# Self-managed superannuation fund annual return 2023

To complete this annual return

this	ly self-managed superannuation funds (SMSFs) can complete annual return. All other funds must complete the Fund ome tax return 2023 (NAT 71287).  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).	■ Print clearly, using a BLACK pen only.  ■ Use BLOCK LETTERS and print one character per box.  SMITHEST TO STORY  ■ Place X in ALL applicable boxes.  Postal address for annual returns:  Australian Taxation Office GPO Box 9845 [insert the name and postcode of your capital city]  For example;  Australian Taxation Office GPO Box 9845 SYDNEY NSW 2001			
_	ection A: <b>Fund information</b>				
		To assist processing, write the fund's TFN at			
1		the top of pages 3, 5, 7, 9 and 11.  e not obliged to quote your TFN but not quoting it could increase			
	the chance of delay or error in processing your annual retu				
2	Name of self-managed superannuation fund (SMSF				
_	Hart Superannuation Fund	,			
3	Australian business number (ABN) (if applicable) 150	014807194			
4	Current postal address				
PC	) Box 3685				
$\equiv$					
Sub	ourb/town	State/territory Postcode			
Rυ	ındle Mall	SA 5000			
5	<b>Annual return status</b> Is this an amendment to the SMSF's 2023 return?	A No X Yes			
	Is this the first required return for a newly registered SMSF?	B No X Yes			

Who should complete this annual return?

Page 1

6 SM	SF auditor
Auditor's	
Title: Mi	
Family nan	8
Boys First given	name Other given names
	William Villiam
	ditor Number Auditor's phone number
100014	
Postal ac	
PO Box	
1 0 00	
Suburb/to	
Rundle	Mall  Day Month Year  Day Month Year
Date auc	t was completed A / / / / /
Was Parl	A of the audit report qualified?  B No X Yes
Was Parl	B of the audit report qualified? C No X Yes
	if the audit report was qualified, reported issues been rectified?
7 Ele	etronic funds transfer (EFT)
	need your self-managed super fund's financial institution details to pay any super payments and tax refunds owing to you.
Α	Fund's financial institution account details
	This account is used for super contributions and rollovers. Do not provide a tax agent account here.
	Fund account name  G Hart Superannuation Fund
	G Hart Superannuation Fund
	Locald Manager Assess for the second to the forest of the first of the
	I would like my tax refunds made to this account. X Go to C.
В	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
С	Electronic service address alias
•	Provide the electronic service address alias (ESA) issued by your SMSF messaging provider.
	(For example, SMSFdataESAAlias). See instructions for more information.
	BGLSF360

Tax File Number Provided

	Tax File Number Provided					
8	Status of SMSF Australian superannuation fund A No Yes X Fund benefit structure B A Cod					
	Does the fund trust deed allow acceptance of the Government's Super Co-contribution and Low Income Super Amounts?					
9	Was the fund wound up during the income year?					
	No Yes X) If yes, provide the date on which the fund was wound up 30 / 06 / 2023 Have all tax lodgment and payment obligations been met? No Yes 2					
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 \$ 19,083					
	Which method did you use to calculate your exempt current pension income?					
	Segregated assets method <b>B</b> X					
	Unsegregated assets method C Was an actuarial certificate obtained? D Yes					
	Did the fund have any other income that was assessable?					
	E Yes O Go to Section B: Income.					
	No Choosing 'No' means that you do not have any assessable income, including no-TFN quoted contributions. Go to Section C: Deductions and non-deductible expenses. (Do <b>not</b> complete Section B: Income.)					
	If you are entitled to claim any tax offsets, you can list					

