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

On this <i>inc</i>	 ho should complete this annual return? Iy 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). The Self-managed superannuation fund annual return instructions 2021 (NAT 71606) (the instructions) can assist you to complete this annual return. The SMSF annual return cannot be used to notify us of a change in fund membership. You must update fund details via ABR.gov.au or complete the Change of details for superannuation entities form (NAT 3036). 	 To complete this annual return Print clearly, using a BLACK pen only. Use BLOCK LETTERS and print one character per box. 𝔅 𝑘 (𝔅 𝔅 𝑘) 𝑘 𝔅 𝔅 𝑘) Place 𝔅 𝔅 in ALL applicable boxes. (Note: Second Secon
 1	ection A: Fund information Tax file number (TFN) Provided The ATO is authorised by law to request your TFN. You are the chance of delay or error in processing your annual return	To assist processing, write the fund's TFN at the top of pages 3, 5, 7 and 9. e not obliged to quote your TFN but not quoting it could increase urn. See the Privacy note in the Declaration.
2 JE	Name of self-managed superannuation fund (SMSF NKINS DREAM RETIREMENT FUND	
3	Australian business number (ABN) (if applicable) 294	68223825
4	Current postal address	
	D Box 24	
	eveland	State/territory Postcode QLD 4163
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 M	1s Other					
Family name						
Boys						
First given name		Other given	names			
Anthony		William				
SMSF Auditor Number	Auditor's phone r	lumber				
100014140	61410712708					
Postal address						
PO Box 3376						
Suburb/town					Ctoto (touritour)	Destanda
Rundle Mall					State/territory	Postcode 5000
	Day Month 13 / 10 /	Year 2021]			
Was Part A of the audit report qua	lified?	No X	Yes			
Was Part B of the audit report qua	lified? C	No X	Yes			
If Part B of the audit report was qua have the reported issues been recti		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	064706	Fund account number	10136788			
und account name						
JENKINS DREAM RETIREMENT FUND						

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

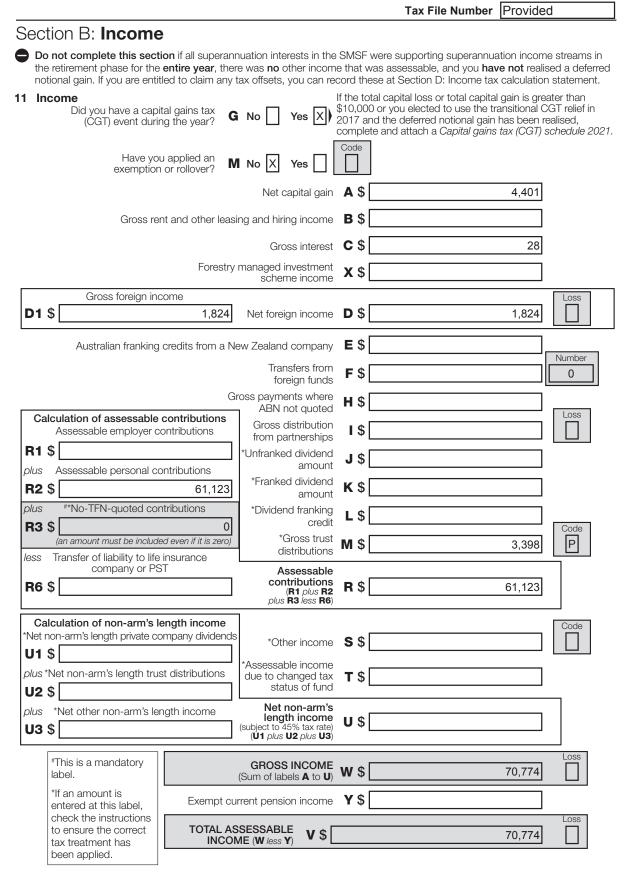
Provide the electronic service address alias (ESA) issued by your SMSF messaging provider. (For example, SMSFdataESAAlias). See instructions for more information.

