### XXXX XXXXXXXXX

### **PART A**

### Electronic loagment 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.

**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 However, you cannot lodge your tax return electronically if you do not quote your TFN.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.

Tax file number	XXX XXX XX	X			Year	2020	
Name of partnership, trust, fund or entity	PASSMORE	VAN	PLETZEN	SELF	MANAGED	SUPERANNUATION	FUND

I authorise my tax agent to electronically transmit this tax return via an approved ATO electronic channel.

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:

- · the information provided to the agent for the preparation of this tax return, including any applicable schedules is true and correct, and
- · the agent is authorised to lodge this tax return. Signature of partner, Date trustee or director

### **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 lodgment 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.

Agent's refo	erence [ umber [	74081009			
Account	Name	D Baker & Associa	ates Trust Ac	CC	
authorise the refund	d to be	deposited directly to the specific	ied account.		
Signature				Date	
·					

Client Ref: PAS41 Agent: 74081-009

### XXXX XXXXXXXXX

Return year

Page 1 of 13

### **Self-managed superannuation** fund annual return

2020

2020

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 2020 (NAT 71287)

The Self-managed superannuation fund annual return instructions 2020 (NAT 71606) (the instructions) can assist you to complete this annual return.

The SMSF annual return cannot be used to notify us of a

via	ange in fund membership. You must upda ABR.gov.au or complete the Change of d perannuation entities form (NAT3036).			
Sec	ction A: <b>Fund information</b>			
1	Tax file number (TFN)	XXX XXX XXX		
		est your TFN. You are not obliged to quote your TFN but r annual return. See the Privacy note in the Declaration.	not quoting it cou	ld increase the
2	Name of self-managed superannuati	on fund (SMSF)		_
		PASSMORE VAN PLETZEN SELF MANAGED		
		SUPERANNUATION FUND		
3	Australian business number (ABN)	NN NNN NNN		
4	Current postal address	C/- D BAKER & ASSOCIATES PTY LTD		
		PO Box 310		
		MIDLAND	WA	6936
5	Annual return status Is this an amendment to the SMSF's 2020 r Is this the first required return for a newly			
_	CMOE avalitan			
Ď	SMSF auditor Auditor's name Title	Mr		
	Family name	Boys		
	First given name	Tony		
	Other given names			
	SMSF Auditor Number	100 014 140		
	Auditor's phone number	041 0712708		
	Use Agent address details?	PO Box 3376		
	address details.			
		Rundle Mall	SA	5000
		Date audit was completed A 17/05/2021		
		Was Part A of the audit report qualified ?	N	
		Was Part B of the audit report qualified ?	N	
		If Part B of the audit report was qualified, have the reported issues been rectified?		

