Si	gnature as prescribed in ta	x return		
		Self-manaç fund annua	ged superannuation 201	9
On this	no should complete this an ly self-managed superannuation is annual return. All other funds m ome tax return 2019 (NAT 71287) The Self-managed superannua instructions 2019 (NAT 71606) assist you to complete this an	funds (SMSFs) can complete ust complete the Fund '). tion fund annual return (the instructions) can	To complete this annual return ■ Print clearly, using a BLACK pen only. ■ Use BLOCK LETTERS and print one character processes the process of the print of the pri	er box.
	The SMSF annual return cannochange in fund membership. Yvia ABR.gov.au or complete th superannuation entities form (N	ot be used to notify us of a ou must update fund details e Change of details for	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	
S	ection A: Fund info	rmation		
1	Tax file number (TFN)	44520257	To assist processing, write the fund's the top of pages 3, 5, 7 and 9.	FFN at
	The ATO is authorised by the chance of delay or error	law to request your TFN. You a or in processing your annual ret	re not obliged to quote your TFN but not quoting it cou urn. See the Privacy note in the Declaration.	uld increase
2	Name of self-managed s	uperannuation fund (SMSI		
Tr	ne Martin Superannuation Fu	nd		
3	Australian business num	ber (ABN) (if applicable)		
4	Current postal address			
22	2 Haydens Road			
	ourb/town eaumaris		State/territory Po:	stcode 3193
 5	Annual return status Is this an amendment to the Si	MSF's 2019 return?	A No X Yes	
	Is this the first required return f	or a newly registered SMSF?	B No X Yes	

	00017996N
Signature as prescribed in tax return Tax File Number 44520257	
S SMSF auditor	
Auditor's name Gitle: Mr Mrs Miss Ms Other	
itle: Mr Mrs Miss Miss Ms Other maily name	
Boys	
rst given name Other given names	
Tony Laboratory Control of the Contr	
MSF Auditor Number Auditor's phone number 0410712708	
ostal address	
Box 3376	
	=
Suburb/town State/territory Postor	nde
	0000
Was Part A of the audit report qualified? Was Part B of the audit report qualified? C No X Yes the audit report was qualified, have the reported sues been rectified? 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 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	you.
I would like my tax refunds made to this account. 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.	

	100017996MS
Siç	gnature as prescribed in tax return Tax File Number 44520257
8	Status of SMSF Australian superannuation fund Does the fund trust deed allow acceptance of the Government's Super Co-contribution and Low Income Super Amounts? A No Yes X Fund benefit structure B A Code Yes X
9	Was the fund wound up during the income year? No X 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 X Go to Section B: Income.
	Yes Exempt current pension income amount A \$
	Which method did you use to calculate your exempt current pension income?
	Segregated assets method B
	Unsegregated assets method C Was an actuarial certificate obtained? D Yes
	Did the fund have any other income that was assessable?
	E Yes 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.

Signature as prescribed in tax return			Tax File Number	445202	57
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?	No Yes X) \$1 20 co	0,000 17 an mplet	al capital loss or total capital or you elected to use the tr d the deferred notional gain e and attach a <i>Capital gains</i>	ansitional (has been i	CGT relief in realised,
Have you applied an exemption or rollover?	¶ No X Yes ☐ ☐	ode			
	Net capital gain	A \$[16,276	
Gross rent and other leas	ing and hiring income	3 \$[
	Gross interest	\$		214	
Forestry	managed investment scheme income	x \$[
Gross foreign income	N	.			Loss
D1 \$	Net foreign income) \$ <u>[</u>			
Australian franking credits from a N	, ,	E \$[Number
	Transfers from foreign funds	F \$[0
	ross payments where ABN not quoted	- \$[
Calculation of assessable contributions Assessable employer contributions	Gross distribution from partnerships	ı \$[Loss
R1 \$ 25,463	*Unfranked dividend	- Ј \$Г		1,076	
plus Assessable personal contributions R2 \$ 1,000	amount *Franked dividend	、 、 \$[15,046	
plus **No-TFN-quoted contributions	amount *Dividend franking	• Ψ . "«Γ			
R3 \$ 0	credit	┗ ┚╴		6,448	Code
(an amount must be included even if it is zero) less Transfer of liability to life insurance	distributions	Л \$[
company or PST R6 \$	Assessable contributions (R1 plus R2 plus R3 less R6)	R \$[26,463	
Calculation of non-arm's length income *Net non-arm's length private company dividends	*Other income	s \$[Code
U1 \$	*Assessable income due to changed tax	- 6[
U2 \$	status of fund	Т \$[
plus *Net other non-arm's length income U3 \$	Net non-arm's length income (subject to 45% tax rate) (U1 plus U2 plus U3)	J \$[
#This is a mandatory label.	GROSS INCOME (Sum of labels A to U)	v \$[65,523	Loss
entered at this laber,	rrent pension income	Y \$[
	SSESSABLE ME (W less Y) V \$			65,523	Loss

