

E/Lodge
5/12/2023

Self-managed superannuation fund annual return

2023

WHO SHOULD COMPLETE THIS ANNUAL RETURN?

Only self-managed superannuation funds (SMSFs) can complete this annual return. All other funds must complete the *Fund income tax return 2023* (NAT 71287).

1 The *Self-managed superannuation fund annual return instructions 2023* (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).

Section A: Fund information

2 To assist processing, write the fund's TFN at the top of pages 3, 5, 7, and 9.

1 Tax file number (TFN)

1 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)

GH & MJ Lakin Superfund

3 Australian business number (ABN) (if applicable)

4 Current postal address

C/- The Rogers Group

PO Box A308

Suburb/town
SYDNEY SOUTH

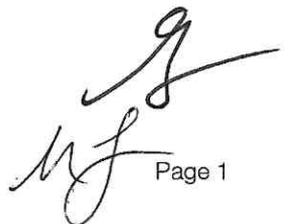
State/territory
NSW

Postcode
1235

5 Annual return status

Is this an amendment to the SMSF's 2023 return? **A** No Yes

Is this the first required return for a newly registered SMSF? **B** No Yes



Self managed superannuation fund return 2023

RN :100017882MS

Taxpayer/entity name: GH & MJ Lakin Superfund

TFN

6 SMSF auditor

Auditor's name

Title: Mr [X] Mrs [] Miss [] Ms [] Other []

Family name

Boys

First given name

Anthony

Other given names

SMSF Auditor Number

100 014 140

Auditor's phone number

04 10712708

Postal address

Po Box 3376

Suburb/town

Rundle Mall

State/territory

SA

Postcode

5000

Date audit was completed A [] Day Month Year 16/11/2023 27/11/2023

Was Part A of the audit report qualified? 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.

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 [] Fund account number []

Fund account name

[]

[]

I would like my tax refunds made to this account. [Y] 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.

BSB number [] Account number []

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..

[]

Handwritten signature and initials

Self managed superannuation fund return 2023

RN :100017882MS

Taxpayer/entity name: GH & MJ Lakin Superfund

Fund's tax file number (TFN) []

8 Status of SMSF Australian superannuation fund A No [] Yes [X] 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 [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 [] Day Month Year Have all tax lodgment and payment obligations been met? No [] Yes []

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 [] Go to Section B: Income.

Yes [X] Exempt current pension income amount A \$ [] 7156 [] .00

Which method did you use to calculate your exempt current pension income?

Segregated assets method B []

Unsegregated assets method C [X] Was an actuarial certificate obtained? D Yes [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 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.

Handwritten signature of GH & MJ Lakin

Self managed superannuation fund return 2023

RN :100017882MS

Taxpayer/entity name:GH & MJ Lakin Superfund

TFN

Section B: Income

Do not complete this section if all superannuation interests in the SMSF were supporting superannuation income streams in the retirement phase for the entire year, there was **no** other income that was assessable, and you **have not** realised a deferred notional gain. If you are entitled to claim any tax offsets, you can record these at Section D: Income tax calculation statement.

11 Income

Did you have a capital gains tax (CGT) event during the year?

G No 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 *Capital gains tax (CGT) schedule 2023*.

Have you applied an exemption or rollover?

M No Yes Code

Net capital gain **A** \$ -00

Gross rent and other leasing and hiring income **B** \$ -00

Gross interest **C** \$ -00

Forestry managed investment scheme income **X** \$ -00

Gross foreign income	D1 \$ <input type="text" value="28"/> -00	Net foreign income	D \$ <input type="text" value="28"/> -00	Loss <input type="checkbox"/>
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Australian franking credits from a New Zealand company **E** \$ -00

Transfers from foreign funds **F** \$ -00 Number

Gross payments where ABN not quoted **H** \$ -00

Calculation of assessable contributions

Assessable employer contributions **R1** \$ -00

plus Assessable personal contributions **R2** \$ -00

Gross distribution from partnerships **I** \$ -00

*Unfranked dividend amount **J** \$ -00

*Franked dividend amount **K** \$ -00

*Dividend franking credit **L** \$ -00

*Gross trust distributions **M** \$ -00

plus **No-TFN-quoted contributions **R3** \$ -00
(an amount must be included even if it is zero)

less Transfer of liability to life insurance company or PST **R6** \$ -00

Assessable contributions (R1 plus R2 plus R3 less R6) **R** \$ -00

Calculation of non-arm's length income

*Net non-arm's length private company dividends **U1** \$ -00

plus *Net non-arm's length trust distributions **U2** \$ -00

plus *Net other non-arm's length income **U3** \$ -00

*Other income **S** \$ -00

*Assessable income due to changed tax status of fund **T** \$ -00

Net non-arm's length income (subject to 45% tax rate) (U1 plus U2 plus U3) **U** \$ -00

*This is a mandatory label.
*If an amount is entered at this label, check the instructions to ensure the correct tax treatment has been applied.

GROSS INCOME (Sum of labels A to U) **W** \$ -00

Exempt current pension income **Y** \$ -00

TOTAL ASSESSABLE INCOME (W less Y) **V** \$ -00

Taxpayer/entity name: GH & MJ Lakin Superfund

Fund's tax file number (TFN)

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).

	DEDUCTIONS		NON-DEDUCTIBLE EXPENSES
Interest expenses within Australia	A1 \$ <input style="width: 150px;" type="text"/> -00		A2 \$ <input style="width: 150px;" type="text"/> -00
Interest expenses overseas	B1 \$ <input style="width: 150px;" type="text"/> -00		B2 \$ <input style="width: 150px;" type="text"/> -00
Capital works expenditure	D1 \$ <input style="width: 150px;" type="text"/> -00		D2 \$ <input style="width: 150px;" type="text"/> -00
Decline in value of depreciating assets	E1 \$ <input style="width: 150px;" type="text"/> -00		E2 \$ <input style="width: 150px;" type="text"/> -00
Insurance premiums – members	F1 \$ <input style="width: 150px;" type="text"/> -00		F2 \$ <input style="width: 150px;" type="text"/> -00
SMSF auditor fee	H1 \$ <input style="width: 150px;" type="text"/> 130 -00		H2 \$ <input style="width: 150px;" type="text"/> 171 -00
Investment expenses	I1 \$ <input style="width: 150px;" type="text"/> -00		I2 \$ <input style="width: 150px;" type="text"/> -00
Management and administration expenses	J1 \$ <input style="width: 150px;" type="text"/> 1802 -00		J2 \$ <input style="width: 150px;" type="text"/> 2024 -00
Forestry managed investment scheme expense	U1 \$ <input style="width: 150px;" type="text"/> -00		U2 \$ <input style="width: 150px;" type="text"/> -00
Other amounts	L1 \$ <input style="width: 150px;" type="text"/> -00	Code <input style="width: 20px;" type="text"/>	L2 \$ <input style="width: 150px;" type="text"/> -00
Tax losses deducted	M1 \$ <input style="width: 150px;" type="text"/> -00		