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	J.
---	-----	----

	Fund BSB number	112879	Fund acco	ount number	412850950	
	(must be six digits)	for example 180 Cit	HITON ATE 180 E	omily CF)		
	Fund account name (	•		arrilly SF)		
			57	Print <b>Y</b> for yes		
	I would like my tax re	efunds made to this a		or <b>N</b> for no.	If Yes, Go to C.	
В	Financial institution	on account detail	s for tax refur	nds		Use Agent Trust Account?
_	This account is used				ount here.	
	BSB number	066115	Acco	ount number	10334994	
	Fund account name (	for example, J&Q Cit	tizen ATF J&Q F	amily SF)		
	D Baker & As	sociates Trus	st Acc			
C	Electronic service	address alias				
Ū	Provide the electronic		SA) issued by y	our SMSF m	essaging provider	
	(For example, SMSFe	dataESAAlias). See	instructions for n	nore informati	on.	
					xxxxx	( XXX XXXX XXXXXX XXXXX XXX
St	tatus of SMSF	Australian supera	nnuation fund	<b>A</b> Y	Fund	d benefit structure B A
		rust deed allow acce		CY		
	Govern	nment's Super Co-co Low Income Super				
۱۸/	as the fund waynd	during the inc				
VV	as the tung woung					
		_	come year?	y Month Yea	<u>ar</u> Hav	e all tax lodgment
N	Deint Witness	If yes, provide the	he date on	y Month Yea		and payment
N	Print <b>Y</b> for yes	_	he date on	y Month Yea		
E	Print Y for yes or N for no.	If yes, provide the which fund was sion income	he date on wound up		oblig	and payment ations been met?
E)	Print Y for yes or N for no.	If yes, provide the which fund was sion income	he date on wound up		oblig	and payment ations been met?
E) Die in	Print Y for yes or N for no.  Kempt current pens d the fund pay retirement.	If yes, provide the which fund was sion income ent phase superannum for current pension	he date on wound up	eam benefits	obligation to one or more mem	and payment ations been met?  Print Y for yes or N for no.
Die in T	Print Y for yes or N for no.  Rempt current pens d the fund pay retirement the income year?	If yes, provide the which fund was sion income ent phase superannum for current pension to current pension income to curre	he date on wound up	eam benefits	obligation to one or more mem	and payment ations been met?  Print Y for yes or N for no.
Die in T th	Print Y for yes or N for no.  Kempt current pens d the fund pay retirement the income year?  To claim a tax exemptione law. Record exempt	If yes, provide the which fund was sion income ent phase superannum for current pension to current pension income to curre	he date on wound up uation income str	eam benefits	obligation to one or more mem	and payment ations been met?  Print Y for yes or N for no.
Die in T th	Print Y for yes or N for no.  Rempt current pens d the fund pay retirement the income year?  To claim a tax exemption law. Record exemptions law. Record exemptions are law. Exempt current	If yes, provide the which fund was sion income ent phase superannum for current pension to current pension income	he date on wound up  uation income str n income, you mome at Label A	eam benefits ust pay at lea	obligate to one or more mem	and payment ations been met?  Print Y for yes or N for no.
Die in T th	Print Y for yes or N for no.  Kempt current pens d the fund pay retirement the income year?  To claim a tax exemption le law. Record exempt No, Go to Section B: In Yes Exempt current Which method d	If yes, provide the which fund was sion income ent phase superannular for current pension income encome enc	he date on wound up  uation income str n income, you mome at Label A  punt A  ate your exempt	eam benefits ust pay at lea	obligate to one or more mem	and payment ations been met?  Print Y for yes or N for no.
Die in T th	Print Y for yes or N for no.  Kempt current pens d the fund pay retirement the income year?  To claim a tax exemption he law. Record exempt No, Go to Section B: In Yes Exempt current Which method d Seg	If yes, provide the which fund was sion income ent phase superannular for current pension income encome enc	he date on wound up  uation income str n income, you mome at Label A  bunt A  ate your exempt and B	eam benefits ust pay at lea current pensi	obligate to one or more mem	and payment ations been met?  Therefore the payment with
Ex Did in T ttr	Print Y for yes or N for no.  Kempt current pens d the fund pay retirement the income year?  To claim a tax exemption he law. Record exempt No, Go to Section B: In Yes Exempt current Which method d Seg	If yes, provide the which fund was sion income ent phase superannular tourrent pension income entered pension income entered assets method in the second entered enter	he date on wound up  uation income str n income, you may ome at Label A  ount A  ate your exempt and B  and C	current pensi	to one or more mem st the minimum bene on income?	and payment ations been met?  Therefore the payment with

## PASSMORE VAN PLETZEN SELF MANAGED SUPERANNUATION FUND

Page 3 of 13

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.

Income	Did you have a capital gains (CGT) event during the year		and
	Have you applied exemption or rollove	an M N Print Y for yes	
		Net capital gain A	
		Gross rent and other leasing and hiring income B 24,025	
		Gross interest C	
		Forestry managed investment scheme income	
Gross t	foreign income		Loss
D1		Net foreign income D	
	Aus	tralian franking credits from a New Zealand company	
		Transfers from foreign funds	Numl
		Gross payments where ABN not quoted	
	of assessable contributions sable employer contributions	Gross distribution from partnerships	Loss
R1	0	* Unfranked dividend amount	
R2	sable personal contributions  0	* Franked dividend amount	
· _	FN-quoted contributions	* Dividend franking credit	
1,	nust be included even if it is zero)	* Gross trust distributions M	Code
insura	fer of liability to life nce company or PST	Assessable southbolism -	1
R6	0	(R1 plus R2 plus R3 less R6)	
Calculation	of non-arm's length income		
	on-arm's length private mpany dividends		Code
U1		* Other income S	
plus * Net n	on-arm's length trust distributions	*Assessable income due to changed tax status of fund	
plus * Net of	ther non-arm's length income	Net non-arm's length income (subject to 45% tax rate)	
#This is a ma	andatory label	(U1 plus U2 plus U3)	1000
* If an amour instructions to	inition of the correct tax is been applied.	GROSS INCOME (Sum of labels A to U)	Loss
		Exempt current pension income Y	
		TOTAL ASSESSABLE INCOME (W less Y) 24,025	Loss

Fund's tax file number (TFN)