Tax File Number	Provided

## Section B: Income

Do not complete this section the retirement phase for the ent notional gain. If you are entitled	tire year, there was no	other income	e that was	assessable, and yo	ou <b>have not</b> realis	ed a deferred
11 Income  Did you have a capital of (CGT) event during the	gains tax he year? <b>G</b> No	Yes 🔲	\$10,000 or 2017 and t complete a	capital loss or total or you elected to use the deferred notional attach a <i>Capital</i>	the transitional Cal gain has been re	GT relief in ealised,
Have you ap exemption or	oplied an rollover? M No	Yes 🗌	Code			
	Net o	capital gain	<b>A</b> \$			
Gross rent a	nd other leasing and hiri	ng income	<b>B</b> \$			
	Gro	oss interest	<b>c</b> \$			
	Forestry managed i scher	nvestment me income	<b>x</b> \$			
Gross foreign incom	e					Loss
D1 \$	Net forei	gn income	D \$			
Australian franking cre	dits from a New Zealand	d company	<b>E</b> \$			Nicosalesco
		nsfers from reign funds	F \$			Number
	Gross payme	Ū	н \$			
Calculation of assessable cor	ntributions Gross	distribution				Loss
Assessable employer contr	from pa	artnerships	I \$			
plus Assessable personal contr		d dividend amount	J \$			
R2 \$		d dividend	к \$			
plus #*No-TFN-quoted contrib	utions *Divider	nd franking	L \$			
(an amount must be included ex		credit Gross trust	м \$			Code
less Transfer of liability to life insu	urance	istributions				
company or PST	cor	ssessable stributions (R1 plus R2 R3 less R6)	R \$			
Calculation of non-arm's leng	th income					Code
*Net non-arm's length private comp	any dividends *Oth	ner income	<b>s</b> \$			
plus *Net non-arm's length trust di		ole income	<b>-</b>		1	
U2 \$	440 10 01	nanged tax tus of fund	T \$			
plus *Net other non-arm's length		non-arm's th income				
U3 \$	(subject to 4 ( <b>U1</b> plus	5% tax rate) <b>U2</b> plus <b>U3</b> )	U \$			
"This is a mandatory label.		S INCOME bels <b>A</b> to <b>U</b> )	<b>w</b> \$			Loss
*If an amount is entered at this label,	Exempt current pensi	on income	<b>Y</b> \$			
check the instructions to ensure the correct tax treatment has been applied.	TOTAL ASSESSABL INCOME (W less					Loss

Tax File Hamber   Toylded	Tax File Number	Provided
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## Section C: Deductions and non-deductible expenses

(TOTAL ASSESSABLE INCOME less

TOTAL DEDUCTIONS

### 12 Deductions and non-deductible expenses

\*This is a mandatory

label.

	DEDUCTIONS	NON-DEI	DUCTIBLE EXPENSES
Interest expenses within Australia	A1 \$	A2 \$	
Interest expenses overseas	B1 \$	B2 \$	
Capital works expenditure	D1 \$	D2 \$	
Decline in value of depreciating assets	E1 \$	E2 \$	
Insurance premiums – members	F1 \$	F2 \$	
SMSF auditor fee	H1 \$	H2 \$	935
Investment expenses	I1 \$	I2 \$	1,503
Management and administration expenses	J1 \$	J2 \$	5,194
Forestry managed investment scheme expense	U1 \$	U2 \$	Cod
Other amounts	L1 \$	L2 \$	4,402 O
Tax losses deducted	M1 \$		
	TOTAL DEDUCTIONS	TOTAL NON-DE	DUCTIBLE EXPENSES
	N \$	Y \$	12,034
	(Total A1 to M1)	(To	tal <b>A2</b> to <b>L2</b> )
	*TAXABLE INCOME OR LOSS	Loss TOTAL SMSF E	XPENSES
	0 ¢		12.034