TOTAL DEDUCTIONS

N \$ 1932 -00

(Total A1 to M1)

TOTAL NON-DEDUCTIBLE EXPENSES

Y \$ 2195 -00

(Total A2 to L2)

***TAXABLE INCOME OR LOSS**

O \$ 189 -00

(TOTAL ASSESSABLE INCOME less TOTAL DEDUCTIONS)

Loss L

TOTAL SMSF EXPENSES

Z \$ 4127 -00

(N plus Y)

#This is a mandatory label.

Self managed superannuation fund return 2023

RN :100017882MS

Taxpayer/entity name: GH & MJ Lakin Superfund

TFN

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.

13 Calculation statement

Please refer to the *Self-managed superannuation fund annual return instructions 2023* on how to complete the calculation statement.

*Taxable income	A \$	<input type="text" value="0.00"/>	0.00
<i>(an amount must be included even if it is zero)</i>			
*Tax on taxable income	T1 \$	<input type="text" value="0.00"/>	0.00
<i>(an amount must be included even if it is zero)</i>			
*Tax on no-TFN-quoted contributions	J \$	<input type="text" value="0.00"/>	0.00
<i>(an amount must be included even if it is zero)</i>			
Gross tax	B \$	<input type="text" value="0.00"/>	0.00
<i>(T1 plus J)</i>			

Foreign income tax offset	C1 \$	<input type="text" value="0.00"/>	0.00
Rebates and tax offsets	C2 \$	<input type="text"/>	
Non-refundable non-carry forward tax offsets	C \$	<input type="text" value="0.00"/>	0.00
<i>(C1 plus C2)</i>			

SUBTOTAL 1

T2 \$	<input type="text" value="0.00"/>	0.00
<i>(B less C – cannot be less than zero)</i>		

Early stage venture capital limited partnership tax offset	D1 \$	<input type="text"/>
Early stage venture capital limited partnership tax offset carried forward from previous year	D2 \$	<input type="text"/>
Early stage investor tax offset	D3 \$	<input type="text"/>
Early stage investor tax offset carried forward from previous year	D4 \$	<input type="text"/>
Non-refundable carry forward tax offsets	D \$	<input type="text"/>
<i>(D1 plus D2 plus D3 plus D4)</i>		
SUBTOTAL 2	T3 \$	<input type="text"/>
<i>(T2 less D – cannot be less than zero)</i>		

Complying fund's franking credits tax offset	E1 \$	<input type="text" value="109.64"/>	109.64
No-TFN tax offset	E2 \$	<input type="text"/>	
National rental affordability scheme tax offset	E3 \$	<input type="text"/>	
Exploration credit tax offset	E4 \$	<input type="text"/>	
Refundable tax offsets	E \$	<input type="text" value="109.64"/>	109.64
<i>(E1 plus E2 plus E3 plus E4)</i>			

*TAX PAYABLE T5 \$	<input type="text" value="0.00"/>	0.00
<i>(T3 less E – cannot be less than zero)</i>		

Section 102AAM interest charge

G \$

Self managed superannuation fund return 2023

RN:100017882MS

Taxpayer/entity name:GH & MJ Lakin Superfund

Fund's tax file number (TFN)

Credit for tax withheld – foreign resident withholding (excluding capital gains)	
H2 \$	<input type="text" value="1.41"/>
Credit for tax withheld – where ABN or TFN not quoted (non-individual)	
H3 \$	<input type="text"/>
Credit for TFN amounts withheld from payments from closely held trusts	
H5 \$	<input type="text"/>
Credit for interest on no-TFN tax offset	
H6 \$	<input type="text"/>
Credit for foreign resident capital gains withholding amounts	
H8 \$	<input type="text"/>
Eligible credits	
H \$	<input type="text" value="1.41"/>
<i>(H2 plus H3 plus H5 plus H6 plus H8)</i>	

*Tax offset refunds (Remainder of refundable tax offsets)	I \$	<input type="text" value="109.64"/>
<i>(unused amount from label E – an amount must be included even if it is zero)</i>		

PAYG instalments raised

K \$

Supervisory levy

L \$

Supervisory levy adjustment for wound up funds

M \$

Supervisory levy adjustment for new funds

N \$

AMOUNT DUE OR REFUNDABLE A positive amount at S is what you owe, while a negative amount is refundable to you.	S \$	<input type="text" value="147.95"/>
<i>(T5 plus G less H less I less K plus L less M plus N)</i>		

*This is a mandatory label.

Section E: **Losses**

14 Losses

! If total loss is greater than \$100,000, complete and attach a *Losses schedule 2023*.

Tax losses carried forward to later income years	U \$	<input type="text"/>	.00
Net capital losses carried forward to later income years	V \$	<input type="text" value="1316"/>	.00

MJ Lakin
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Self managed superannuation fund return 2023

Taxpayer/entity name: GH & MJ Lakin Superfund

RN :100017882MS

TFN

Section F: Member information

MEMBER 1

Title: Mr Mrs Miss Ms Other

Family name

First given name Other given names

Member's TFN Date of birth

Contributions

OPENING ACCOUNT BALANCE \$

Refer to instructions for completing these labels.