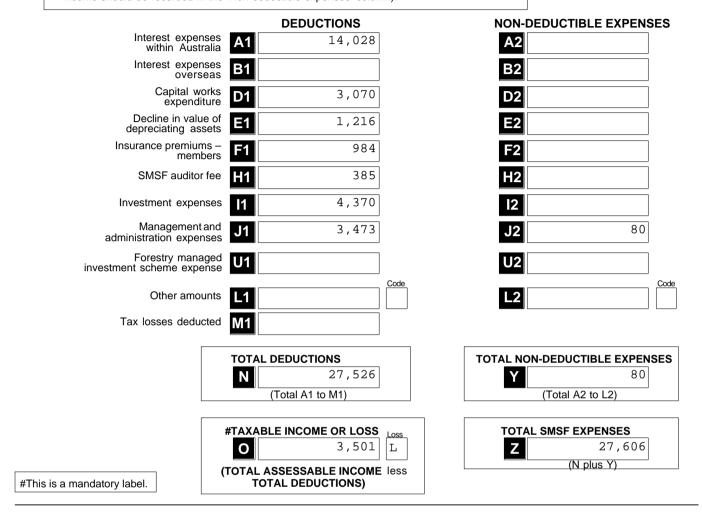
XXXX XXX XXXXXXX

xxx xxx xxx

### 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).



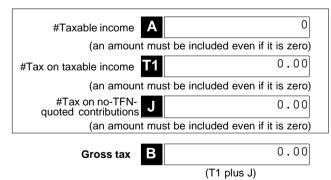
### Section D: Income tax calculation statement

### #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 2020 on how to complete the calculation statement.



Foreign income tax offset  C1	Non-refundable non-carry
Rebates and tax offsets	forward tax offsets
C2	(C1 plus C2)
	SUBTOTAL 1 0.00
	(B less C –cannot be less than zero)
Early stage venture capital limited partnership tax offset  D1	
Early stage venture capital limited partnership tax offset carried forward from previous year	Non-refundable carry forward tax offsets
D2	D 0.00
Early stage investor tax offset	(D1 plus D2 plus D3 plus D4)
D3	
Early stage investor tax offset carried forward from previous year	SUBTOTAL 2
D4	<b>T3</b> 0.00
	(T2 less D –cannot be less than zero)
Complying fund's franking credits tax offset	
No-TFN tax offset	
National rental affordability scheme tax offset	
Exploration credit tax offset	Refundable tax offsets
E4	0.00
	(E1 plus E2 plus E3 plus E4)
	#TAX PAYABLE <b>T5</b> 0.00

#TAX PAYABLE <b>T5</b>	0.00
(T3 less E -	cannot be less than zero)

Section 102AAM interest charge

## PASSMORE VAN PLETZEN SELF MANAGED SUPERANNUATION FUND

XXXX XXX XXXXXXX

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XXX XXX XXX

Fund's tax file number (TFN)

Credit for interest on early payments amount of interest **H1** 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** Credit for interest on no-TFN tax offset **H6** Credit for foreign resident capital gains withholding amounts **Eligible credits H8** 0.00 (H1 plus H2 plus H3 plus H5 plus H6 plus H8) #Tax offset refunds 0.00 (Remainder of refundable tax offsets). (unused amount from label E-an amount must be included even if it is zero) **PAYG** instalments raised K Supervisory levy 259.00 L Supervisory levy adjustment for wound up funds М Supervisory levy adjustment for new funds Ν Total amount of tax payable 259.00 S (T5 plus G less H less I less K plus L less M plus N) #This is a mandatory label. Section E: Losses 14 Losses Tax losses carried forward 52,953 If total loss is greater than \$100,000, to later income years complete and attach a Losses Net capital losses carried schedule 2020. forward to later income years Net capital losses brought forward Net capital losses carried forward from prior years to later income years Non-Collectables 0 0 Collectables

### Section F / Section G: Member Information FUND

In Section F / G report all current members in the fund at 30 June.
Use Section F / G to report any former members or deceased members who held an interest in the fund at any time during the income ye

