

## Tax estimate

Name: Harris Superanniation 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](http://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**

Harris Superannuation Fund

**3 Australian business number (ABN)**

41 466 055 174

**4 Current postal address**

113/2 Jack Fox Drive

Suburb North Brighton

State SA

P/C 5048

**5 Annual return status**

First return?

**B** No**6 SMSF auditor**

Name

Mr

Boys

Anthony

William

SMSF Auditor No.

100 014 140

Phone number

61 410712708

Address

Box 3376

Suburb Rundle Mall

State SA

P/C 5000

Was part A of the audit report qualified?

**B** No

Was part B of the audit report qualified?

**C** No**7 Electronic funds transfer (EFT)****A Fund's financial institution account details**

BSB number

182-512

Account number 961122892

Account name

Harris Superannuation Fund

Yes

Electronic service address alias

SuperMate

**8 Status of SMSF**

Australian superannuation fund?

**A** Yes

Fund benefit structure code

**B** A - Accumulation fund

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?**

No

**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="checkbox"/> Yes
Did the fund pay retirement phase superannuation income stream benefits to one or more members in the income year?	<input type="checkbox"/> Yes
Exempt current pension income amount	<b>A</b> <input type="text" value="\$45,878"/>
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?	<b>E</b> <input type="checkbox"/> No

**Section B: Income**

**11 Income**

**Calculation of assessable contributions**

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

**Section C: Deductions**

**12 Deductions and non-deductible expenses**

	Deductions	Non-deductible
Management and administration expenses		<b>J2</b> <input type="text" value="\$54"/>
Other amounts		<b>L2</b> <input type="text" value="\$259"/> <input type="checkbox"/>
		<b>Y</b> <input type="text" value="\$313"/>
	<b>Taxable income or loss</b>	<b>Total SMSF expenses</b>
	<b>O</b> <input type="text" value="\$0"/>	<b>Z</b> <input type="text" value="\$313"/>

**Section D: Income tax calculation statement**

**13 Income tax calculation statement**

Taxable income	<b>A</b> <input type="text" value="\$0.00"/>
Tax on taxable income	<b>T1</b> <input type="text" value="\$0.00"/>
Income tax payable on no-TFN contributions income	<b>J</b> <input type="text" value="\$0.00"/>
Gross tax	<b>B</b> <input type="text" value="\$0.00"/>
Subtotal 1	<b>T2</b> <input type="text" value="\$0.00"/>
Complying fund's franking credits tax offset	<b>E1</b> <input type="text" value="\$13,105.57"/>
Refundable tax offsets	<b>E</b> <input type="text" value="\$13,105.57"/>
Tax payable	<b>T5</b> <input type="text" value="\$0.00"/>
Tax offset refunds (remainder of refundable tax offsets)	<b>I</b> <input type="text" value="\$13,105.57"/>
Supervisory levy	<b>L</b> <input type="text" value="\$259.00"/>
<b>Total amount refundable</b>	<b>S</b> <input type="text" value="\$12,846.57"/>

**Section F: Member information**

**Member 1**

Mrs	
Harris	
Gaenor	Robin
Member's TFN	Date of birth 30/12/1936

Opening balance		\$780,706.48
Allocated earnings or losses	<b>O</b>	-\$27,892.09
Income stream payment	<b>R2</b>	\$40,000.00 <b>M</b>
Accumulation phase account balance	<b>S1</b>	\$0.00
Retirement phase account balance - non-capped defined benefit income stream	<b>S2</b>	\$712,814.39
Retirement phase account balance - capped defined benefit income stream	<b>S3</b>	\$0.00
TRIS count	<b>0</b>	
Closing balance	<b>S</b>	\$712,814.39

**Section H: Assets and liabilities**

**15 Assets**

**15b Australian direct investments**

Cash and term deposits	<b>E</b>	\$37,313
Listed shares	<b>H</b>	\$673,924
Other assets	<b>O</b>	\$13,106

<b>Total Australian and overseas assets</b>	<b>U</b>	<b>\$724,343</b>
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**16 Liabilities**

Member closing account balances	<b>W</b>	\$712,814
Other liabilities	<b>Y</b>	\$11,529

<b>Total liabilities</b>	<b>Z</b>	<b>\$724,343</b>
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**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	This form is not valid. Do not sign.	Date	
Name	Mrs Gaenor Robin Harris	Phone number	08 83775323

**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	This form is not valid. Do not sign.	Date	
Tax agent's practice	Nicholls & Moore Pty Ltd	Client reference	140
Contact name	Mr Warwick Nicholls	Agent reference	67389 005
Agent's phone number	08 82955408		