Employer contributions
A \$

ABN of principal employer
A1 \$

Personal contributions
B \$

CGT small business retirement exemption
C \$

CGT small business 15-year exemption amount
D \$

Personal injury election
E \$

Spouse and child contributions
F \$

Other third party contributions
G \$

Proceeds from primary residence disposal
H \$

Receipt date Day Month Year
H1

Assessable foreign superannuation fund amount
I \$

Non-assessable foreign superannuation fund amount
J \$

Transfer from reserve: assessable amount
K \$

Transfer from reserve: non-assessable amount
L \$

Contributions from non-complying funds and previously non-complying funds
T \$

Any other contributions (including Super Co-contributions and Low Income Super Amounts)
M \$

TOTAL CONTRIBUTIONS N \$
(Sum of labels A to M)

Other transactions

Accumulation phase account balance
S1 \$

Retirement phase account balance - Non CDBIS
S2 \$

Retirement phase account balance - CDBIS
S3 \$

TRIS Count

Allocated earnings or losses **O** \$

Inward rollovers and transfers **P** \$

Outward rollovers and transfers **Q** \$

Lump Sum payment **R1** \$

Income stream payments **R2** \$

CLOSING ACCOUNT BALANCE S \$
(S1 plus S2 plus S3)

Accumulation phase value **X1** \$

Retirement phase value **X2** \$

Outstanding limited recourse borrowing arrangement amount **Y** \$

Loss

Code
Code **M**

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Self managed superannuation fund return 2023

RN:100017882MS

Taxpayer/entity name: GH & MJ Lakin Superfund

Fund's tax file number (TFN)

MEMBER 2

Title: Mr Mrs X Miss Ms Other

Family name Lakin

First given name Marcie Other given names

Member's TFN Date of birth

Contributions

OPENING ACCOUNT BALANCE \$ 118209.12

Refer to instructions for completing these labels.

Employer contributions A \$

ABN of principal employer A1 \$

Personal contributions B \$

CGT small business retirement exemption C \$

CGT small business 15-year exemption amount D \$

Personal injury election E \$

Spouse and child contributions F \$

Other third party contributions G \$

Proceeds from primary residence disposal H \$

Receipt date H1

Assessable foreign superannuation fund amount I \$

Non-assessable foreign superannuation fund amount J \$

Transfer from reserve: assessable amount K \$

Transfer from reserve: non-assessable amount L \$

Contributions from non-complying funds and previously non-complying funds T \$

Any other contributions (including Super Co-contributions and Low Income Super Amounts) M \$

TOTAL CONTRIBUTIONS N \$ (Sum of labels A to M)

Other transactions

Accumulation phase account balance S1 \$ 0.00 Retirement phase account balance - Non CDBIS S2 \$ 117414.28 Retirement phase account balance - CDBIS S3 \$ 0.00

Allocated earnings or losses O \$ 3205.16

Inward rollovers and transfers P \$

Outward rollovers and transfers Q \$

Lump Sum payment R1 \$

Income stream payments R2 \$ 4000.00

0 TRIS Count

CLOSING ACCOUNT BALANCE S \$ 117414.28 (S1 plus S2 plus S3)

Accumulation phase value X1 \$

Retirement phase value X2 \$

Outstanding limited recourse borrowing arrangement amount Y \$

Loss

Code M

Self managed superannuation fund return 2023

Taxpayer/entity name: GH & MJ Lakin Superfund

RN:100017882MS

TFN

MEMBER 3

Title: Mr Mrs Miss Ms Other

Family name

First given name

Other given names

Member's TFN See the Privacy note in the Declaration.

Date of birth Day Month Year

Contributions

! Refer to instructions for completing these labels.

OPENING ACCOUNT BALANCE \$

Employer contributions
A \$

ABN of principal employer
A1 \$

Personal contributions
B \$

CGT small business retirement exemption
C \$

CGT small business 15-year exemption amount
D \$

Personal injury election
E \$

Spouse and child contributions
F \$

Other third party contributions
G \$

Proceeds from primary residence disposal
H \$

Receipt date Day Month Year
H1

Assessable foreign superannuation fund amount
I \$

Non-assessable foreign superannuation fund amount
J \$

Transfer from reserve: assessable amount
K \$

Transfer from reserve: non-assessable amount
L \$

Contributions from non-complying funds and previously non-complying funds
T \$

Any other contributions (including Super Co-contributions and Low Income Super Amounts)
M \$

TOTAL CONTRIBUTIONS N \$
(Sum of labels **A** to **M**)

Other transactions

Accumulation phase account balance
S1 \$

Retirement phase account balance - Non CDBIS
S2 \$

Retirement phase account balance - CDBIS
S3 \$

TRIS Count

Allocated earnings or losses **O** \$

Inward rollovers and transfers **P** \$

Outward rollovers and transfers **Q** \$

Lump Sum payment **R1** \$

Income stream payments **R2** \$

Loss

Code

Code

CLOSING ACCOUNT BALANCE S \$
(S1 plus S2 plus S3)

Accumulation phase value **X1** \$

Retirement phase value **X2** \$

Outstanding limited recourse borrowing arrangement amount **Y** \$

Self managed superannuation fund return 2023

Taxpayer/entity name: GH & MJ Lakin Superfund

RN :100017882MS

TFN

MEMBER 4

Title: Mr Mrs Miss Ms Other

Family name

First given name

Other given names

Member's TFN

See the Privacy note in the Declaration.

Date of birth Day Month Year

Contributions

! Refer to instructions for completing these labels.

OPENING ACCOUNT BALANCE \$

Employer contributions

A \$

ABN of principal employer

A1 \$

Personal contributions

B \$

CGT small business retirement exemption

C \$

CGT small business 15-year exemption amount

D \$

Personal injury election

E \$

Spouse and child contributions

F \$

Other third party contributions

G \$

Proceeds from primary residence disposal

H \$

Receipt date Day Month Year

H1

Assessable foreign superannuation fund amount

I \$

Non-assessable foreign superannuation fund amount

J \$

Transfer from reserve: assessable amount

K \$

Transfer from reserve: non-assessable amount

L \$

Contributions from non-complying funds and previously non-complying funds

T \$

Any other contributions (including Super Co-contributions and Low Income Super Amounts)

M \$

TOTAL CONTRIBUTIONS N \$
(Sum of labels **A** to **M**)

Other transactions

Allocated earnings or losses

O \$

Inward rollovers and transfers

P \$

Outward rollovers and transfers

Q \$

Lump Sum payment

R1 \$

Income stream payments

R2 \$

Loss

Code

Code

S1 \$ Accumulation phase account balance

S2 \$ Retirement phase account balance - Non CDBIS

S3 \$ Retirement phase account balance - CDBIS

TRIS Count

CLOSING ACCOUNT BALANCE S \$
(S1 plus S2 plus S3)

Accumulation phase value **X1** \$

Retirement phase value **X2** \$

Outstanding limited recourse borrowing arrangement amount **Y** \$

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Self managed superannuation fund return 2023

RN:100017882MS

TFN

Taxpayer/entity name: GH & MJ Lakin Superfund

Section G: Supplementary member information

MEMBER 5

Title: Mr Mrs Miss Ms Other

Code
Account status

Family name

First given name Other given names

Member's TFN

See the Privacy note in the Declaration.

Date of birth

Day Month Year

If deceased, date of death

Day Month Year

Contributions

Refer to instructions for completing these labels.