AUSPOSTSMSF

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	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 X Go to Section B: Income.						
	Yes Exempt current pension income amount A \$						
	Which method did you use to calculate your exempt current pension income?						
	Segregated assets method B						
	Unsegregated assets method C) Was an actuarial certificate obtained? D Yes						
	Did the fund have any other income that was assessable?						
	E Yes) 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 not 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

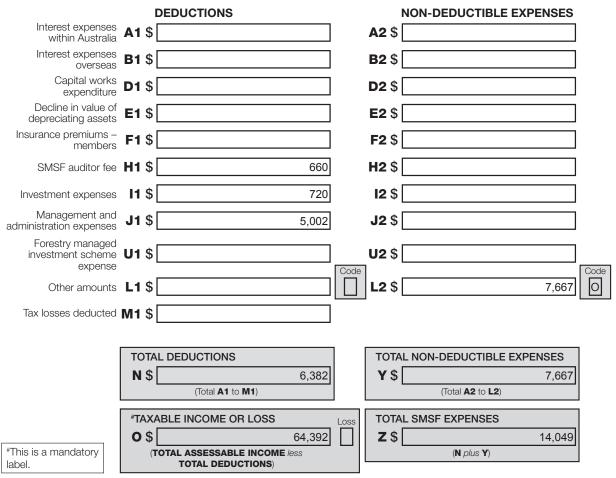


Page 4

Section C: Deductions and non-deductible expenses

12 Deductions and non-deductible expenses

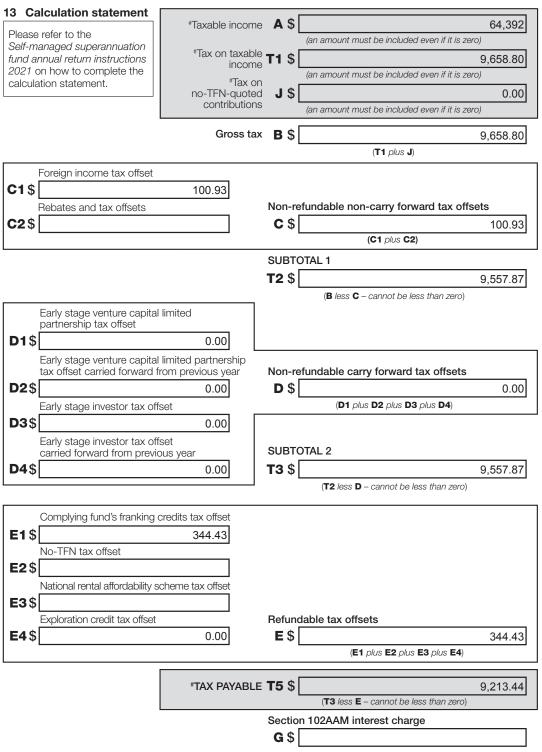
Under 'Deductions' list all expenses and allowances you are entitled to claim a deduction for. Under 'Non-deductible expenses', list all other expenses or normally allowable deductions that you cannot claim as a deduction (for example, all expenses related to exempt current pension income should be recorded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

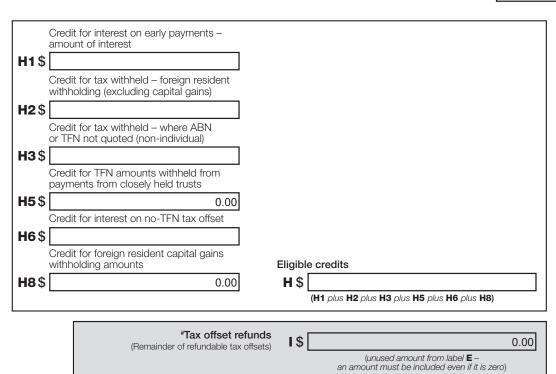


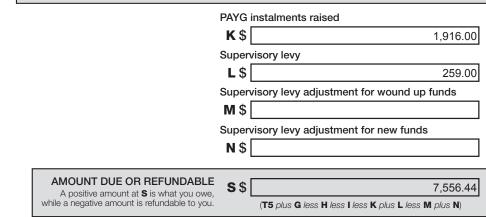
Section D: Income tax calculation statement

#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 14 Losses

schedule 2021.

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

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

forward to later income years

U\$

OFFICIAL: Sensitive (when completed)