## 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 Ca	Iculation statement				
Dlooso	refer to the	#Taxable income	<b>A</b> \$		0
	anaged superannuation	# <del>-</del>		(an amount must be included even if it is zero)	
	nnual return instructions	#Tax on taxable income			0.00
	n how to complete the tion statement.	#Tax on		(an amount must be included even if it is zero)	
Calcula	mon statement.	no-TFN-quoted			0.00
		contributions	3	(an amount must be included even if it is zero)	
		Gross tax	. в ф		0.00
		Gross tax	В\$		0.00
				( <b>T1</b> plus <b>J</b> )	
	Foreign income tax offset				
C1 \$					
	Rebates and tax offsets		Non-r	efundable non-carry forward tax offsets	
C2\$			<b>C</b> \$		
				(C1 plus C2)	
			SUBT	OTAL 1	
			T2 \$		
			·	( <b>B</b> less <b>C</b> – cannot be less than zero)	
	Early stage venture capital	limited		,	
	partnership tax offset				
<b>D1</b> \$		0.00			
	Early stage venture capital	limited partnership			
tax offset carried forward from previous year		rom previous year		efundable carry forward tax offsets	
<b>D2</b> \$		0.00	<b>D</b> \$		0.00
	Early stage investor tax off	set		(D1 plus D2 plus D3 plus D4)	
<b>D</b> 3\$		0.00			
	Early stage investor tax off	set	CLIDT	OTAL 2	
<b>D</b> 4¢	carried forward from previo			-	0.00
<b>D</b> 4\$		0.00	T3 \$		0.00
				(T2 less D – cannot be less than zero)	
	Complying fund's franking of	credits tax offset			
E1\$		ordatio tax officet			
шιφ	No-TFN tax offset				
<b>E2</b> \$	1NO-11 IN LAX OIISEL				
<b>EZ </b>	National vontal offerelability a	ala araa a tay affa at			
<b>-</b> 0 ^	National rental affordability s	cheme tax offset			
<b>E3</b> \$	Evelouation availt tovoffeet		Dafina	deble toy offerte	
<b>-</b> 40	Exploration credit tax offset	0.00		dable tax offsets	
<b>E4</b> \$		0.00	E\$		
				(E1 plus E2 plus E3 plus E4)	
		*TAX PAYABLE	TEA		0.00
		"IAX PAYABLE	155	(T3 less E – cannot be less than zero)	0.00
				,	
				on 102AAM interest charge	
			<b>G</b> \$		

Tax File Number	Provided

Credit for tax withheld – foreign resident withholding (excluding capital gains)	
H2\$	
Credit for tax withheld – where ABN or TFN not quoted (non-individual)	
H3\$	
Credit for TFN amounts withheld from	
payments from closely held trusts	
H5\$ 0.00 Credit for interest on no-TFN tax offset	
H6\$	
Credit for foreign resident capital gains	
withholding amounts	Eligible credits
<b>H8</b> \$ 0.00	(H2 plus H3 plus H5 plus H6 plus H8)
	(
*Tax offset refunds	
(Remainder of refundable tax offsets)	0.00
	(unused amount from label <b>E</b> − an amount must be included even if it is zero)
	PAYG instalments raised
	<b>K</b> \$ 2,034.00
	Supervisory levy
	<b>L</b> \$ 259.00
	Supervisory levy adjustment for wound up funds
	M \$ 259.00
	Supervisory levy adjustment for new funds
	N \$
AMOUNT DUE OR REFUNDABLE	
A positive amount at <b>S</b> is what you owe,	-2,034.00
while a negative amount is refundable to you.	(T5 plus G less H less I less K plus L less M plus N)
*This is a mandatory label.	
The learned date y labor.	

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	\$
Net capital losses carried forward to later income years	V	\$ 29,910