OPENING ACCOUNT BALANCE \$

Employer contributions

A \$

ABN of principal employer

A1 \$

Personal contributions

B \$

CGT small business retirement exemption

C \$

CGT small business 15-year exemption amount

D \$

Personal injury election

E \$

Spouse and child contributions

F \$

Other third party contributions

G \$

Proceeds from primary residence disposal

H \$

Receipt date Day Month Year

H1

Assessable foreign superannuation fund amount

I \$

Non-assessable foreign superannuation fund amount

J \$

Transfer from reserve: assessable amount

K \$

Transfer from reserve: non-assessable amount

L \$

Contributions from non-complying funds and previously non-complying funds

T \$

Any other contributions (including Super Co-contributions and Low Income Super Amounts)

M \$

TOTAL CONTRIBUTIONS **N** \$
(Sum of labels **A** to **M**)

Other transactions

Allocated earnings or losses

O \$

Inward rollovers and transfers

P \$

Outward rollovers and transfers

Q \$

Lump Sum payment

R1 \$

Income stream payments

R2 \$

Loss

Code

Code

S1 \$ Accumulation phase account balance

S2 \$ Retirement phase account balance - Non CDBIS

S3 \$ Retirement phase account balance - CDBIS

TRIS Count

CLOSING ACCOUNT BALANCE **S** \$
(S1 plus S2 plus S3)

Accumulation phase value **X1** \$

Retirement phase value **X2** \$

Outstanding limited recourse borrowing arrangement amount **Y** \$

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Self managed superannuation fund return 2023

Taxpayer/entity name: GH & MJ Lakin Superfund

RN :100017882MS

TFN

MEMBER 6

Title: Mr Mrs Miss Ms Other

Code

Account status

Family name

First given name

Other given names

Member's TFN

See the Privacy note in the Declaration.

Date of birth

Day Month Year

If deceased, date of death

Day Month Year

Contributions

! Refer to instructions for completing these labels.

OPENING ACCOUNT BALANCE \$

Proceeds from primary residence disposal

H \$

Receipt date Day Month Year
H1

Assessable foreign superannuation fund amount

I \$

Non-assessable foreign superannuation fund amount

J \$

Transfer from reserve: assessable amount

K \$

Transfer from reserve: non-assessable amount

L \$

Contributions from non-complying funds and previously non-complying funds

T \$

Any other contributions (including Super Co-contributions and Low Income Super Amounts)

M \$

Employer contributions

A \$

ABN of principal employer

A1 \$

Personal contributions

B \$

CGT small business retirement exemption

C \$

CGT small business 15-year exemption amount

D \$

Personal injury election

E \$

Spouse and child contributions

F \$

Other third party contributions

G \$

TOTAL CONTRIBUTIONS N \$
(Sum of labels A to M)

Other transactions

Allocated earnings or losses **O \$**

Loss

Inward rollovers and transfers **P \$**

Outward rollovers and transfers **Q \$**

Lump Sum payment **R1 \$**

Income stream payments **R2 \$**

Code
Code

Accumulation phase account balance **S1 \$**

Retirement phase account balance - Non CDBIS **S2 \$**

Retirement phase account balance - CDBIS **S3 \$**

TRIS Count

CLOSING ACCOUNT BALANCE S \$
(S1 plus S2 plus S3)

Accumulation phase value **X1 \$**

Retirement phase value **X2 \$**

Outstanding limited recourse borrowing arrangement amount **Y \$**

Self managed superannuation fund return 2023

Taxpayer/entity name: GH & MJ Lakin Superfund

RN :100017882MS

TFN

MEMBER 7

Title: Mr Mrs Miss Ms Other

Account status Code

Family name

First given name

Other given names

Member's TFN
See the Privacy note in the Declaration.

Date of birth
Day Month Year

If deceased, date of death
Day Month Year

Contributions

OPENING ACCOUNT BALANCE \$

! Refer to instructions for completing these labels.

Employer contributions **A** \$

ABN of principal employer **A1** \$

Personal contributions **B** \$

CGT small business retirement exemption **C** \$

CGT small business 15-year exemption amount **D** \$

Personal injury election **E** \$

Spouse and child contributions **F** \$

Other third party contributions **G** \$

Proceeds from primary residence disposal **H** \$

Receipt date **H1**
Day Month Year

Assessable foreign superannuation fund amount **I** \$

Non-assessable foreign superannuation fund amount **J** \$

Transfer from reserve: assessable amount **K** \$

Transfer from reserve: non-assessable amount **L** \$

Contributions from non-complying funds and previously non-complying funds **T** \$

Any other contributions (including Super Co-contributions and Low Income Super Amounts) **M** \$

TOTAL CONTRIBUTIONS N \$
(Sum of labels A to M)

Other transactions

Accumulation phase account balance **S1** \$

Retirement phase account balance - Non CDBIS **S2** \$

Retirement phase account balance - CDBIS **S3** \$

TRIS Count

Allocated earnings or losses **O** \$

Inward rollovers and transfers **P** \$

Outward rollovers and transfers **Q** \$

Lump Sum payment **R1** \$

Income stream payments **R2** \$

Loss

Code

Code

CLOSING ACCOUNT BALANCE S \$
(S1 plus S2 plus S3)

Accumulation phase value **X1** \$

Retirement phase value **X2** \$

Outstanding limited recourse borrowing arrangement amount **Y** \$

Self managed superannuation fund return 2023

RN:100017882MS

Taxpayer/entity name: GH & MJ Lakin Superfund

TFN

MEMBER 8

Title: Mr Mrs Miss Ms Other

Account status Code

Family name

First given name

Other given names

Member's TFN
See the Privacy note in the Declaration.

Date of birth
Day Month Year

If deceased, date of death
Day Month Year

Contributions

OPENING ACCOUNT BALANCE \$

Refer to instructions for completing these labels.