PASSMORE VAN PLETZEN SELF MANAGED

		Con the Delicary note in	the Declaration	or
Title	Mr	See the Privacy note in Member'sTFN XXX		er
Familyname	Van Pletzen			_
First given name	Anton		Account statu	S
•	Carl		Code	
ther given names				
	Date of birth 20/09/1	73 If deceased, date of death		
Contributions		OPENING ACCOUNT BALANC	DE 136,217.39	
Refer to instruction	ns for completing these la		Proceeds from primary residence dispos	al
Employer contribu			Receipt date	
Α	0.00		Н	
ABN of principal	employer		Assessable foreign superannuation fund amount	
A1				
Personal contribu	utions		Non-assessable foreign superannuation	
В			fund amount	
	ess retirement exemption		Transfer from reserve:	
С			assessable amount	
CGT small busin exemption amou			K	
D			Transfer from reserve: non-assessable amount	
Personal injury el	ection		L	
E			Contributions from non-complying funds and previously non-complying funds	
Spouse and child	I contributions	•	T	
F			Any other contributions (including	
Other third party	contributions		Any other contributions (including Super Co-contributions and low Income Super Contributions)	
G			M	
	TOTAL CONT		0.00	
		(Sum of labels A to	M)	
ther transaction	ns		Loss	
	ase account balance	Allocated earnings or losses	9,930.54	
S1	146,147.93	Inward rollovers and transfers	P	J
Retirement phase - Non CDBIS	e account balance			
S2	0.00	Outward rollovers and transfers	Code	ì
	e account balance	Lump Sum payment		
-CDBIS S3	0.00	Income stream payment	R2	
			S 146,147.93	
or tr	RISCount	CLOSING ACCOUNT BALANCE	S1 plus S2 plus S3	
		Accumulation phase value	X1 146,147.93	
		Retirement phase value	X2	
		Outstanding limited recourse borrowing arrangement amount	Υ	

SMSF Return 2020		PASSMORE VAN PLETZEN SELF MAN	NAGED	XXXX XXX	(XXXXXX	Page 8 o
		SUPERANNUATION FUND		tax file numbe	` '	XXX XXX XXX
	Manage	See the Privacy note in		ı. <u>M</u>	lember Numl	ber
Title	Mrs	Member'sTFN XXX	XXX XXX	L		
Family name	Passmore				ccount stati	us
First given name	Kim				Code	
Other given names	Renee					
	Date of birth 26/11/1	.972 If deceased, date of death				
Contributions		OPENING ACCOUNT BALANC	DE	161,30	3.90	
Refer to instruction	ons for completing these la		Proceeds from	m primary resid	lence dispos	sal
Employer contrib			Receipt date			
A	0.00		H			
ABN of principal	employer	,	Assessable fo	oreign superani	nuation	
A1	Simployor		fund amount			
Personal contrib	utions		Non-assessal fund amount	ble foreign sup	 perannuation	า
В			J			
	ess retirement exemption		Transfer from	n reserve:		
С			assessable a	ımount		
CGT small busine exemption amou	ness 15-year Int		K			
D			Transfer from non-assessal			
Personal injury e	lection		L			
E		9	Contributions	from non-comp y non-complyin	olying funds	
Spouse and child	d contributions	•	T	y Hon-compiyin	y lulius	
F	d contributions		Anv other cor	ntributions (inclu	 udina	
Other third party	contributions		Super Co-con	ntributions (incluntributions and larger contributions)	low	
G	Contributions		М	Continuations		
	TOTAL CONTR	Wilder Holle	0.00			
		(Sum of labels A to	IVI)			
Other transactio	ns					20
	nase account balance	Allocated earnings or losses	0	10,77		33
S1	176,463.26		P	4,38	4.45	
Retirement phas - Non CDBIS	se account balance					
S2	0.00		Q		Coo	de
Retirement phas	se account balance	Lump Sum payment	R1			_
<b>S3</b>	0.00	Income stream payment	R2		Coc	de 
0 TF	RISCount	CLOSING ACCOUNT BALANCE	S	176,46	3.26	
				S2 plus S3		
		Accumulation phase value	X1	176,46	3.26	
		Retirement phase value	<b>7</b> /4			

Outstanding limited recourse borrowing arrangement amount

### Page 9 of 13

Section H: Assets and liabiling ASSETS	es	
15a Australian managed investme	nts Listed trusts	A
	Unlisted trusts	В
	Insurance policy	C
	Other managed investments	D
15b Australian direct investments	Cash and term deposits	<b>E</b> 14,739
	Debt securities	F
Limited recourse borrowing arrangen	ents Loans	G
Australian residential real property 550,00	Listed shares	H
Australian non-residential real proper	Unlisted shares	
J2	J	
Overseas real property  J3	Limited recourse borrowing arrangements	<b>J</b> 550,000
Australian shares	Non-residential real property	K
Overseas shares	Residential real property	L
J5	Collectables and personal use assets	М
Other J6	Other assets	O 678
Property count		
<b>J7</b> 0		
15c Other investments	Crypto-Currency	N
15d Overseas direct investments	Overseas shares	Р
	Overseas non-residential real property	Q
	Overseas residential real property	R
	Overseas managed investments	S
	Other overseas assets	T
	TOTAL AUSTRALIAN AND OVERSEAS ASSETS (Sum of labels A to T)	565,417
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	

If the fund had an LRBA were the LRBA borrowings from a licensed financial institution?



