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

On this inco	<ul> <li>ho should complete this annual return?</li> <li>ly self-managed superannuation funds (SMSFs) can complete s annual return. All other funds must complete the <i>Fund</i> ome tax return 2021 (NAT 71287).</li> <li>The Self-managed superannuation fund annual return instructions 2021 (NAT 71606) (the instructions) can assist you to complete this annual return.</li> <li>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).</li> </ul>	<ul> <li>To complete this annual return</li> <li>Print clearly, using a BLACK pen only.</li> <li>Use BLOCK LETTERS and print one character per box.</li> <li>𝔅 𝔐 / 𝒯 𝔐 / 𝒯 𝔐 𝔐</li> <li>Place 𝔐 in ALL applicable boxes.</li> <li>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</li> </ul>					
Se	ection A: Fund information	To apply proceeding write the fund's TEN of					
1	Tax file number (TFN) Provided	To assist processing, write the fund's TFN at the top of pages 3, 5, 7 and 9.					
	The ATO is authorised by law to request your TFN. You the chance of delay or error in processing your annual	u are not obliged to quote your TFN but not quoting it could incre return. See the Privacy note in the Declaration.	ase				
2	Name of self-managed superannuation fund (S ENKINS FAMILY RETIREMENT FUND	/ISF)	_				
3	Australian business number (ABN) (if applicable)	28188053919					
4	Current postal address						
PC	D Box 24						
	burb/town	State/territory Postcode	$\overline{}$				
	eveland	QLD4163					
5	Annual return status Is this an amendment to the SMSF's 2021 return?	A No X Yes					
	Is this the first required return for a newly registered SMSF	? B No X Yes					

6 SMSF auditor Auditor's name						
Title: Mr X Mrs Miss	Ms Other					
Family name						
Boys						
First given name		Other given r	names			
Anthony		William				
SMSF Auditor Number	Auditor's phone	number				
100014140	61410712708					
Postal address						
PO Box 3376						
					Otata (tamitana)	Destanda
Suburb/town Rundle Mall					State/territory	Postcode 5000
Date audit was completed <b>A</b> Was Part A of the audit report qu Was Part B of the audit report qu If Part B of the audit report was qu	alified?	No X	] Yes Yes			
have the reported issues been rec		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.

#### 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	084255	Fund account number	771975623
Fund account name			
JENKINS FAMILY	RETIREMENT FU	ND	

Account number

I would like my tax refunds made to this account. X Go to C.

#### B Financial institution account details for tax refunds

This account is used for tax refunds. You can provide a tax agent account here.

# Account name

#### C Electronic service address alias

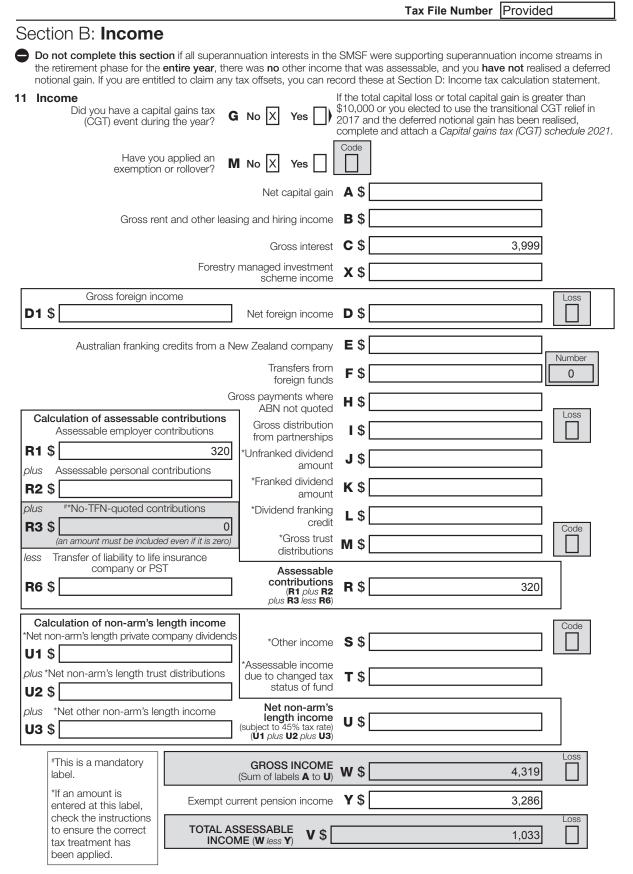
Provide the electronic service address alias (ESA) issued by your SMSF messaging provider. (For example, SMSFdataESAAlias). See instructions for more information.