Employer contributions **A** \$

ABN of principal employer **A1** \$

Personal contributions **B** \$

CGT small business retirement exemption **C** \$

CGT small business 15-year exemption amount **D** \$

Personal injury election **E** \$

Spouse and child contributions **F** \$

Other third party contributions **G** \$

Proceeds from primary residence disposal **H** \$

Receipt date **H1**
Day Month Year

Assessable foreign superannuation fund amount **I** \$

Non-assessable foreign superannuation fund amount **J** \$

Transfer from reserve: assessable amount **K** \$

Transfer from reserve: non-assessable amount **L** \$

Contributions from non-complying funds and previously non-complying funds **T** \$

Any other contributions (including Super Co-contributions and Low Income Super Amounts) **M** \$

TOTAL CONTRIBUTIONS N \$
(Sum of labels A to M)

Other transactions

Accumulation phase account balance **S1** \$

Retirement phase account balance - Non CDBIS **S2** \$

Retirement phase account balance - CDBIS **S3** \$

TRIS Count

Allocated earnings or losses **O** \$

Inward rollovers and transfers **P** \$

Outward rollovers and transfers **Q** \$

Lump Sum payment **R1** \$

Income stream payments **R2** \$

Loss

Code

Code

CLOSING ACCOUNT BALANCE S \$
(S1 plus S2 plus S3)

Accumulation phase value **X1** \$

Retirement phase value **X2** \$

Outstanding limited recourse borrowing arrangement amount **Y** \$

[Handwritten signature]
Page 15

Self managed superannuation fund return 2023

Taxpayer/entity name: GH & MJ Lakin Superfund

RN:100017882MS

TFN

MEMBER 9

Title: Mr Mrs Miss Ms Other

Code

Account status

Family name

First given name

Other given names

Member's TFN
See the Privacy note in the Declaration.

Date of birth
Day Month Year

If deceased, date of death
Day Month Year

Contributions

OPENING ACCOUNT BALANCE \$

! Refer to instructions for completing these labels.

Employer contributions
A \$

ABN of principal employer
A1 \$

Personal contributions
B \$

CGT small business retirement exemption
C \$

CGT small business 15-year exemption amount
D \$

Personal injury election
E \$

Spouse and child contributions
F \$

Other third party contributions
G \$

Proceeds from primary residence disposal
H \$

Receipt date Day Month Year
H1

Assessable foreign superannuation fund amount
I \$

Non-assessable foreign superannuation fund amount
J \$

Transfer from reserve: assessable amount
K \$

Transfer from reserve: non-assessable amount
L \$

Contributions from non-complying funds and previously non-complying funds
T \$

Any other contributions (including Super Co-contributions and Low Income Super Amounts)
M \$

TOTAL CONTRIBUTIONS N \$
(Sum of labels A to M)

Other transactions

Accumulation phase account balance
S1 \$

Retirement phase account balance - Non CDBIS
S2 \$

Retirement phase account balance - CDBIS
S3 \$

TRIS Count

Allocated earnings or losses **O** \$

Inward rollovers and transfers **P** \$

Outward rollovers and transfers **Q** \$

Lump Sum payment **R1** \$

Income stream payments **R2** \$

Loss

Code

Code

CLOSING ACCOUNT BALANCE S \$
(S1 plus S2 plus S3)

Accumulation phase value **X1** \$

Retirement phase value **X2** \$

Outstanding limited recourse borrowing arrangement amount **Y** \$

Self managed superannuation fund return 2023

Taxpayer/entity name: GH & MJ Lakin Superfund

RN:100017882MS

TFN

MEMBER 10

Title: Mr Mrs Miss Ms Other

Account status Code

Family name

First given name Other given names

Member's TFN Date of birth If deceased, date of death

Contributions

OPENING ACCOUNT BALANCE \$

Refer to instructions for completing these labels.

Employer contributions A \$

ABN of principal employer A1 \$

Personal contributions B \$

CGT small business retirement exemption C \$

CGT small business 15-year exemption amount D \$

Personal injury election E \$

Spouse and child contributions F \$

Other third party contributions G \$

Proceeds from primary residence disposal H \$

Receipt date H1

Assessable foreign superannuation fund amount I \$

Non-assessable foreign superannuation fund amount J \$

Transfer from reserve: assessable amount K \$

Transfer from reserve: non-assessable amount L \$

Contributions from non-complying funds and previously non-complying funds T \$

Any other contributions (including Super Co-contributions and Low Income Super Amounts) M \$

TOTAL CONTRIBUTIONS N \$ (Sum of labels A to M)

Other transactions

Accumulation phase account balance S1 \$

Retirement phase account balance - Non CDBIS S2 \$

Retirement phase account balance - CDBIS S3 \$

Allocated earnings or losses O \$

Inward rollovers and transfers P \$

Outward rollovers and transfers Q \$

Lump Sum payment R1 \$

Income stream payments R2 \$

Loss

Code

TRIS Count

CLOSING ACCOUNT BALANCE S \$ (S1 plus S2 plus S3)

Accumulation phase value X1 \$

Retirement phase value X2 \$

Outstanding limited recourse borrowing arrangement amount Y \$

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Self managed superannuation fund return 2023

Taxpayer/entity name: GH & MJ Lakin Superfund

RN:100017882MS

TFN

MEMBER 11

Title: Mr Mrs Miss Ms Other

Account status Code

Family name

First given name Other given names

Member's TFN Date of birth If deceased, date of death

Contributions

Refer to instructions for completing these labels.

OPENING ACCOUNT BALANCE \$

Employer contributions
A \$
 ABN of principal employer
A1 \$
 Personal contributions
B \$
 CGT small business retirement exemption
C \$
 CGT small business 15-year exemption amount
D \$
 Personal injury election
E \$
 Spouse and child contributions
F \$
 Other third party contributions
G \$

Proceeds from primary residence disposal
H \$
 Receipt date
H1
 Assessable foreign superannuation fund amount
I \$
 Non-assessable foreign superannuation fund amount
J \$
 Transfer from reserve: assessable amount
K \$
 Transfer from reserve: non-assessable amount
L \$
 Contributions from non-complying funds and previously non-complying funds
T \$
 Any other contributions (including Super Co-contributions and Low Income Super Amounts)
M \$

TOTAL CONTRIBUTIONS N \$
 (Sum of labels A to M)

Other transactions

Accumulation phase account balance
S1 \$
 Retirement phase account balance - Non CDBIS
S2 \$
 Retirement phase account balance - CDBIS
S3 \$

Allocated earnings or losses **O** \$
 Inward rollovers and transfers **P** \$
 Outward rollovers and transfers **Q** \$
 Lump Sum payment **R1** \$
 Income stream payments **R2** \$

Loss
 Code
 Code

TRIS Count **CLOSING ACCOUNT BALANCE S** \$
 (S1 plus S2 plus S3)

Accumulation phase value **X1** \$
 Retirement phase value **X2** \$
 Outstanding limited recourse borrowing arrangement amount **Y** \$

MJL
 Page 18

Self managed superannuation fund return 2023

Taxpayer/entity name: GH & MJ Lakin Superfund

RN:100017882MS

TFN

MEMBER 12

Title: Mr Mrs Miss Ms Other

Account status Code

Family name

First given name

Other given names

Member's TFN
See the Privacy note in the Declaration.

