

Tax estimate

Name: Rusinski Super Fund

TFN:

For the year ended: 30/06/2020

Taxable income

Income

Taxable income

Gross tax

Tax on taxable income

Income tax payable on no-TFN contributions income

Gross tax payable

Less: Refundable tax offsets

Franking tax offset

Total refundable tax offsets and credits

Tax payable

Add: Other taxes

Supervisory levy

Total other taxes

Less: Tax offset refunds (remainder of refundable tax offsets)

Amount refundable

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 the entity in our records. It is not an offence not to provide the TFNs. However, lodgments cannot be accepted electronically if the TFN is not quoted.

Taxation law authorises the ATO to collect information and to disclose it to other government agencies. For information about your privacy go to ato.gov.au/privacy.

Name Year
 Total Income / Loss Taxable Income / Loss

I authorise my tax agent to electronically transmit this tax return via the practitioners lodgment service.

Tax Agent

Declaration

I declare that:

- All of the information I have provided to the agent for the preparation of this document is true and correct
- I authorise the agent to give this document to the Commissioner of Taxation.

Signature Date

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.

The declaration must be signed by the taxpayer 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 Agent's reference number
 BSB Account number

I authorise the refund to be deposited directly to the specified account as above.

Signature Date

Tax Agent's Declaration

I declare that:

- I have prepared this Self Managed Superannuation Fund return and its related schedule(s) in accordance with the information supplied by the entity;
- I have received a declaration made by the entity that the information provided to me for the preparation of this return is true and correct, and
- I am authorised by the entity to give the information in this return to the Commissioner.

Agent's signature Date
 Contact name Agent reference
 Agent's phone number

2020 Self-Managed Superannuation Fund Annual Return
for the period 1 July 2019 to 30 June 2020

Section A: Fund information

1 Tax file number (TFN)

2 Name of fund

3 Australian business number (ABN)

4 Current postal address

 Suburb State P/C

5 Annual return status First return? **B** No

6 SMSF auditor

Name

 SMSF Auditor No.
 Phone number
 Address
 Suburb State P/C

7 Electronic funds transfer (EFT)

A Fund's financial institution account details

BSB number Account number

Account name

Yes

Electronic service address alias

8 Status of SMSF Australian superannuation fund? **A** Yes

Fund benefit structure code **B**

Does the fund trust deed allow acceptance of the Government's Super Co-contributions? **C** Yes

9 Was the fund wound up during the income year?

10 Exempt current pension income

Did the fund pay an income stream (or super pension) to one or more members in the income year?	<input type="text" value="Yes"/>
Did the fund pay retirement phase superannuation income stream benefits to one or more members in the income year?	<input type="text" value="Yes"/>
Exempt current pension income amount	A <input type="text" value="\$68,140"/>
Method used to calculate exempt current pension income	<input type="text" value="B - Segregated assets method"/>
Did the fund have any other income that was assessable?	E <input type="text" value="No"/>

Section B: Income

11 Income

Calculation of assessable contributions

No-TFN quoted contributions	R3 <input type="text" value="\$0"/>
Assessable contributions	R <input type="text" value="\$0"/>
Gross income	W <input type="text" value="\$0"/>
Total assessable income	V <input type="text" value="\$0"/>

Section C: Deductions

12 Deductions and non-deductible expenses

	Deductions	Non-deductible
SMSF auditor fee		H2 <input type="text" value="\$440"/>
Management and administration expenses		J2 <input type="text" value="\$1,540"/>
Other amounts		L2 <input type="text" value="\$259"/> <input type="text" value="0"/>
		Y <input type="text" value="\$2,239"/>
	Taxable income or loss	Total SMSF expenses
	O <input type="text" value="\$0"/>	Z <input type="text" value="\$2,239"/>

Section D: Income tax calculation statement

13 Income tax calculation statement

Taxable income	A <input type="text" value="\$0.00"/>
Tax on taxable income	T1 <input type="text" value="\$0.00"/>
Income tax payable on no-TFN contributions income	J <input type="text" value="\$0.00"/>
Gross tax	B <input type="text" value="\$0.00"/>
Subtotal 1	T2 <input type="text" value="\$0.00"/>
Complying fund's franking credits tax offset	E1 <input type="text" value="\$8,794.83"/>
Refundable tax offsets	E <input type="text" value="\$8,794.83"/>
Tax payable	T5 <input type="text" value="\$0.00"/>
Tax offset refunds (remainder of refundable tax offsets)	I <input type="text" value="\$8,794.83"/>
Supervisory levy	L <input type="text" value="\$259.00"/>
Total amount refundable	S <input type="text" value="\$8,535.83"/>

Section F: Member information

Member 1

Mr	
Rusinski	
Allan	

Member's TFN _____ Date of birth **01/09/1947**

Opening balance		\$804,632.54
Allocated earnings or losses	O	-\$5,585.53
Income stream payment	R2	\$40,250.00 M
Accumulation phase account balance	S1	\$0.00
Retirement phase account balance - non-capped defined benefit income stream	S2	\$758,797.01
Retirement phase account balance - capped defined benefit income stream	S3	\$0.00
TRIS count	0	
Closing balance	S	\$758,797.01

Member 2

Mrs	
Rusinski	
Gillian	Suzanne

Member's TFN _____ Date of birth **19/10/1948**

Opening balance		\$1,021,353.15
Allocated earnings or losses	O	-\$7,089.95
Income stream payment	R2	\$51,070.00 M
Accumulation phase account balance	S1	\$0.00
Retirement phase account balance - non-capped defined benefit income stream	S2	\$963,193.20
Retirement phase account balance - capped defined benefit income stream	S3	\$0.00
TRIS count	0	
Closing balance	S	\$963,193.20

Section H: Assets and liabilities

15 Assets

15a Australian managed investments

Listed trusts **A** **\$42,597**

15b Australian direct investments

Cash and term deposits	E	\$1,099,167
Listed shares	H	\$573,412
Other assets	O	\$8,794

Total Australian and overseas assets **U** **\$1,723,970**

16 Liabilities

Member closing account balances	W	\$1,721,990
Other liabilities	Y	\$1,980

Total liabilities **Z** **\$1,723,970**

Name Rusinski Super Fund

TFN

Signature _____

Section L: Declarations

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 the audit report and I am aware of any matters raised. I declare that the information on this annual return, including any attached schedules and additional documentation is true and correct. I also authorise the ATO to make any tax refunds to the nominated bank account (if applicable).

Signature	<input type="text" value="This form is not valid. Do not sign."/>	Date	<input type="text"/>
Name	<input type="text" value="Mr Allan Rusinski"/>	Phone number	<input type="text" value="08 82977435"/>

Tax agent's declaration

We declare that the Self-managed superannuation fund annual return has been prepared in accordance with information provided by the trustees, that the trustees have given us a declaration stating that the information provided to us is true and correct, and that the trustees have authorised us to lodge this annual return.

Agent's signature	<input type="text" value="This form is not valid. Do not sign."/>	Date	<input type="text"/>
Tax agent's practice	<input type="text" value="Nicholls & Moore Pty Ltd"/>		
Contact name	<input type="text" value="Mr Warwick Nicholls"/>	Client reference	<input type="text" value="135"/>
Agent's phone number	<input type="text" value="08 82955408"/>	Agent reference	<input type="text" value="67389 005"/>