BGLSF360

BSB number

	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				
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?         No       Year				
10	<b>Exempt current pension income</b> 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 \$ 3,286				
	Which method did you use to calculate your exempt current pension income?				
	Segregated assets method <b>B</b> X				
	Unsegregated assets method $\mathbf{C}(\mathbf{X})$ Was an actuarial certificate obtained? $\mathbf{D}$ Yes $\mathbf{X}$				
	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.				

Page 3

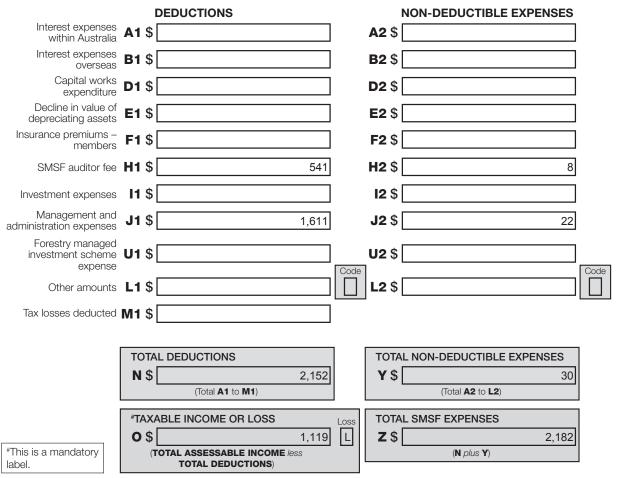


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# Section C: Deductions and non-deductible expenses

#### 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).

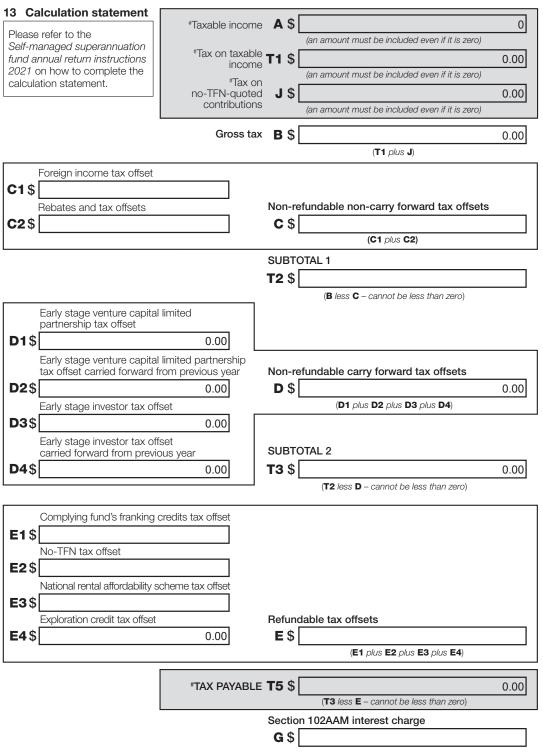


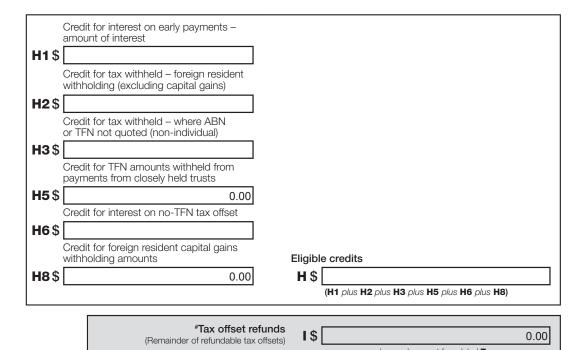
Page 5

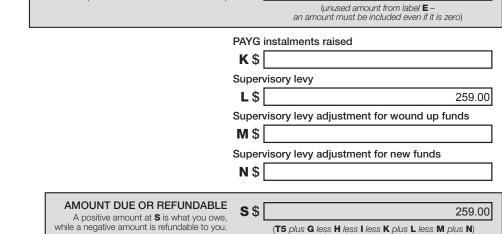
# Section D: Income tax calculation statement

#### #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 14 Losses

If total loss is greater than \$100,000, complete and attach a Losses schedule 2021.