Date of birth
Day Month Year

If deceased, date of death
Day Month Year

Contributions

OPENING ACCOUNT BALANCE \$

Refer to instructions for completing these labels.

Employer contributions
A \$

ABN of principal employer
A1 \$

Personal contributions
B \$

CGT small business retirement exemption
C \$

CGT small business 15-year exemption amount
D \$

Personal injury election
E \$

Spouse and child contributions
F \$

Other third party contributions
G \$

Proceeds from primary residence disposal
H \$

Receipt date Day Month Year
H1

Assessable foreign superannuation fund amount
I \$

Non-assessable foreign superannuation fund amount
J \$

Transfer from reserve: assessable amount
K \$

Transfer from reserve: non-assessable amount
L \$

Contributions from non-complying funds and previously non-complying funds
T \$

Any other contributions (including Super Co-contributions and Low Income Super Amounts)
M \$

TOTAL CONTRIBUTIONS N \$
(Sum of labels A to M)

Other transactions

Accumulation phase account balance
S1 \$

Retirement phase account balance - Non CDBIS
S2 \$

Retirement phase account balance - CDBIS
S3 \$

TRIS Count

Allocated earnings or losses **O** \$

Inward rollovers and transfers **P** \$

Outward rollovers and transfers **Q** \$

Lump Sum payment **R1** \$

Income stream payments **R2** \$

Loss

Code

Code

CLOSING ACCOUNT BALANCE S \$
(S1 plus S2 plus S3)

Accumulation phase value **X1** \$

Retirement phase value **X2** \$

Outstanding limited recourse borrowing arrangement amount **Y** \$

Self managed superannuation fund return 2023

RN :100017882MS

Taxpayer/entity name: GH & MJ Lakin Superfund

TFN

Section H: Assets and liabilities

15 ASSETS

15a Australian managed investments

Listed trusts **A** \$ -00

Unlisted trusts **B** \$ -00

Insurance policy **C** \$ -00

Other managed investments **D** \$ -00

15b Australian direct investments

Cash and term deposits **E** \$ -00

Limited recourse borrowing arrangements	
Australian residential real property	J1 \$ <input type="text"/> -00
Australian non-residential real property	J2 \$ <input type="text"/> -00
Overseas real property	J3 \$ <input type="text"/> -00
Australian shares	J4 \$ <input type="text"/> -00
Overseas shares	J5 \$ <input type="text"/> -00
Other	J6 \$ <input type="text"/> -00
Property count	J7 \$ <input type="text"/>

Debt securities **F** \$ -00

Loans **G** \$ -00

Listed shares **H** \$ -00

Unlisted shares **I** \$ -00

Limited recourse borrowing arrangements **J** \$ -00

Non-residential real property **K** \$ -00

Residential real property **L** \$ -00

Collectables and personal use assets **M** \$ -00

Other assets **O** \$ -00

15c Other investments

Crypto-Currency **N** \$ -00

15d Overseas direct investments

Overseas shares **P** \$ -00

Overseas non-residential real property **Q** \$ -00

Overseas residential real property **R** \$ -00

Overseas managed investments **S** \$ -00

Other overseas assets **T** \$ -00

TOTAL AUSTRALIAN AND OVERSEAS ASSETS	U \$ <input type="text" value="423777"/> -00
(Sum of labels A to T)	

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? **A** No Yes \$ -00

Self managed superannuation fund return 2023

Taxpayer/entity name: GH & MJ Lakin Superfund

RN:100017882MS

TFN

15f Limited recourse borrowing arrangements

If the fund had an LRBA were the LRBA borrowings from a licensed financial institution? A No Yes

B No Yes

16 LIABILITIES

Form for liabilities including fields for V1, V2, V3, V, W, X, Y, Z with monetary values and descriptions like 'Borrowings for limited recourse borrowing arrangements'.

Section I: Taxation of financial arrangements

17 Taxation of financial arrangements (TOFA)

Total TOFA gains H \$

Total TOFA losses I \$

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 2022-23 income year, write 2023) A

If revoking or varying a family trust election, print R for revoke or print V for variation, and complete and attach the Family trust election, revocation or variation 2023 B

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 Interposed entity election or revocation 2023 for each election. C

If revoking an interposed entity election, print R, and complete and attach the interposed entity election or revocation 2023 D

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Self managed superannuation fund return 2023

RN :100017882MS

Taxpayer/entity name: GH & MJ Lakin Superfund

TFN

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

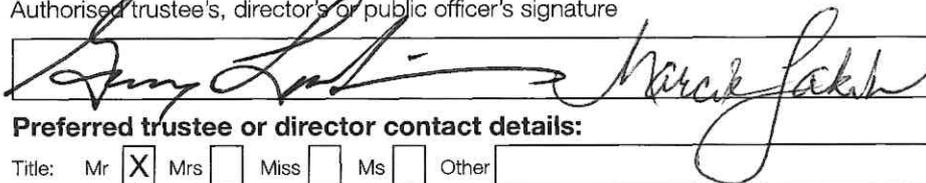
The ATO is authorised by the *Taxation Administration Act 1953* to request the provision of tax file numbers (TFNs). We will use the TFN to identify the entity in our records. It is not an offence not to provide the TFN. However if you do not provide the TFN, the processing of this form may be delayed.

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

Day	Month	Year
05	12	2023

Preferred trustee or director contact details:

Title: Mr Mrs Miss Ms Other

Family name

Lakin

First given name

Gary

Other given names

Phone number

02 92677655

Email address

Non-individual trustee name (if applicable)

ABN of non-individual trustee

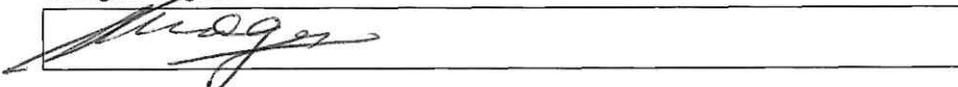
Time taken to prepare and complete this annual return Hrs

! The Commissioner of Taxation, as Registrar of the Australian Business Register, may 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.

TAX AGENT'S DECLARATION:

I declare that the *Self-managed superannuation fund annual return 2023* has been prepared in accordance with information provided 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.