	Tax File Number Provided
Section G: Supplementary member	r information
MEMBER 7	
	Account Code
Title: Mr X Mrs Miss Ms Other	Account status
Family name Hart	
First given name Other given name	
Graham Michael	55
Member's TFN Date of birth	If deceased, date of death
See the Privacy note in the Declaration.  Day Month	Year Day Month Year
Provided Provided	
Contributions OPENING ACCOUNT BALANCE \$	767,074.35
or Entire Account Bit 1102 \$	707,074.00
Refer to instructions for completing these labels.	Proceeds from primary residence disposal
Н\$	
Employer contributions	Day Month Year
·	Receipt date / /
ABN of principal employer	Assessable foreign superannuation fund amount
	<u> </u>
Personal contributions  B \$	Non-assessable foreign superannuation fund amount
CGT small business retirement exemption	<u> </u>
O ¢	Transfer from reserve: assessable amount
CGT small business 15-year exemption amount	<u> </u>
D ¢	Transfer from reserve: non-assessable amount
Personal injury election	S
E \$	Contributions from non-complying funds and previously non-complying funds
Spouse and child contributions <b>T</b> §	. , , , ,
F \$	Any other contributions (including Super
Other third party contributions	Co-contributions and Low Income Super Amounts)
G \$	
TOTAL CONTRIBUTIONS N \$	
	(Sum of labels <b>A</b> to <b>M</b> )
	Allocated earnings or losses Loss
Other transactions • \$\ \mathbf{O} \\$	47,984.94
	Inward rollovers and transfers
Accumulation phase account balance	
S1 \$ 0.00	Outward rollovers and transfers
Retirement phase account balance  - Non CDBIS  Q \$	771,092.00
- NOTI ODDIS	Lump Sum payments Code
S2 \$ 0.00 R1 \$	
Retirement phase account balance  - CDBIS	
	Income stream payments Code
S3 \$ 0.00 R2 \$	43,967.29 M
0 TRIS Count CLOSING ACCOUNT BALANCE \$ \$	<u>;</u>
0 TRIS Count CLOSING ACCOUNT BALANCE \$ \$	(S1 plus S2 plus S3)
	(0. pag 01 pag 04)
Accumulation phase value X1 \$	
Retirement phase value <b>X2</b> \$	

Outstanding limited recourse borrowing arrangement amount Y \$

				Tax File Number	Provided
MEMBER 8					
Title: Mr Mrs Miss Ms X Other					Account Code
Family name					status U
Dellow					
First given name	Other give	n names			I
Chelsea					
Member's TFN  Date of					d, date of death
See the Privacy note in the Declaration.  Provided  Day	Month Provid		/ear	Day /	Month Year
i Tovided	1 10010	leu		/	/
0 1 1 1					
Contributions OPENING ACCOUNT I	BALANCE	\$			
Refer to instructions for completing these label		1	Proceed	s from primary residence	disposal
	3.	<b>H</b> \$			
Employer contributions  A \$				Day Month	Year
ABN of principal employer			Receipt		
A1	$\overline{}$		Assessal	ble foreign superannuation	fund amount
Personal contributions		I \$	NI		
В\$		J \$	Non-ass	essable foreign superannu	Jalion lund amount
CGT small business retirement exemption			Tranefor	from reserve: assessable	amount
C \$		K \$	II al ISIGI	TOTT TESETVE. ASSESSADIE	amount
CGT small business 15-year exemption amo	ount	٠, ١	Transfer	from reserve: non-assess	able amount
D \$		L \$	11 01 10101		
Personal injury election			Contribu	itions from non-complying	 funds
<b>E</b> \$			and prev	viously non-complying fund	ds
Spouse and child contributions		<b>T</b> \$			
Cthor third porty contributions		,	Any othe Co-conti	er contributions (including ributions and Low Income	Super Super Amounts)
Other third party contributions <b>G</b> \$		M \$			
σ ψ					
TOTAL CONTR	IBUTIONS	N \$			
			(5	Sum of labels <b>A</b> to <b>M</b> )	
OII - I - I			Allocated	d earnings or losses	Loss
Other transactions		<b>o</b> \$			
Accumulation phase account balance			nward ro	ollovers and transfers	
S1 \$ 0.00		<b>P</b> \$			
Retirement phase account balance			Outward	I rollovers and transfers	
– Non CDBIS		<b>Q</b> \$			
<b>S2</b> \$ 0.00			Lump Si	um payments	Code
Retirement phase account balance		R1 \$			
- CDBIS			ncome s	stream payments	Code
<b>S3</b> \$		<b>R2</b> \$			
CLOSING ACCOUNT		<b>C C</b>			
0 TRIS Count CLOSING ACCOUNT I	DALANCE	<b>S</b> \$		( <b>S1</b> plus <b>S2</b> plus <b>S3</b> )	———————————————————————————————————————
				(= - piac <b>==</b> piac <b>==</b> )	
Accumulation p	hase value	X1 \$			
Retirement p	hase value	<b>X2</b> \$			

