

The Self-managed superannuation fund annual return 2021 instructions (NAT 71606) (the instructions) can assist you to complete this annual return.

Section A: Fund information

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

99 591 314

1 Tax file number (TFN)

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)

The Trustees For Enterprise Initiative
Superannuation Fund

3 Australian business number (ABN) (if applicable)

82 013 089 085

4 Current postal address *

P O Box 168
Suburb or town* Geveston
State* TAS Postcode* 7116
Country - if not Australia

5 Annual return status

A No Yes Is this an amendment to the SMSF's 2021 return?
B No Yes Is this the first required return for a newly registered SMSF?

6 SMSF auditor

Auditor's name
Title: Mr
Family name* Boys
First given name* Anthony
SMSF Auditor Number 100014140
Auditor's phone number 04 10712708
Postal address*
Box 3376
Suburb or town* Rundle Mall
State* SA Postcode* 5000
Country - if not Australia
Date audit was completed A 27/04/2022
Day Month Year

Was Part A of the audit report qualified?

B No Yes

Was Part B of the audit report qualified?

C No Yes

If Part B of the audit report was qualified, have the reported issues been rectified?

D No Yes

IN-CONFIDENCE - when completed

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

This declaration is to be completed where the tax return is to be lodged via the Tax Office's electronically. It is the responsibility of the taxpayer to retain this declaration for a period of five years after the declaration is made, penalties may apply for failure to do so.

Privacy

The ATO is authorised by the *Taxation Administration Act 1953* to request the provision of tax file numbers (TFNs). The ATO will use the TFNs to identify each partner or beneficiary or entity in our records. It is not an offence not to provide the TFNs. However, lodgments cannot be accepted electronically if the the TFN is not quoted.

Taxation law authorises the ATO to collect information and to 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

Electronic funds transfer - direct debit

Where you have requested an EFT direct debit some of your details will be provided to your financial institution and the Tax Office's sponsor bank to facilitate the payment of your taxation liability from your nominated account.

Tax File Number

99 591 314

Year

2021

Name of Partnership, Trust, Fund or Entity

The Trustees For Enterprise Initiative

Superannuation Fund

Total Income or Loss

Total Deductions

Taxable Income or Loss

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 of the information I have provided to the agent for the preparation of this document is true and correct.

• I authorise the agent to give this document to the Commissioner of Taxation.

Signature of Partner, Trustee or Director

Date

Part B ELECTRONIC FUNDS TRANSFER CONSENT

This declaration is to be completed when an electronic funds transfer (EFT) of a refund is requested and the tax return is being lodged through an approved ATO electronic channel.

This declaration must be signed by the partner, trustee, director or public officer prior to the EFT details being transmitted to the Tax Office. If you elect for an EFT, all details below must be completed.

Important: Care should be taken when completing EFT details as the payment of any refund, will be made to the account specified.

EFT Account

123 000

- 121 983 126

Enterprise Initiative Super Fund

Agent's reference number

57669007

Signature

Date

Part D Tax agent's certificate (shared facility users only)

I declare that:

- 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

Contact name

John William Hamilton

Agent's phone number

03

62251081

Agent's reference number

57669007

Client's reference

ENTERPRIS

Date

2021

Losses schedule

Losses schedule 2021

for The Trustees For Enterprise Initiative

Companies and trusts that do not join consolidated groups should complete and attach this schedule to their 2021 tax return.
Superannuation funds should complete and attach this schedule to their 2021 tax return.

Notes to help you prepare this schedule are provided in the *Losses schedule instructions 2021*, available from the Tax Office.

Tax file number (TFN)

99 591 314

Name of entity

The Trustees For Enterprise Initiative

Superannuation Fund

Australian business number (ABN)

82 013 089 085

Part A Losses carried forward to the 2021-22 income year - excludes film losses

1 Tax losses carried forward to later income years

Year of loss

| | | |
|--------------|----------------------------------|------------|
| B | 2020-21 | .00 |
| C | 2019-20 | .00 |
| D | 2018-19 | .00 |
| E | 2017-18 | .00 |
| F | 2016-17 | .00 |
| G | 2015-16 and earlier income years | .00 |
| Total | | .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

| | | |
|--------------|----------------------------------|------------|
| H | 2020-21 | .00 |
| I | 2019-20 | .00 |
| J | 2018-19 | .00 |
| K | 2017-18 | .00 |
| L | 2016-17 | .00 |
| M | 2015-16 and earlier income years | 0.00 |
| Total | | .00 |

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

F

Losses schedule 2021

for The Trustees For Enterprise Initiative

RN: 100017189BP

TFN 99 591 314

Part B Ownership and same business 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 same business test has to be satisfied in relation to that loss.

Do not complete items 1, 2 or 4 of Part B if, in the 2020-21 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

ownership test passed

Note: If the entity has deducted, transferred in or transferred out (as applicable) in the 2020-21 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 | A | B | C | D | E | F |
|----------------------------------|--|--|--|--|--|--|
| 2020-21 | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2019-20 | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2018-19 | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2017-18 | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2016-17 | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2015-16 and earlier income years | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |

2 Amount of losses deducted for which the continuity of majority ownership test is not passed but the same business test is satisfied - excludes film losses

G Tax losses

H Net capital losses

3 Losses carried forward for which the same business test must be satisfied before they can be deducted in later years - excludes film losses

I Tax losses

J Net capital losses

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* (TAA 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 TAA 1997.