Tax agent's signature



Date

Day	Month	Year
5	12	2023

Tax agent's contact details

Title: Mr Mrs Miss Ms Other

Family name

Rogers

First given name

Catriona

Other given names

Tax agent's practice

The Rogers Group Ltd Partnership

Tax agent's phone number

02 9267 7655

Reference number

LAKI70

Tax agent number

64941004

! Postal address for annual returns: Australian Taxation Office, GPO Box 9845, IN YOUR CAPITAL CITY

Capital gains tax (CGT) schedule **2023**

- 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 2023* available on our website at ato.gov.au for instructions on how to complete this schedule.

Tax file number (TFN)



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)

Taxpayer's name

1 Current year capital gains and capital losses

	Capital gain	Capital loss
Shares in companies listed on an Australian securities exchange	A \$ <input type="text" value="1428"/> .00	K \$ <input type="text" value="1471"/> .00
Other shares	B \$ <input type="text"/> .00	L \$ <input type="text"/> .00
Units in unit trusts listed on an Australian securities exchange	C \$ <input type="text"/> .00	M \$ <input type="text"/> .00
Other units	D \$ <input type="text"/> .00	N \$ <input type="text"/> .00
Real estate situated in Australia	E \$ <input type="text"/> .00	O \$ <input type="text"/> .00
Other real estate	F \$ <input type="text"/> .00	P \$ <input type="text"/> .00
Amount of capital gains from a trust (including a managed fund)	G \$ <input type="text"/> .00	
Collectables	H \$ <input type="text"/> .00	Q \$ <input type="text"/> .00
Other CGT assets and any other CGT events	I \$ <input type="text"/> .00	R \$ <input type="text"/> .00
Amount of capital gain previously deferred under transitional CGT relief for superannuation funds	S \$ <input type="text"/> .00	
Total current year capital gains	J \$ <input type="text" value="1428"/> .00	

Add the amounts at labels **K** to **R** and write the total in item 2 label **A** – **Total current year capital losses**.

Taxpayer/entity name: GH & MJ Lakin Superfund

2 Capital lossesTotal current year capital losses **A** \$.00Total current year capital losses applied **B** \$.00Total prior year net capital losses applied **C** \$.00Total capital losses transferred in applied
(only for transfers involving a foreign bank branch or
permanent establishment of a foreign financial entity) **D** \$.00Total capital losses applied **E** \$.00Add amounts at **B**, **C** and **D**.**3 Unapplied net capital losses carried forward**Net capital losses from collectables carried forward to later income years **A** \$.00Other net capital losses carried forward to later income years **B** \$.00Add amounts at **A** and **B** and transfer the total
to label **V - Net capital losses carried forward**
to later income years on your tax return.**4 CGT discount**Total CGT discount applied **A** \$.00**5 CGT concessions for small business**Small business active asset reduction **A** \$.00Small business retirement exemption **B** \$.00Small business rollover **C** \$.00Total small business concessions applied **D** \$.00**6 Net capital gain**Net capital gain **A** \$.001J less 2E less 4A less 5D (cannot be less than
zero). Transfer the amount at **A** to label **A - Net**
capital gain on your tax return.


TFN

Taxpayer/entity name: GH & MJ Lakin Superfund

7 Earnout arrangements

Are you a party to an earnout arrangement? **A** Yes, as a buyer Yes, as a seller No
(Print in the appropriate box.)

! If you are a party to more than one earnout arrangement, copy and attach a separate sheet to this schedule providing the details requested here for each additional earnout arrangement.

How many years does the earnout arrangement run for? **B**

What year of that arrangement are you in? **C**

If you are the seller, what is the total estimated capital proceeds from the earnout arrangement? **D** \$.00

Amount of any capital gain or loss you made under your non-qualifying arrangement in the income year. **E** \$.00 / ^{LOSS}

! **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 wish to seek an amendment to that earlier income year, complete the following:

Income year earnout right created **F**

Amended net capital gain or capital losses carried forward **G** \$.00 / ^{LOSS}

8 Other CGT information required (if applicable)

Small business 15 year exemption – exempt capital gains **A** \$.00 / ^{CODE}

Capital gains disregarded by a foreign resident **B** \$.00

Capital gains disregarded as a result of a scrip for scrip rollover **C** \$.00

Capital gains disregarded as a result of an inter-company asset rollover **D** \$.00

Capital gains disregarded by a demerging entity **E** \$.00

Taxpayer/entity name: GH & MJ Lakin Superfund

Taxpayer's declaration**!** If the schedule is not lodged with the income tax return you are required to sign and date the schedule.**Important**

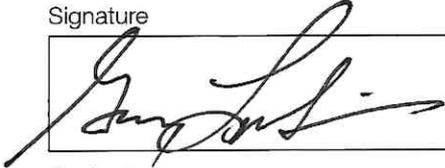
Before making this declaration check to ensure that all the information required has been provided on this form and any attachments to this form, and that the information provided is true and correct in every detail. If you are in doubt about any aspect of the tax return, place all the facts before the 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

05 / 12 / 2023

Contact name

Catriona Rogers

Daytime contact number (include area code)

02 9267 7655



2023**Losses schedule**

Companies and trusts that do not join consolidated groups should complete and attach this schedule to their 2023 tax return.

Superannuation funds should complete and attach this schedule to their 2022 tax return.

Refer to *Losses schedule instructions 2023*, available on our website ato.gov.au for instructions on how to complete this schedule.

Tax file number (TFN)

Name of entity

GH & MJ Lakin Superfund

Australian business number (ABN)

42 770 791 078

Part A Losses carried forward to the 2023–24 income year – excludes film losses**1 Tax losses carried forward to later income years****Year of loss**

2022–23	B	<input type="text"/>	.00
2021–22	C	<input type="text"/>	.00
2020–21	D	<input type="text"/>	.00
2019–20	E	<input type="text"/>	.00
2018–19	F	<input type="text"/>	.00
2017–18 and earlier income years	G	<input type="text"/>	.00
Total	U	<input type="text"/>	.00

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**Year of loss**

2022–23	H	<input type="text" value="43"/>	.00
2021–22	I	<input type="text" value="1273"/>	.00
2020–21	J	<input type="text"/>	.00
2019–20	K	<input type="text"/>	.00
2018–19	L	<input type="text"/>	.00
2017–18 and earlier income years	M	<input type="text"/>	.00
Total	V	<input type="text" value="1316"/>	.00

Transfer the amount at **V** to the **Net capital losses carried forward to later income years** label on your tax return.

Taxpayer/entity name: GH & MJ Lakin Superfund

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

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 satisfied in relation to that loss.

Do not complete items 1 or 2 of Part B if, in the 2022–23 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 2022–23 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.

