \$	
	Total capital losses applied	E \$	
		Add amounts at <b>B</b> , <b>C</b> and	d D.
3	Unapplied net capital losses carried forward		
	Net capital losses from collectables carried forward to later income years	A \$	
	Other net capital losses carried forward to later income years	В\$	
		Add amounts at A and B to label V - Net capital la to later income years or	osses carried forward
4	CGT discount		
	Total CGT discount applied	A \$	
5	CGT concessions for small business		
	Small business active asset reduction	A \$	
	Small business retirement exemption	в\$	
	Small business rollover	C \$	
	Total small business concessions applied	D \$	
		<b>•</b>	
6	Net capital gain		
	Net capital gain	A \$	
		1J less 2E less 4A less 5 zero). Transfer the amour capital gain on your tax	nt at A to label A – Net

# 100017996BW

	Tax File Number Pro	vided
7	7 Earnout arrangements	
	Are you a party to an earnout arrangement? A Yes, as a buyer Yes, as a seller (Print $\chi$ in the appropriate box.)	No
	If you are a party to more than one earnout arrangement, copy and attach a separate sheet to this sch details requested here for each additional earnout arrangement.	edule providing the
	How many years does the earnout arrangement run for?	
	What year of that arrangement are you in?	
	If you are the seller, what is the total estimated capital proceeds from the earnout arrangement?	
	Amount of any capital gain or loss you made under <b>E</b>	
	Request for amendment	
	If you received or provided a financial benefit under a look-through earnout right created in an earlier income to seek an amendment to that earlier income year, complete the following:	e year and you wish
	Income year earnout right created F	
	Amended net capital gain or capital losses carried forward <b>G</b>	/ [/
8	8 Other CGT information required (if applicable)	CODE
	Small business 15 year exemption – exempt capital gains A \$	/
	Capital gains disregarded by a foreign resident <b>B</b> \$	
	Capital gains disregarded as a result of a scrip for scrip rollover C\$	
	Capital gains disregarded as a result of an inter-company asset rollover D\$	
	Capital gains disregarded by a demerging entity E\$	

Provided

# **Taxpayer's declaration**

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

## Important

Before making this declaration check to ensure that all the information required has been provided on this form and any attachments to this form, and that the information provided is true and correct in every detail. If you are in doubt about any aspect of the tax return, place all the facts before the ATO. The income tax law imposes heavy penalties for false or misleading statements.

### Privacy

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

I declare that the information on this form is true and correct.	
Signature	
	Date
	Day Month Year
Contact name	
Mark Andrew Mcpeake	
Daytime contact number (include area code)	
0882719555	

# Electronic Lodgment Declaration (SMSF)

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.

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	Name of Fund	Year
Provided	McPeake Constructions Pty Ltd Superannuation Fund	2021

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

### 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:

- All the information provided to the agent for the preparation of this tax return, including any applicable schedules is true and correct; and
  - I authorise the agent to lodge this tax return.

Signature of Partner, Trustee, or Director	Date	1	/

# **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 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.

5WWcibhBUaY"	McPeake Constructions Pty Ltd Superannuation Fund		
Account Number	035046 480329	Client Reference	MCPLSF

I authorise the refund to be deposited directly to the specified account

Signature	Date	1	/

# Tax Agent's 8 YWUfUfjcb

## I declare that:

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- I have prepared this tax return in accordance with the information supplied by the partner, trustee, director or public officer
- I have received a declaration made by the entity that the information provided to me for the preparation of this tax return is true and correct; and
- I am authorised by the partner, trustee, director or public officer to lodge this tax return, including any applicable schedules.

Agent's signature <sup>…</sup>			Date	1 1
Contact name	Phillip Lounder		Client Reference	MCPLSF
Agent's Phone Num	ber 08 82719555	н	UI `5 [ YbhBi a VYf	25452589