Did the members or related parties of the fund use personal guarantees or other security for the LRBA?

Print **Y** for yes or **N** for no.

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# PASSMORE VAN PLETZEN SELF MANAGED SUPERANNUATION FUND

### 16 LIABILITIES

Borrowings for limited recourse borrowing arrangements  V1	Borrowings	V 242	,806
(total of all	Total member closing account balances CLOSING ACCOUNT BALANCEs from Sections F and G)	<b>W</b> 322	,611
	Reserve accounts	X	
	Other liabilities	Υ	
	TOTAL LIABILITIES	<b>Z</b> 565	,417
Section I: <b>Taxation of financial arra</b> 17 Taxation of financial arrangements (TC	•	н	
	Total TOFA losses		
Section J: Other information Family trust election status			
	ng, a family trust election, write the four-digit income year (for example, for the 2019–20 income year, write 2020).		
	y trust election, print R for revoke or print V for variation, ach the Family trust election, revocation or variation 2020.		
or fund is making one or mor	ction, write the earliest income year specified. If the trust re elections this year, write the earliest income year being cosed entity election or revocation 2020 for each election		
	voking an interposed entity election, print R, and complete d attach the Interposed entity election or revocation 2020.		

Section K: Declarations

XXXXXXXXXXXX

### SUPERANNUATION FUND

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 (if required) 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 pub	lic officer's	signature					
						Day Month	
					Date	17/05/2	021
Preferred trustee or director con	tact detail	ls:					
	Title	Mr					
Fa	amily name	Van Pletze	en				
First g	iven name	Anton					•
Other giv	en names	Carl					
		Area code	Number				
Pho	ne number	08	92746637				
Ema	ail address						
Non-individual trustee name (if a	applicable)	Passmore V	an Pletz	en SMSF Pty L	td		
ABN of non-individu	ual trustee						
		Time taken to	o prepare an	d complete this ann	ual return	Hrs	
The Commissioner of Taxation, a which you provide on this annual							
AX AGENT'S DECLARATION:							
I, D BAKER & ASSOCIATI	ES PTY I	LTD					
declare that the Self-managed sup by the trustees, that the trustees have authorised me to	ave given n	ne a declaration s					ind that
Tax agent's signature					Date	17/05/20	
ax agent's contact details							
Title	Mr						_
Family name	Mosbach	n					
First given name	Farrell	<u> </u>					
Other given names							
Tax agent's practice	D BAKE	R & ASSOCIA	TES PTY	LTD			
	Area code	Number					
Tax agent's phone number	08	9274663	7				
Tax agent number	7408100	09		Reference number	PAS41		

### SUPERANNUATION FUND. Losses schedule

Companies and trusts that do not join consolidated groups should complete and attach this schedule to their 2020 tax return.

2020

Superannuation funds should complete and attach this schedule to their 2020 tax return.

Refer to Losses schedule instructions 2020, available on our website www.ato.gov.au for instructions on how to complete this schedule.

Tax file number (TFN	١
----------------------	---

XXX XXX XXX

Name of entity

PASSMORE VAN PLETZEN SELF MANAGED

SUPERANNUATION FUND

Australian business number (ABN)

NN NNN NNN NNN

## Part A Losses carried forward to the 2020-21 income year - excludes film losses

1 Tax losses carried forward to later income years

Year of loss		
2019–20	В	3,501
2018–19	C	49,452
2017–18	D	
2016–17	Ε	
2015–16	F	
2014–15 and earlier	G	
income years		
Total	U	52,953

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

### Part F Tax losses reconciliation statement

Balance of tax losses brought forward from the prior income year	Α	49,452
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	3,501
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)		
Total tax losses carried forward to later income years	J	52,953

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

## PASSMORE VAN PLETZEN SELF MANAGED SUPERANNUATION FUND

XXXX XXXXXXXXX

Page 13 of 13

## 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 more information about your privacy go to ato.gov.au/privacy

T	ax	pay	er's/	d	ecl	ar	ation

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

Signature	Date			1
Contact person	Daytime cor Area code	ntact i	number Number	J
Contact possession	7.104 0040			