Year of loss	Yes	No	Print X in the appropriate box.
2022–23	A <input type="checkbox"/>	<input type="checkbox"/>	Print X in the appropriate box.
2021–22	B <input type="checkbox"/>	<input type="checkbox"/>	Print X in the appropriate box.
2020–21	C <input type="checkbox"/>	<input type="checkbox"/>	Print X in the appropriate box.
2019–20	D <input type="checkbox"/>	<input type="checkbox"/>	Print X in the appropriate box.
2018–19	E <input type="checkbox"/>	<input type="checkbox"/>	Print X in the appropriate box.
2017–18 and earlier income years	F <input type="checkbox"/>	<input type="checkbox"/>	Print X in the appropriate box.

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 lossesTax losses **G** .00Net capital losses **H** .00**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**Tax losses **I** .00Net capital losses **J** .00**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)?

K Yes No Print X in the appropriate box.**Part C Unrealised losses – company only**

Note: These questions relate to the operation of Subdivision 165-CC of ITAA 1997.

Has a changeover time occurred in relation to the company after 1.00pm by legal time in the Australian Capital Territory on 11 November 1999?

L Yes No Print X in the appropriate box.

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?

M Yes No Print X in the appropriate box.

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

N Yes No Print X in the appropriate box.

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?

O .00**Part D Life insurance companies**Complying superannuation class tax losses carried forward to later income years **P** .00Complying superannuation net capital losses carried forward to later income years **Q** .00

Taxpayer/entity name: GH & MJ Lakin Superfund

Part E Controlled foreign company lossesCurrent year CFC losses **M** -00CFC losses deducted **N** -00CFC losses carried forward **O** -00**Part F Tax losses reconciliation statement**Balance of tax losses brought forward from the prior income year **A** -00ADD Uplift of tax losses of designated infrastructure project entities **B** -00SUBTRACT Net forgiven amount of debt **C** -00ADD Tax loss incurred (if any) during current year **D** -00ADD Tax loss amount from conversion of excess franking offsets **E** -00SUBTRACT Net exempt income **F** -00SUBTRACT Tax losses forgone **G** -00SUBTRACT Tax losses deducted **H** -00SUBTRACT 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** -00Total tax losses carried forward to later income years **J** -00Transfer the amount at **J** to the **Tax losses carried forward to later income years** label on your tax return.


TFN

Taxpayer/entity name: GH & MJ Lakin Superfund

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

TAXPAYER'S DECLARATION

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

Signature

Handwritten signature: Gary Lakin

Contact person

Catriona Rogers

05/12/2023
Day Month Year

Date 12/05/2023

Daytime contact number (include area code)

02 9267 7655

ABN 42 770 791 078

1. Current year capital gains and capital losses

	Capital gain	Capital loss
Shares in companies listed on an Australian securities exchange	A 1428	K 1471
Total current year capital gains	J 1428	

2. Capital losses

Total current year capital losses	A 1471
Total current year capital losses applied	B 1428
Total capital losses applied	E 1428

3. Unapplied net capital losses carried forward

Other net capital losses carried forward to later income years	B 1316
--	---------------

6. Net capital gain

Net capital gain	A 0
------------------	------------

NOTE: THIS PRINT-OUT IS NOT TO BE LODGED WITH THE ATO.



ABN 42 770 791 078

Part A - Losses carried forward to the 2023-2024 income year -excludes film losses

2 Net capital losses carried forward to later income years

Year of loss	
2022-2023	H 43
2021-2022	I 1273
Total	V 1316

Transfer the amount at label V to the corresponding label on your tax return

Part F - Tax losses reconciliation statement

Balance of tax losses brought forward from the prior income years A 675

ADD Tax loss incurred (if any) during current year D 189

Total Tax losses carried forward to later income years J 864

Transfer the amount at J to the Tax losses carried forward to later income years label on your tax return

NOTE: THIS PRINT-OUT IS NOT TO BE LODGED WITH THE ATO.



ABN 42 770 791 078

**Distributions from Trusts
Including Cash Management or Listed Property Trusts**

Trust Name Misc
TFN Trust Type P

Arm's length income
Unfranked Dividend Franked Dividend Franking Credit Other Trust Income
Share of Trust Credits Other
ABN not quoted TFN Withheld FRW Withheld MIT Fund
1.41

Subtotals
Arm's length income
Unfranked Dividend Franked Dividend Franking Credit Other Trust Income
Share of Trust Credits Other
ABN not quoted TFN Withheld FRW Withheld MIT Fund
1.41

Taxation Estimate
For the year ended 30 June 2023

Return Code: LAKI70
Description: GH & MJ Lakin Superfund

Tax File Number:
Date prepared: 01/12/2023

	\$	\$
Summary of Taxable Income		
Business and Investment Income:	-	
Capital Gains Income	-	
Net Foreign Income	28.00	
No-TFN contributions	-	
Other Business income	8,871.00	
Less Deductions		8,899.00
		9,088.00
Loss to Carry Forward		-189.00
 Tax on Taxable Income		
Gross Tax		-
SUBTOTAL T2		-
Less Refundable tax offsets		
Refundable franking credits	109.64	
		109.64
TAX PAYABLE T5		-
Less Eligible Credits		
Foreign Resident Withholding	1.41	
Remainder of refundable tax offsets	109.64	
		111.05
		-111.05
Add:		
Supervisory levy	259.00	
		259.00
TOTAL AMOUNT PAYABLE		147.95

Please note that this is our estimate of your PAYG liability. Actual amounts payable will be determined by the Australian Taxation Office and may differ from this estimate.

The Rogers Group Ltd Partnership



PART A

Electronic lodgment declaration (Form P, T, F, SMSF or EX)

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.

Tax File Number [] Year of return [2023]

Name of Partnership, Trust, Fund or Entity [GH & MJ Lakin Superfund]

Total Income/Loss [1743] Total Deductions [1932] Taxable Income/Loss [-189]

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.

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 I have provided to my registered tax agent for the preparation of this tax return, including any applicable schedules is true and correct, and
* I authorise the agent to give this document to the Commissioner of Taxation.

Signature of Partner, Trustee or Director [Signature]

Date [05/12/2023]

PART D

Tax agent's certificate (shared facilities only)

We, The Rogers Group Ltd Partnership declare that [Signature]

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

Agent's Signature [Signature]

Date [5/12/2023]

Agent's phone [02 9267 7655] Client's reference [LAKI70]
Agent's Contact Name [Catriona Rogers]
Agent's reference number [64941004]

[Signature]