Signature as prescribed in tax return	Tax File Number	44520257

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 \$	A2 \$		
Interest expenses overseas	B1 \$	B2 \$	6	
Capital works expenditure	D1 \$	D2 \$	5	
Decline in value of depreciating assets	E1 \$	E2 \$	5	
Insurance premiums – members	F1 \$	F2 \$	\$	
Death benefit increase	G1 \$			
SMSF auditor fee	H1 \$ 330	H2 \$	5	
Investment expenses	I1 \$	12 \$	5	
Management and administration expenses	J1 \$ 1,078	J2 \$	6	
Forestry managed investment scheme expense	U1 \$	U2 \$	\$	Code
Other amounts	L1 \$	L2 \$	359	
Tax losses deducted	M1 \$			
	TOTAL DEDUCTIONS N \$ 1,408 (Total A1 to M1)	тот Y \$	TAL NON-DEDUCTIBLE EXPENSES 359 (Total A2 to L2)	
This is a mandatory abel.	#TAXABLE INCOME OR LOSS O \$ 64,115 (TOTAL ASSESSABLE INCOME /ess TOTAL DEDUCTIONS)		TAL SMSF EXPENSES (N plus Y)	

Signature as prescribed in tax return	Tax File Number	44520257

Section D: Income ta #Important: Section B label R3 , Section C label of the specified a zero amount in the specified as zero amo	o and Section D label		catement J, T5 and I are mandatory. If you leave these labels b
13 Calculation statement			
Please refer to the	#Taxable income	A \$	(an amount must be included even if it is zero)
Self-managed superannuation fund annual return instructions	*Tax on taxable	T1 \$	9,617.25
2019 on how to complete the	IIICOITIG		(an amount must be included even if it is zero)
calculation statement.	#Tax on no-TFN-quoted	J \$	0.00
	contributions	'	(an amount must be included even if it is zero)
	Gross tax	в\$	9,617.25
			(T1 plus J)
Foreign income tax offset			
C1\$			
Rebates and tax offsets		Non-re	efundable non-carry forward tax offsets
C2\$		Ca	(C1 plus C2)
		SUBT	` ' '
		T2 \$	9,617.25
		+1	(B less C – cannot be less than zero)
Early stage venture capital lin	mited		
partnership tax offset D1\$	0.00		
Early stage venture capital lin			1
tax offset carried forward fro		Non-re	efundable carry forward tax offsets
D2\$	0.00	D \$	0.00
Early stage investor tax offse	et		(D1 plus D2 plus D3 plus D4)
D3\$	0.00		
Early stage investor tax offse carried forward from previou		SUBT	OTAL 2
D4\$	0.00	T3 \$	9,617.25
			(T2 less D – cannot be less than zero)
Caracal da a finada francisa a au	a dita tay affa at		
Complying fund's franking cre	6,448.34		
No-TFN tax offset	0,446.34		
E2\$			
National rental affordability sch	neme tax offset		
E3\$			
Exploration credit tax offset			dable tax offsets
E4\$	0.00	E \$	6,448.34
			(E1 plus E2 plus E3 plus E4)
	*TAX PAYABLE	T5 \$	3,168.91
	IAXTATABLE	. υ ψ	(T3 less E – cannot be less than zero)
_		Sectio	n 102AAM interest charge
		G \$	ĭ