**Y** \$

Outstanding limited recourse borrowing arrangement amount

			Tax File Number	Provided
Section H: <b>Assets and liabilitie</b>	es			
Australian managed investments	Listed trusts	<b>A</b> \$	\$	
	Unlisted trusts	В 9	\$	
I	nsurance policy	CS	\$	
Other manag	ged investments	D S	\$	
Australian direct investments Cash an	d term deposits	ES	\$	
Limited recourse borrowing arrangements Australian residential real property	Debt securities	FS	\$	
J1 \$	Loans (	G S	\$	
Australian non-residential real property	Listed shares	Н 9	\$	
J2 \$	Unlisted shares	15	\$	
	imited recourse		*	
Australian shares borrowin	g arrangements	J	<b></b>	
J4 \$	Non-residential real property	K S	\$	
Overseas shares	Residential	L §	±	
J5 \$	real property			
Other pers	Collectables and onal use assets	VI S	\$	
J6 \$Property count	Other assets	0 9	\$	
J7				
Other investments	Crypto-Currency	N S	\$	
Overseas direct investments	Overseas shares	P S	\$	
Overseas non-resident	tial real property	Q S	\$	
Overseas resident	tial real property	R S	\$	
Overseas manaç	ged investments	S	\$	
Other of	overseas assets	Т \$	\$	
TOTAL AUSTRALIAN AND OVERS	SEAS ASSETS (	U §	\$	

(known as in-house assets) at the end of the income year?

				Tax File Number	Provided	
15f	Limited recourse borrowing arrangements  If the fund had an LRBA were the LRBA					
	borrowings from a licensed financial institution?	A No L	Yes			
	Did the members or related parties of the fund use personal guarantees or other security for the LRBA?	<b>B</b> No	Yes			
16	LIABILITIES	_				
	Borrowings for limited recourse borrowing arrangements					
	V1 \$					
	Permissible temporary borrowings					
	V2 \$					
	Other borrowings					
	V3 \$	Borre	owings <b>V</b>	\$		
	Total member clos	0	10/	\$		
	(total of all CLOSING ACCOUNT BALANCEs from	om Sections F	and G)			
		Reserve ac	counts X	\$		
		Other lia	abilities <b>Y</b>	\$		
		TOTAL LIA	BILITIES <b>Z</b>	\$		
		-		T		
50	ction I: <b>Taxation of financia</b>	l arrand	ements			
	Taxation of financial arrangements (TOF	_	Cilicite	•		
		Total TOFA g	ains <b>H</b> \$			
		Total TOFA los	sses I\$			
		1014110174100	ω τψ			
Se	ction J: Other information					
Fam	nily trust election status					
	If the trust or fund has made, or is making, a fam specified of the election (for ex-				A	
	If revoking or varying a family trust and complete and attach the <i>I</i>				<b>3</b> 🗌	
Inte	rposed entity election status	-				
	If the trust or fund has an existing election, or fund is making one or more elect specified and complete an <i>Interposed e</i>	ions this year, v	vrite the earlie	est income year being		
				orint <b>R</b> , and complete or revocation 2023.		