Has a changeover time occurred in relation to the company after 1.00 pm 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 TAA 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 165-15E of TAA 1997?

O

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

Sensitive (when completed)

Losses schedule 2021

for The Trustees For Enterprise Initiative

RN: 100017189BP

TFN 99 591 314

Part E Controlled foreign company losses

Current year CFC losses

M

.00

CFC losses deducted

N

.00

CFC losses carried forward

O

.00

F

Part F Tax losses reconciliation statement

Balance of tax losses brought forward from the prior income year

A

.00

ADD Uplift of tax losses of designated infrastructure project entities

B

.00

SUBTRACT Net forgiven amount of debt

C

.00

ADD Tax losses incurred (if any) during current year

D

.00

ADD Tax losses amount from conversion of excess franking offsets

E

.00

SUBTRACT Net exempt income

F

.00

SUBTRACT Tax losses forgone

G

.00

SUBTRACT Tax losses deducted

H

.00

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)

I

.00

Total tax losses carried forward to later income years

J

.00

F

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

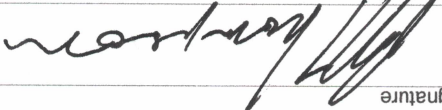
If the schedule is not lodged with the income tax return you are required to sign and date the schedule.

Important

Before making this declaration check to ensure that all income has been disclosed and the tax return, all attached schedules and any additional documents are 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.

TAXPAYER'S DECLARATION

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

Signature 

Contact person

Date
Day Month Year

Daytime contact number
Area code Number

SMSF annual return 2021

for The Trustees For Enterprise Initiative

TFN 99 591 314

Annual taxation statement

Payer

Index 1

Code I

| \$ Amount | \$ Share |
|---|----------|
| 55 | 55 |
| Gross interest | |
| Tax withheld on gross interest | |
| Primary production income | |
| Deductions incurred in deriving primary production income | |
| Non-primary production income | 364 |
| Franking distributions from trusts | 2376 |
| Deductions incurred in deriving non-primary production income | |
| Tax withheld were ABN not quoted | |
| Franking credits | 1018 |
| TFN amounts withheld | |
| Credits for tax withheld from closely held trusts | |
| Credits for tax paid by trustee | |
| Credits from foreign resident withholding | |
| National rental affordability scheme tax offset | |
| Total current capital gains | |
| Net capital gains | |
| Assessable foreign source income | |
| Other net foreign source income | |
| Foreign tax credit | |
| Australian franking credits from New Zealand company | |
| Management fee refund | |
| Other deductions | |

Sensitive (when completed)

SMSF annual return 2021

for The Trustees For Enterprise Initiative

TFN 99 591 314

Annual taxation statement

Payer

Centrix 1

Code P

| \$ Amount | \$ Share |
|---|----------|
| 30 | 30 |
| Gross interest | |
| Tax withheld on gross interest | |
| Primary production income | |
| Deductions incurred in deriving primary production income | |
| Non-primary production income | 290 |
| Franking distributions from trusts | 2132 |
| Deductions incurred in deriving non-primary production income | |
| Tax withheld were ABN not quoted | |
| Franking credits | 914 |
| TFN amounts withheld | |
| Credits for tax withheld from closely held trusts | |
| Credits for tax paid by trustee | |
| Credits from foreign resident withholding | |
| National rental affordability scheme tax offset | |
| Total current capital gains | |
| Net capital gains | |
| Assessable foreign source income | |
| Other net foreign source income | |
| Foreign tax credit | |
| Australian franking credits from New Zealand company | |
| Management fee refund | |
| Other deductions | |

Sensitive (when completed)

SMSF annual return 2021

for The Trustees For Enterprise Initiative

TFN 99 591 314

Annual taxation statement

Payer

Centric2

P

Code

Gross interest

3561

3561

Tax withheld on gross interest

Primary production income

Deductions incurred in

deriving primary production income

Non-primary production income

Franking distributions from trusts

149

149

Deductions incurred in deriving

non-primary production income

Tax withheld were ABN not quoted

34

34

TFN amounts withheld

Credits for tax withheld from closely held trusts

Credits for tax paid by trustee

Credits from foreign resident withholding

National rental affordability scheme tax offset

Total current capital gains

61574

61574

Net capital gains

27893

27893

Assessable foreign source income

10279

10279

Other net foreign source income

Foreign tax credit

541

541

Australian franking credits from New Zealand company

Management fee refund

Other deductions

7336

7336

Sensitive (when completed)

Share %

100.00

\$ Amount

\$ Share

Worksheets and Attachments

Other deductions

| Description | Index 2 | Centric2 | Totals: |
|----------------------|---------|----------|---------|
| Deduction Claim | | | 0 |
| Non-deductible Claim | 3827 A | 7336 A | 11163 |

Foreign income tax offset

| Description | Worksheet | Index 2 | Centric2 | Totals: |
|-------------|-----------|---------|----------|---------|
| | | | | 11.00 |
| | | | | 541.00 |

Complying fund's franking credits tax offset

| Description | Index 1 | Index 2 | Centrix 1 | Centric2 | Totals: |
|-------------|---------|---------|-----------|----------|---------|
| | | | | | 34.52 |
| | | | | | 913.72 |
| | | | | | 34.15 |

No-TFN tax offset

| Description | Index 2 | Totals: |
|-------------|---------|---------|
| | | 0.00 |

Sensitive (when completed)