Signature as prescribed in tax return		Tax File Number	44520257
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 \$ 0.00			
Credit for interest on no-TFN tax offset H6\$			
Credit for foreign resident capital gains withholding amounts	Eligible credits		
H8\$ 0.00	Н\$	H3 plus H5 plus H6 plus H8)	
#Tax offset refu (Remainder of refundable tax of	rsets) I\$[unused amount from label E – unt must be included even if it is	0.00
	PAYG instalments	raised	
	K \$ Supervisory levy		1,214.00
	L \$		259.00
	Supervisory levy ac	djustment for wound up	funds
	Supervisory levy ac	djustment for new funds	
	N \$		<u></u>
AMOUNT DUE OR REFUNDA A positive amount at S is what you while a negative amount is refundable to	owe, Sp	ss H less I less K plus L less N	2,213.91
#This is a mandatory label.			
Section E: Losses			
14 Losses	Tax losses carried forward		
If total loss is greater than \$100,000, complete and attach a Losses schedule 2019.	to later income ye Net capital losses carr orward to later income ye	ied v ¢	

Signature as prescribed in tax return			Tax File Number	44520257		
Section F: Member information						
MEMBER 1						
Title: Mr Mrs X Miss Ms Other						
Family name						
Martin First given name	Other give	n names				
Angela						
Member's TFN See the Privacy note in the Declaration. 3319	960237		Date of birth 22	/		
Contributions OPENING AC	CCOUNT BALANC	E \$		34,975.99		
Refer to instructions for completing thes	e labels.	Proceeds H \$	from primary residence disp	osal		
Employer contributions		Receipt d	ate Day Month	Year		
A \$		H1				
ABN of principal employer		_	le foreign superannuation fun	d amount		
Personal contributions			anabla faraign augarannuatio	on fund amount		
B \$	1,000.00	J \$	ssable foreign superannuation	on land amount		
CGT small business retirement exemp	tion	Transfer fr	om reserve: assessable amo	ount		
C \$ CGT small business 15-year exemption	an amount	K \$_				
D \$	on amount	Transfer fr	om reserve: non-assessable	: amount		
Personal injury election		· <u></u>	ons from non-complying fun	uds		
E \$		and previo	ously non-complying funds			
Spouse and child contributions F \$		Any other	contributions			
Other third party contributions		(including Low Inc <u>or</u>	Super Co-contributions and ne Super Amounts)			
G \$		М \$				
TOTAL CONTRIBUT	TIONS N \$		1,000.00			
	·	n of labels A to	<u> </u>			
Other transactions	Allocated earnin	ne - + F		Loss		
other transactions	or loss			7,221.53		
Accumulation phase account balance	Inwa rollovers a					
S1 \$ 43,197	transfe					
Retirement phase account balance – Non CDBIS	Outwa rollovers a transfe	nd Q\$		Code		
S2 \$.00 Lump Sui	n R1 \$				
Retirement phase account balance	Incom			Code		
- CDBIS C	.00 stream	n R2 \$				
0 TRIS Count CLOSING A	CCOUNT BALAN	CE S \$	(S1 plus S2 plus S3)	43,197.52		
Accur	mulation phase val	 ue X1 \$				
Re	tirement phase val	Je X2 \$				
	ding limited recour arrangement amou			0.00		