Tax losses carried forward **U**\$ to later income years

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

1,119

**OFFICIAL: Sensitive** (when completed)

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Section F: Member informat	ion				
MEMBER 1					
Title: Mr X Mrs Miss Ms Other					
Family name					
Jenkins					
First given name	Other given name	es			
Gregory	Thomas				
Member's TFN See the Privacy note in the Declaration. Provided			Date of birth	Provide	ed
Contributions OPENING ACCOU	JNT BALANCE <b>\$</b> [			237,745.26	
Refer to instructions for completing these lab	els. Proc	ceeds fror	n primary residen	ce disposal	
Employer contributions		ceipt date	Day Month	n Year	
	60.00 <b>H1</b>				
ABN of principal employer	Ass	essable fo	reign superannuat	tion fund amount	
A1		\$			
Personal contributions	Nor	n-assessal	ole foreign supera	nnuation fund amour	nt
*	39.73 J	\$			
CGT small business retirement exemption	Trar		reserve: assessal	ole amount	
	K	\$			
CGT small business 15-year exemption arr	11.01		reserve: non-asse	essable amount	
<b>D \$</b> Personal injury election		\$			
E \$	Cor and	ntributions previously	from non-comply y non-complying t	ring funds funds	
Spouse and child contributions	T	\$	,		
F \$	Any	other cor	ntributions		
Other third party contributions	Low	v Income Sup	per Co-contributic Super Amounts)	ins and	
G \$	M	\$			
TOTAL CONTRIBUTIONS	5 N \$		99,999	.73	
	(Sum of lab	els <b>A</b> to <b>M</b> )	,		
Other transactions Allo	ocated earnings or losses	<b>D</b> \$		908.69	Loss
	Inward				
Accumulation phase account balance	rollovers and	P \$			
<b>S1</b> \$ 91,673.04	transfers Outward				
Retirement phase account balance – Non CDBIS	rollovers and transfers	ג \$			Code
<b>S2</b> \$ 232,510.02	Lump Sum payments R1	1 \$		8,530.62	A
Retirement phase account balance – CDBIS	Income				Code
<b>S3</b> \$ 0.00	stream R2	2 \$		5,940.00	Μ
	payments				
				004 400 00	]
0 TRIS Count CLOSING ACCO	UNT BALANCE	<b>&gt;</b> ⊅	(61 mbra 60 mbra	324,183.06	
			(S1 plus S2 plus	33)	J
Accumulat	ion phase value <b>X1</b>	1 \$			
	ent phase value X2				
Outstanding borrowing arran	imited recourse gement amount	<b>Y</b> \$			
Page 8 OFFIC	CIAL: Sensitive (v	when com	npleted)		

MEMBER 2					
Title: Mr Mrs X Miss Ms Other					
Family name					
Jenkins					
First given name		Other given names			
Angela		Sally			
Member's TFN See the Privacy note in the Dec	laration. Provided		Date of birth	Provide	ed
Contributions	OPENING ACCOU	NT BALANCE \$		237,121.93	]
Refer to instructions for c	ompleting these labe	Proceeds fr H \$	om primary residence disp	osal	
Employer contributions		Receipt dat	e Day Month	Year	
A \$	160.00	H1			
ABN of principal employer			foreign superannuation fun	d amount	
A1		I \$			
Personal contributions B \$	99,839.73		sable foreign superannuation	n fund amount	
CGT small business retiremen		J \$	m reserve: assessable amo		
C \$		K \$			
CGT small business 15-year e	exemption amount	·	m reserve: non-assessable	amount	
D \$		L \$			
Personal injury election E \$			ns from non-complying fun Isly non-complying funds	ds	
E \$ Spouse and child contribution	18	T \$			
F \$		Any other c	ontributions	1	
Other third party contributions	3	Low Income	uper Co-contributions and e Super Amounts)		
G \$		М\$			
TOTAL CON	TRIBUTIONS N S	6	99,999.73		
		(Sum of labels A to N	<b>/</b> ()		
Other transactions	Allo	cated earnings or losses <b>O</b>	\$	907.07	
Accumulation phase ac	count balance	Inward rollovers and <b>P</b>	\$		
S1 \$	91,672.99	transfers	Ψ		
Retirement phase acco	unt balance	Outward rollovers and <b>Q</b>	\$		
– Non CDBİS		transfers	•		Code
<b>S2</b> \$	231,895.07	Lump Sum R1	\$	8,530.67	A
Retirement phase acco – CDBIS	unt balance	Income			Code
<b>S3 \$</b>	0.00	stream R2	\$	5,930.00	M
	0.00	payments			
0 TRIS Count	CLOSING ACCOU	JNT BALANCE S	\$	323,568.06	
			(S1 plus S2 plus S		
	Accumulatio	on phase value <b>X1</b>	\$		
	Retireme	nt phase value <b>X2</b>	\$		
	Outstanding li	mited recourse 🗸			
	borrowing arrang	ement amount			
	OFFIC	IAL: Sensitive (wh	nen completed)		Page 9