Page 7

Section F: Member information	
MEMBER 1	
Title: Mr Miss Ms Other	
Family name Jenkins	
First given name Other given names	
Brett Thomas	
Member's TFN	
See the Privacy note in the Declaration. Provided Date of birth Provided	
Contributions OPENING ACCOUNT BALANCE \$ 136,136.59	
 Refer to instructions for completing these labels. Proceeds from primary residence disposal H \$ 	
Employer contributions Receipt date Day Month Year	
A \$ H1 / _ /	
ABN of principal employer Assessable foreign superannuation fund amount	
A1 I \$	
Personal contributions Non-assessable foreign superannuation fund amount	
B \$ 30,561.85 J \$ CGT small business retirement exemption Transfer from reserve: assessable amount	
D \$ L <ttr> <ttr> <ttr> <ttr></ttr></ttr></ttr></ttr>	
Personal injury election Contributions from non-complying funds	
E \$ and previously non-complying funds	
Spouse and child contributions T \$	
F \$ Any other contributions (including Super Co-contributions and	
Other third party contributions Low Income Super Amounts) G \$ M \$	
TOTAL CONTRIBUTIONS N \$ 30,561.85 (Sum of labels A to M)	
Loss	
Other transactions Allocated earnings or losses 0 \$ 864.87	
Accumulation phase account balance rollovers and P\$	
S1 \$ 167,563.31 transfers Outward	
Retirement phase account balance rollovers and Q \$	
- Non CDBIS transfers S2 \$ 0.00 Lump Sum R1 \$ Code	
Retirement phase account balance	
S3 \$ 0.00 stream R2 \$	
0 TRIS Count CLOSING ACCOUNT BALANCE S \$ 167,563.31	
(S1 plus S2 plus S3)	
Accumulation phase value X1 \$	
Retirement phase value X2 \$	
Retirement phase value X2 \$	

OFFICIAL: Sensitive (when completed)

tle: Mr Mrs X Miss	Ms Other			
mily name				
Jenkins		0.0		
irst given name		Other given names		
Gail		Marie		
/lember's TFN See the Privacy note in the De	Provided		Date of birth	Provided
Contributions	OPENING ACCOUN	NT BALANCE \$		174,569.44
Refer to instructions for	completing these label	S	rimary residence disposa	
Employer contributions		H \$		
A \$		Receipt date	Day Month	Year
ABN of principal employer		H1		
All			gn superannuation fund an	nount
Personal contributions			f	
B \$	30,561.85	J \$	foreign superannuation fu	ind amount
CGT small business retireme				
C \$			serve: assessable amount	
CGT small business 15-year	exemption amount	K \$		
D \$	oxemption amount		serve: non-assessable am	ount
Personal injury election		L \$		
E \$		and previously n	m non-complying funds on-complying funds	
Spouse and child contribution	ns	T \$		
F \$	710	Any other contril	outions	
Other third party contribution		(including Super	Co-contributions and ber Amounts)	
G \$		M \$		
	J	+		
TOTAL CO	NTRIBUTIONS N \$		30,561.85	
		(Sum of labels A to M)		
				Loss
Other transactions	Alloc	ated earnings of \$		2,393.36
		Inward		
Accumulation phase a	account balance	rollovers and P\$		
S1 \$	207,524.65	transfers		
Retirement phase acc	count balance	rollovers and Q \$		
– Non CDBİS		transfers		Code
S2 \$	0.00	Lump Sum R1 \$		
Retirement phase acc	count balance	payments		
- CDBIS				
S3 \$	0.00	stream R2 \$		
	L			
0 TRIS Count	CLOSING ACCOU			207,524.65
	010000		(S1 plus S2 plus S3)	
	Accumulatio	n phase value X1 \$		
	Retiremer	nt phase value X2 \$		
	Outstanding lin	nited recourse Y\$		
	borrowing arrange	ement amount 🏾 🎙 🎝 🗋		

Tax File Number Provided Section H: Assets and liabilities 15 ASSETS Listed trusts A \$ 15a Australian managed investments Unlisted trusts **B** \$ Insurance policy C\$ Other managed investments **D**\$ 266,634 Cash and term deposits $\,\,\textbf{E}\,\,\textbf{\$}$ 109,437 15b Australian direct investments Limited recourse borrowing arrangements Debt securities F\$ Australian residential real property Loans G\$ J1 \$ Australian non-residential real property Listed shares H\$ **J2**\$ Unlisted shares |\$ Overseas real property **J3**\$ Limited recourse J \$ borrowing arrangements Australian shares Non-residential K \$ **J4**\$ real property Overseas shares Residential L \$ **J5**\$ real property Collectables and personal use assets **M** \$ Other **J6**\$ 8,239 Other assets **O** \$ Property count **J7** Crypto-Currency **N**\$ 15c Other investments 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 **T** \$ TOTAL AUSTRALIAN AND OVERSEAS ASSETS U\$ 384,310 (Sum of labels A to T) 15e In-house assets Did the fund have a loan to, lease to or investment in, related parties **A** No X Yes \$ (known as in-house assets)

at the end of the income year?