Signature as prescribed in tax return		Tax File Number 44520257
MEMBER 2 Title: Mr X Mrs Miss Ms Other		
Family name Mortin		
Martin First given name	Other given names	
Bruce	ge.	
Member's TFN See the Privacy note in the Declaration. 321423574	1	Date of birth 09 / 11 / 1952
Contributions OPENING ACCOUN	IT BALANCE \$	244,947.88
Refer to instructions for completing these label	s. Proceeds H \$	from primary residence disposal
Employer contributions A \$ 25,465 ABN of principal employer	Receipt da 3.69 H1 Assessable	e foreign superannuation fund amount
Personal contributions B \$ CGT small business retirement exemption	J [ssable foreign superannuation fund amount om reserve: assessable amount
C \$ CGT small business 15-year exemption amount CGT small business	unt K \$ Transfer fr	om reserve: non-assessable amount
Spouse and child contributions F \$ Other third party contributions	and previo	contributions Super Co-contributions and ne Super Amounts)
G \$TOTAL CONTRIBUTIONS	N \$ (Sum of labels A to	25,463.69 M)
Other transactions Alloc	ated earnings or losses	42,733.81 Loss
Accumulation phase account balance \$1 \$	rollovers and transfers Outward rollovers and Q \$	
Retirement phase account balance - Non CDBIS 52 \$ 0.00	transfers	61,913.57
Retirement phase account balance – CDBIS	payments n y L	61,913.57 A
S3 \$ 0.00	stream R2 \$	
0 TRIS Count CLOSING ACCOU	NT BALANCE S \$	251,231.81 (S1 plus S2 plus S3)
Accumulation	n phase value X1 \$	
Retiremen	it phase value X2 \$	
Outstanding lim borrowing arrange		0.00

Sig	nature as prescribed in tax return			Tax File Number 44520257
	ction H: Assets and liak			
	Australian managed investments	Listed trusts	A \$	
		Unlisted trusts	в\$	
		Insurance policy	c \$	
		Other managed investments	D \$	
15b	Australian direct investments	Cash and term deposits	E \$	146,295
	Limited recourse borrowing arranger	ments Debt securities	F \$	
	Australian residential real property J1 \$	Loans	G\$	
	Australian non-residential real property	Listed shares		151,484
	J2 \$ Overseas real property	Unlisted shares	I \$	
	J3 \$	Limited recourse		
	Australian shares	borrowing arrangements	J \$	
	J4 \$	Non-residential real property	K \$	
	Overseas shares	Residential	L\$	
	J5 \$	real property Collectables and		
	J6 \$	Collectables and personal use assets	M \$	
		Other assets	o \$	62
15c	Other investments	Crypto-Currency	N \$	
15d	Overseas direct investments	Overseas shares	P \$	
	Overse	as non-residential real property	Q \$	
	Ov	verseas residential real property	R \$	
	C	Overseas managed investments	s \$	
		Other overseas assets	T \$	
		AN AND OVERSEAS ASSETS of labels A to T)	U \$	297,841
15e	In-house assets Did the fund have a loan to, lead or investment in, related por (known as in-house as at the end of the income years)	arties A No 🔨 Fes 🔝 ssets)	\$	
15f	Limited recourse borrowing arrangem If the fund had an LRBA were the L borrowings from a lice financial institu	RBA A No Yes		
	Did the members or related parties of fund use personal guarantees or security for the LF	other B No C Yes C		

Signature as prescribed in tax return			Tax F	ile Number	44520257
16 LIABILITIES					
Borrowings for limited recourse borrowing arrangements					
V1 \$	1				
Permissible temporary borrowings	1				
V2 \$]				
Other borrowings					
V3 \$	Borrowings	V	\$		
Total memb (total of all CLOSING ACCOUNT BALAN	per closing account balances	w	\$		294,429
	Reserve accounts	X	\$		
	Other liabilities	Y	\$		3,412
	TOTAL LIABILITIES	z	\$		297,841
Section I: Taxation of fina 17 Taxation of financial arrangements		_	•		
	Total TOFA losses				
	ion				
Family trust election status					
If the trust or fund has made, or is making specified of the election	g, a family trust election, write th (for example, for the 2018–19 i				A
	ly trust election, print R for revol ch the <i>Family trust election, revo</i>				В
Interposed entity election status If the trust or fund has an existing election or fund is making one or mospecified and complete an Interp	re elections this year, write the e	arlie	st income	year being	c
	king an interposed entity electic attach the <i>Interposed entity elec</i>				D [