					Tax File Number Provided
	ction H: <b>Assets and liabiliti</b> Asseтs	es			
15a	Australian managed investments	Listed trusts	A	\$	
		Unlisted trusts	B	\$	
		Insurance policy	С	; \$	
	Oth	er managed investments	D	\$	
15b	Australian direct investments	Cash and term deposits	E	\$	648,010
	Limited recourse borrowing arrangements Australian residential real property	Debt securities	F	\$	
	J1 \$	Loans	G	i \$	
	Australian non-residential real property	Listed shares	Н	I \$	
	J2 \$	Unlisted shares		ı \$	
	Overseas real property  J3 \$			• •	
		Limited recourse borrowing arrangements	J	<b> </b> \$	
	J4 \$	Non-residential	к	\$	
	Overseas shares	real property Residential			
	J5 \$	real property	1	. \$	
	Other	Collectables and personal use assets	Μ	\$	
	Property count	Other assets	0	\$	
	J7				
15c	Other investments	Crypto-Currency	N	I \$	
5d	Overseas direct investments	Overseas shares	P	\$	
	Overseas nor	-residential real property	Q	\$	
	Overseas	s residential real property	R	8\$	
	Oversea	as managed investments	S	\$	
		Other overseas assets	Т	\$	
	TOTAL AUSTRALIAN ANI (Sum of labe		U	\$	648,010
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?	🗛 No 🗶 Yes 🗍		\$	

						Tax File Number	Provided	
15f	financial institution?	<b>A</b> No <b>B</b> No	Yes					
16	LIABILITIES							
	Borrowings for limited recourse borrowing arrangements							
	V1 \$							
	Permissible temporary borrowings							
	V2 \$							
	Other borrowings							7
	V3 \$	Borr	rowings	V	\$[			
	Total member closir (total of all <b>CLOSING ACCOUNT BALANCE</b> s from			w	\$[		647,751	
		Reserve ac	counts	X	\$[			
		Other li	abilities	Y	\$[		259	
		TOTAL LIA	BILITIES	Z	\$[		648,010	
	ction I: Taxation of financial Taxation of financial arrangements (TOFA		jemen	ts	•			
		Total TOFA g	gains H 💲	5				
		Total TOFA lo	sses I 🕄	5				

# Section J: Other information

Family trust	election	status
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If the trust or fund has made, or is making, a family trust election, write the four-digit <b>income year</b> <b>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.	<b>c</b>
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. 4 - 1 00 1 0000

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

	15 / 03 / 2022
Greg JenKins	Date Day Month Year
Preferred trustee or director contact details:	
Title: Mr X Mrs Miss Ms Other	
Family name	
Jenkins	
First given name Other given names	
Gregory Thomas	
Phone number 07 3286 1322 Email address	
Non-individual trustee name (if applicable)	
ABN of non-individual trustee Time taken to prepare and complete this annual return	urn Hrs
The Commissioner of Taxation, as Registrar of the Australian Business Register, provide on this annual return to maintain the integrity of the register. For further in	
TAX AGENT'S DECLARATION: I declare that the <i>Self-managed superannuation fund annual return 2021</i> has beer provided by the trustees, that the trustees have given me a declaration stating tha correct, and that the trustees have authorised me to lodge this annual return. Tax agent's signature	
Tax agent's contact details	
Title:         Mr         Mrs         Miss         Ms         Other           Family name         Family name	
Sherman	
First given name Other given names	
Shona Lorraine	
Tax agent's practice	
HFB Super Pty Ltd	
Tax agent's phone number Reference number	Tax agent number
07 3286 1322 JENGA	24805931

#### 100017996BP

2021

# Losses schedule

Companies and trusts that do not join consolidated groups should complete and attach this schedule to their 2021 tax return. Superannuation funds should complete and attach this schedule to their 2021 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 2021*, available on our website **ato.gov.au** for instructions on how to complete this schedule.

Tax file number (TFN)

Provided

Name of entity

JENKINS FAMILY RETIREMENT FUND

The land a second of family of the latest in a second second

Australian business number

28188053919

a.