						Tax File Number	Provided	
15f	financial institution?	A No	Yes					
16	LIABILITIES							
	Borrowings for limited recourse borrowing arrangements							
	V1 \$							
	Permissible temporary borrowings							
	V2 \$							
	Other borrowings							_
	V3 \$	Borr	rowings	V	\$[
	Total member closir (total of all CLOSING ACCOUNT BALANCE s fro			w	\$[375,087	
		Reserve ac	counts	X	\$[
		Other li	abilities	Y	\$[9,223	
		TOTAL LIA	BILITIES	z	\$[384,310	
	ction I: Taxation of financial Taxation of financial arrangements (TOFA	-	jemer	nts	•			
		Total TOFA g	jains Ħ	\$[
		Total TOFA lo	sses	\$[

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 income year specified of the election (for example, for the 2020–21 income year, write 2021).	A
If revoking or varying a family trust election, print R for revoke or print V 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 R , 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

Authorised trustee's, direct 's or public officer's signature	05 / 05 / 2022
Drett Jenkins	Day Month Year
	Date / /
Preferred trustee or director contact details:	
Title: Mr X Mrs Miss Ms Other	
Family name	
Jenkins	
First given name Other given names	
Brett Thomas	
Phone number 07 3286 1322	
Email address	
Non-individual trustee name (if applicable)	
Jenko Super Pty Ltd	
ABN of non-individual trustee Time taken to prepare and complete this annual return	Hrs
The Commissioner of Taxation, as Registrar of the Australian Business Register, may provide on this annual return to maintain the integrity of the register. For further inform	y use the ABN and business details which you nation, refer to the instructions.
TAX AGENT'S DECLARATION: I declare that the <i>Self-managed superannuation fund annual return 2021</i> has been pre- provided by the trustees, that the trustees have given me a declaration stating that the correct, and that the trustees have authorised me to lodge this annual return.	
Tax agent's signature	
A	Date 06 / 05 / 2022
Tax agent's contact details	
Family name	
Sherman	
First given name Other given names	
Shona	
Tax agent's practice	
HFB Super Pty Ltd	
Tax agent's phone number Reference number	Tax agent number
07 3286 1322 JENB	24805931

2021

Capital gains tax (CGT) schedule

When completing this form

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

Use BLOCK LETTERS and print one character in each box.

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 2021 available on our website at ato.gov.au for instructions on how to complete this schedule.

 Tax file number (TFN)
 Provided

 Image: the second
However, if you don't it could increase the chance of delay or error in processing your form.

Australian business number (ABN) 29468223825

Taxpayer's name

JENKINS DREAM RETIREMENT 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 \$	P \$
Amount of capital gains from a trust (including a managed fund)	G \$ 6,385	
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 \$0	Add the amounts at labels K to R and write the total in item 2 label A – Total current year capital losses .
Total current year capital gains	J \$ 6,385	

OFFICIAL: Sensitive (when completed)

Page 1

		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 , C ar	nd 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 I to label V – Net capital to later income years of	losses carried forward
4	CGT discount		
	Total CGT discount applied	A \$	1,984
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 \$	
6	Net capital gain		
	Net capital gain	A \$	4,401
		1J less 2E less 4A less zero). Transfer the amou capital gain on your tax	int at A to label A - Net

	Tax File Number Provided	
7	Earnout arrangements	
	Are you a party to an earnout arrangement? A Yes, as a buyer Yes, as a seller No	
	If you are a party to more than one earnout arrangement, copy and attach a separate sheet to this schedule providing th details requested here for each additional earnout arrangement.	е
	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? D \$	
	Amount of any capital gain or loss you made under E \$.0SS
	Request for amendment	
	If you received or provided a financial benefit under a look-through earnout right created in an earlier income year and you wis to seek an amendment to that earlier income year, complete the following:	sh
	Income year earnout right created F	
	Amended net capital gain or capital losses carried forward G	.0SS
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 \$	
	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 \$	

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

enkins

Date 05 / 05 / 2022

Contact name

Brett Thomas Jenkins

Daytime contact number (include area code)

07 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 DREAM 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	Brett Jenkins	Date	05 / 05// 202 2	
				_

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 DREAM RETIREMENT FUND	
Account Number	064706 10136788	Client Reference JENB

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

Signature

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			Date	06 / 05 / 2022
Contact name	Shona Sherman		Client Reference	JENB
Agent's Phone Num	iber 07 3286 1322	т	ax Agent Number	24805931