			Tax File Number	Provided
Section K: <b>De</b>	eclarations			
Penalties may be	imposed for false or misle	eading information in additio	n to penalties relating t	o any tax shortfalls.
Important Before making this declaration of any additional documents are translabel was not applicable to you.  Privacy The ATO is authorised by the Tail identify the entity in our records form may be delayed.  Taxation law authorises the ATO go to ato.gov.au/privacy	rue and correct in every def . If you are in doubt about a axation Administration Act : . It is not an offence not to	tail. If you leave labels blank, y any aspect of the annual return 1953 to request the provision provide the TFN. However if y	rou will have specified a n, place all the facts befo of tax file numbers (TFN rou do not provide the T	zero amount or the ore the ATO. s). We will use the TFN to FN, the processing of this
TRUSTEE'S OR DIRECTO I declare that, the current trust records. I have received a cop return, including any attached Authorised trustee's, director's	tees and directors have a by of the audit report and schedules and additional	uthorised this annual return are aware of any matters rai I documentation is true and	sed therein. The inform	
Additionated tradectors, directors	or public officer a signatu		Date 19	Month Year / 2023
Preferred trustee or direct	ctor contact details:			<i>'</i>
Title: Mr X Mrs Miss Family name	Ms Other			
Hart				
First given name		Other given names		
Graham Michael				
Phone number 08 827195 Email address	555			
Non-individual trustee name (if	f applicable)			
ABN of non-individual trustee	Fime taken to prepare and	d complete this annual return	n Hrs	
		ustralian Business Register, m of the register. For further info		
TAX AGENT'S DECLARA I declare that the Self-manage provided by the trustees, that to correct, and that the trustees h	ed superannuation fund an the trustees have given m	e a declaration stating that t	orepared in accordance the information provided	with information I to me is true and
Tax agent's signature			Date 19	Month Year / 2023
Tay agent's contact data			Date 19	/ 01 / 2023
Title: Mr X Mrs Miss	Ms Other			
Family name				
Lounder				

First given name

08 82719555

Tax agent's practice

Tax agent's phone number

PDK Financial Synergy Pty Ltd

Phillip

Tax agent number

25452589

Other given names

Reference number

GHART

## 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 2023 tax return.

Print neatly in BLOCK LETTERS with a black or blue ballpoint pen only. Print one letter or number in each box. Do not use correction fluid or tape.

Place X in all applicable boxes.
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)
Provided
Name of entity

Australian business number

G Hart Superannuation Fund

15014807194

## 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		
G022-23	В	
2021-G2	C	
2020–21	D	
2019–20	E	
2018–19	F	
2017–18 and earlier income years	G	
Total	U	

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 vears
_	INCL Capital 1055C5	carried forward	io ialei ilicollie veals

Н	
I	
J	
K	
L	
M	29,910
V	29,910
	J K L

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

Tax File Number Provided

P	Part B – Ownership and b	ousiness continuity	/ to	est - company and listed widely held trust only
s	Complete item <b>3</b> of <b>Part B</b> if a loss is being of atis ied in relation to that loss.	·		•
a	o not complete items 1 or 2 of Part B if, in gainst a net capital gain or, in the case of co	the 2022–23 income year, no los ompanies, losses have not been	s ha tran	as been claimed as a deduction, applied asferred in or out.
1	Whether continuity of majority	Year of loss		
	ownership test passed	2022–23	A	Yes No
	<b>Note:</b> If the entity has deducted, applied, transferred in or transferred out (as applicable) in the 2022–23 income year a loss incurred in	2021–22	В	Yes No
	any of the listed years, print <b>X</b> in the <b>Yes</b> or <b>No</b> box to indicate whether the entity has satisfied the continuity of majority ownership test in	2020–21	С	Yes No
	respect of that loss.	2019–20	D	Yes No
		2018–19	Ε	Yes No
		2017–18 and earlier income years	F	Yes No
2	Amount of losses deducted/applied for business continuity test is satisfied - e		orit	y ownership test is not passed but the
		Tax losses	G	
		Net capital losses	Н	
3	Losses carried forward for which the applied in later years – excludes film losse		be	satisfied before they can be deducted/
		Tax losses	I	
		Net capital losses	J	
4	Do current year loss provisions apply' Is the company required to calculate its taxa the year under Subdivision 165-B or its net cap for the year under Subdivision 165-CB of the In 1997 (ITAA 1997)?	able income or tax loss for pital gain or net capital loss	K	Yes No
P	art C - Unrealised losses - a	ompany only		
	Note: These questions relate to the operation of	Subdivision 165-CC of ITAA 1997.		
	Has a changeover time occurred in relation to after 1.00pm by legal time in the Australian Ca 11 November 1999?		L	Yes No
	If you printed ${\bf X}$ in the ${\bf No}$ box at ${\bf L}$ , do not compl	ete M, N or O.		
	At the changeover time did the company satismet asset value test under section 152-15 of IT		M	Yes No
	If you printed ${\bf X}$ in the ${\bf No}$ box at ${\bf M}$ , has the continuous that an unrealised net loss at the changeover		N	Yes No
	If you printed <b>X</b> in the <b>Yes</b> box at <b>N</b> , what was unrealised net loss calculated under section 16		0	