# Part A - Losses carried forward to the 2021-22 income year - excludes film losses

1	Tax losses carried forward to	Year of loss		
		2020–21	В	1,119
		2019–20	С	
		2018–19	D	
		2017–18	Е	
		2016–17	F	
		2015–16 and earlier income years	G	
		Total	U	1,119
		Transfer the amount at U to the Tax losses carried	forw	rard to later income years label on your tax return.

2 Net capital losses carried forward to later income years

Year of loss	
2020–21	н
2019–20	I
2018–19	J
2017–18	К
2016–17	L
2015–16 and earlier income years	M
Total	v

## Part B - Ownership and business continuity test - company and listed widely held trust only

Year of loss

2020–21 🗛

2019–20 **B** 

2018–19 **C** 

2017–18 **D** 2016–17 E

F

Yes

Complete item 3 of Part B if a loss is being carried forward to later income years and the business continuity test has to be satis ied in relation to that loss.

Do not complete items 1 or 2 of Part B if, in the 2020-21 income year, no loss has been claimed as a deduction, applied against a net capital gain or, in the case of companies, losses have not been transferred in or out.

1 Whether continuity of majority ownership test passed

> Note: If the entity has deducted, applied, transferred in or transferred out (as applicable) in the 2020-21 income year a loss incurred in any of the listed years, print X in the Yes or No box to indicate whether the entity has satisfied the continuity of majority ownership test in respect of that loss.

2 Amount of losses deducted/applied for which the continuity of majority ownership test is not passed but the business continuity test is satisfied - excludes film losses

2015-16 and earlier

income years

Tax losses	G	
Net capital losses	н	

3 Losses carried forward for which the business continuity test must be satisfied before they can be deducted/ applied in later years - excludes film losses

Net capital losses

4 Do current year loss provisions apply?

Is the company required to calculate its taxable income or tax loss for the year under Subdivision 165-B or its net capital gain or net capital loss for the year under Subdivision 165-CB of the Income Tax Assessment Act 1997 (ITAA 1997)?



Note: These questions relate to the operation of Subdivision 165-CC of ITAA 1997. Has a changeover time occurred in relation to the company L Yes after 1.00pm by legal time in the Australian Capital Territory on 11 November 1999? If you printed X in the No box at L, do not complete M, N or O.

At the changeover time did the company satisfy the maximum

net asset value test under section 152-15 of ITAA 1997?

If you printed X in the No box at M, has the company determined it had an unrealised net loss at the changeover time?

If you printed X in the Yes box at N, what was the amount of unrealised net loss calculated under section 165-115E of ITAA 1997?

М	Yes No
Ν	Yes No
<b>o</b>	

No

**OFFICIAL: Sensitive** (when completed)

Tax losses

	Ta	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	A	
ADD Uplift of tax losses of designated infrastructure project entities	В	
SUBTRACT Net forgiven amount of debt	С	
ADD Tax loss incurred (if any) during current year	D	1,119
ADD Tax loss amount from conversion of excess franking offsets	Е	
SUBTRACT Net exempt income	_	1,119
SUBTRACT Tax losses forgone		
SUBTRACT Tax losses deducted SUBTRACT Tax losses transferred out under Subdivision 170-A	н	
(only for transfers involving a foreign bank branch or a PE of a foreign financial entity) Total tax losses carried forward to later income years	J	

Transfer the amount at  ${\bf J}$  to the Tax losses carried forward to later income years label on your tax return.

	Tax File Number	Provided			
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 b to this form, and that the information provided is true and correct in every detail. If yo place all the facts before the ATO. The income tax law imposes heavy penalties for fa	ou are in doubt about a	any aspect of the tax return,			
<b>Privacy</b> 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 <b>ato.gov.au/privacy</b>					
Taxpayer's declaration					
I declare that the information on this form is true and correct.					
Signature	15 / 0	03 / 2022			
Greg Jenkins	Date Day	Month Year			
Contact person Da	aytime contact numbe	er (include area code)			
Gregory Thomas Jenkins 0	7 3286 1322				

#### **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	JENKINS FAMILY RETIREMENT 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	Greg Jenkins	Date	15 / 03 / 2022
		-	

#### 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.

Account Name	JENKINS FAMILY RETIREMENT FUND		
Account Number	084255 771975623	Client Reference	JENGA

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

Signature
-----------

1

1

Date

## Tax Agent's Declaration

#### I declare that:

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

Agent's signature	· A		Date	09 / 05	/ 2022
Contact name	Shona Sherman		Client Reference	JENGA	
Agent's Phone Num	nber 07 3286 1322	Т	ax Agent Number	24805931	