		x File Number	Provided		
Part D – Life insurance companies					
Complying superannuation class tax losses carried forward to later income years	P				
Complying superannuation net capital losses carried forward to later income years	Q				
Part E – Controlled foreign company losses					
Current year CFC losses	M				
CFC losses deducted	N				
CFC losses carried forward	0				
Part F – Tax losses reconciliation statement					
Balance of tax losses brought forward from the prior income year	A				
ADD Uplift of tax losses of designated infrastructure project entities	В				
SUBTRACT Net forgiven amount of debt	С				
ADD Tax loss incurred (if any) during current year	D				
ADD Tax loss amount from conversion of excess franking offsets	E				
SUBTRACT Net exempt income	F				
SUBTRACT Tax losses forgone	G				
SUBTRACT Tax losses deducted	н				
SUBTRACT Tax losses transferred out under Subdivision 170-A (only for transfers involving a foreign bank branch or a PE of a foreign financial entity)	ı				
Total tax losses carried forward to later income years	J				
Transfer the amount at .I to the Tax losses carried for	rwar	d to later income ve	ears label on your tax return		

Tax File Number	Provided

If the schedule is not lodged with the income tax return you are required to sign and date the schedule.

#### Important

Before making this declaration check to ensure that all the information required has 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.

r declare that the information on this form is true and correct.					
Signature		_			
		Date	Day	Month /	Year
Contact person	Daytii	<b>n</b> e contac	number	(include area	a code)
Graham Michael Hart	08 8	2719555			

## Capital gains tax (CGT) schedule

2023

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 initial)	<ul> <li>Use in conjunction with company, trust, fund income tax return or the self-managed superannuation fund annual return.</li> <li>Refer to the <i>Guide to capital gains tax 2023</i> available on our website at ato.gov.au for instructions on how to complete this schedule.</li> </ul>			
Tax file number (TFN) Provided				
We are authorised by law to request your TFN. You do no However, if you don't it could increase the chance of dela:				
Australian business number (ABN) 15014807194				
Taxpayer's name				
G Hart Superannuation Fund				
Current year capital gains and capital losses     Capital gain	Capital loss			
Shares in companies listed on an Australian securities exchange	K \$			
Other shares <b>B</b> \$	L \$			
Units in unit trusts listed on an Australian securities exchange	M\$			
Other units <b>D</b> \$	N \$			
Real estate situated in Australia <b>E \$</b>	O \$			
Other real estate <b>F</b> \$	P \$			
Amount of capital gains from a trust (including a managed fund)				
Collectables <b>H</b> \$	Q \$			
Other CGT assets and any other CGT events	R \$			
Amount of capital gain previously deferred under transitional CGT relief for superannuation funds	Add the amounts at labels <b>K</b> to <b>R</b> and write the total in item <b>2</b> label <b>A – Total current year capital losses</b> .			
Total current year capital gains				

		7	Га	x File Number	Provided
2	Capital losses				
	Total current year capital losses	A S	\$[		
	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 S	\$[		
	Total capital losses applied	E S	 \$[		
		Add	a t	mounts at <b>B</b> , <b>C</b> and	i D.
3	Unapplied net capital losses carried forward				
	Net capital losses from collectables carried forward to later income years	A S	\$[		
	Other net capital losses carried forward to later income years	В 9	\$[		
		to la	abe		and transfer the total osses carried forward your tax return.
4	CGT discount				
	Total CGT discount applied	A S	\$[		
5	CGT concessions for small business		_		
	Small business active asset reduction	A S	\$[		
	Small business retirement exemption	В	\$[		
	Small business rollover	C	\$[		
	Total small business concessions applied	D S	\$[		
6	Net capital gain		_		
	Net capital gain	A S	\$[		
					D (cannot be less than t at A to label A - Net

capital gain on your tax return.

		Tax File Number	Provided
7	Earnout arrangements		
	Are you a party to an earnout arrangement? <b>A</b> Yes, as a buyer (Print $X$ in the appropriate box.)	Yes, as a seller	No 🗌
	If you are a party to more than one earnout arrangement, copy and attace details requested here for each additional earnout arrangement.	ch a separate sheet to th	s schedule providing the
	How many years does the earnout arrangement run for? <b>B</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?		
	Amount of any capital gain or loss you made under your non-qualifying arrangement in the income year.		/ LOSS
	Request for amendment  If you received or provided a financial benefit under a look-through earns wish to seek an amendment to that earlier income year, complete the fo		lier income year and you
	Income year earnout right created <b>F</b>		
	Amended net capital gain or capital losses carried forward <b>G</b> \$		/ Loss
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>B</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 <b>E</b> \$		
	Capital gains disregarded by a demerging entity <b>E</b> \$		

Tax File Number	Provided
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## 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

illionnation of the person authorised to sign the declaration. For illionnation about you	or privacy go to ato.gov.au/privacy
I declare that the information on this form is true and correct.	
Signature	_
	Date Day Month Year
Contact name	
Graham Michael Hart	
Daytime contact number (include area code)	
08 82719555	

### 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.

Signature

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

	Name of Fund		Year
rovided	Ovided G Hart Superannuation Fund		
authorise my tax agent to electr	ronically transmit this tax return via an approved A	ATO electronic channel.	-
orrect in every detail. If you are	lease check to ensure that all income has been d in doubt about any aspect of the tax return, place alties for false or misleading statements on tax ret	e all the facts before the Tax (	
eclaration: I declare that:			
	nation provided to the agent for the preparation of	this tax return, including any	applicable schedules
is true and corr	ect; and e agent to lodge this tax return.		
■ i autionse tii	e agent to louge this tax return.		
gnature of Partner, Trustee, c irector	or	Dat	te / /
	EL FOTRONIO FUNDO TRANOFE	D CONOFNIT	
	ELECTRONIC FUNDS TRANSFEI	R CONSENT	
his declaration is to be compl dged through an approved A	leted when an electronic funds transfer (EFT) o TO electronic channel.	of a refund is requested and	the tax return is being
is declaration must be signed by	by the partner, trustee, director or public officer problem below must be completed.	ior to the EFT details being tr	ransmitted to the Tax Office
you elect for an EFT, all details			
you elect for an EFT, all details	n when completing EFT details as the payment o	f any refund will be made to the	ne account specified.
you elect for an EFT, all details  portant: Care should be taken	n when completing EFT details as the payment or	f any refund will be made to tl	he account specified.
portant: Care should be taken  5 WWt bhiBUa Y" G"Har		f any refund will be made to the	· ·

Date

## Tax Agent's 8 YWUfUijcb

#### 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 <sup></sup>			Date	1	1
Contact name	Phillip Lounder		Client Reference	GHART	
Agent's Phone Num	ber 08 82719555	Н	lUI '5 [Ybh'Bia VYf	25452589	