				1000	1799
Signature as prescribed in tax	x return		Tax File Number	44520257	
Section K: Declarati	ons				
Penalties may be imposed for	false or mislead	ling information in addition	to penalties relating to any	tax shortfalls.	
Important Before making this declaration check any additional documents are true an abel was not applicable to you. If you Privacy	d correct in ever	y detail. If you leave labels b	olank, you will have specified a	a zero amount or the	
The ATO is authorised by the <i>Taxatior</i> dentify the entity in our records. It is r form may be delayed. Taxation law authorises the ATO to copy to ato.gov.au/privacy	not an offence no	ot to provide the TFN. Howe	ever if you do not provide the	TFN, the processing of	this
TRUSTEE'S OR DIRECTOR'S declare that, the current trustees a records. I have received a copy of t annual return, including any attache Authorised trustee's, director's or pi	and directors ha he audit report (ed schedules an	ve authorised this annual r (If required) and are aware d additional documentatio	of any matters raised therei		
Tutilonaca trastaces, directors or pr	abile officer 3 sig	n aturo	Day	MonthYear	
			Date	/ /	
Preferred trustee or director	contact deta	ils:			
Fitle: Mr Mrs X Miss Ms	Other				
Martin					
First given name		Other given names			
Angela					
Phone number 0418911563 Email address]			
Nieu-leuli, lei, el konster en en el l'éconst	! !- ! - \				
Non-individual trustee name (if appl	icable)				
			7		
ABN of non-individual trustee					
Time t	taken to prepare	e and complete this annual	l return Hrs		
The Commissioner of Taxation, provide on this annual return to					bu
TAX AGENT'S DECLARATION declare that the Self-managed supprovided by the trustees, that the trusteer, and that the trustees have a	erannuation fundustees have give	en me a declaration stating			
Tax agent's signature					
			Date 13	/ 12 / 2019	9
Tax agent's contact details Fitle: Mr Mrs Miss Miss Ms Family name	Other				
Morrison					
First given name		Other given names			
Angus					
Tax agent's practice					
Morrison, Angus					
Tax agent's phone number		Reference number	Tax ag	ent number	

0395846422

THEMARTI0341

24756885

Capital gains tax (CGT) schedule

2019

 When completing this form Print clearly, using a black or dark blue pen only. Use BLOCK LETTERS and print one character in each box. 						
Tax file number (TFN	N) 44	520257]			
		o request your TFN. You do not hauld increase the chance of delay o			rm.	
Australian business	numb	er (ABN)				
Taxpayer's name				_		
The Martin Superanr	nuation	າ Fund				
1 Current year cap	pital g	ains and capital losses Capital gain			Capital loss	
Shares in companies listed on an Australian	A \$[Oapital gam	24,280	к\$	Capital 1033	6
securities exchange Other shares	ъ¢Г			L \$		
Units in unit trusts	υ Ψ[_ • •		
listed on an Australian securities exchange	C \$[М\$		
Other units	D \$[N \$		
Real estate situated in Australia				o \$		
	_			P \$		
Other real estate Amount of capital gains	гφ[РФ		
from a trust (including a managed fund)	G \$[
Collectables	н\$[Q \$		
Other CGT assets and any other CGT events	ı \$[R \$		
Amount of capital gain previously deferred under transitional CGT relief for superannuation funds	s \$[0		nounts at labels K to R and write item 2 label A – Total current ye ses.	
Total current year capital gains	J \$[24,280			

Si	gnature as prescribed in tax return		<u> </u>	Та	ax File Number 44520257
2	Capital losses				
		Total current year capital losses	A S	\$	6
	Total co	urrent year capital losses applied	В	\$	6
	Total prid	or year net capital losses applied	C	\$	
	only for transfers in	oital losses transferred in applied volving a foreign bank branch or ment of a foreign financial entity)	D S	\$	
		Total capital losses applied	E	\$	6
					amounts at B, C and D.
_	Unapplied net capital losses carrie	d famuard			
3	Net capital losses from collectables carrie		Δ 9	\$	
		ed forward to later income years			
	Strot not capital locoso call.	od formale to later moonie years	Ado to la	ab da	amounts at A and B and transfer the total sel V – Net capital losses carried forward er income years on your tax return.
4	CGT discount				
		Total CGT discount applied	Α 9	\$	7,998
5	CGT concessions for small busines	SS			
	Smal	business active asset reduction	A S	\$	
	Sma	Il business retirement exemption	В	\$	
		Small business rollover	C	\$	
	Total small b	usiness concessions applied	D S	\$	
6	Net capital gain				
		Net capital gain	A S	\$	16,276
			1J /	les	ss 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.

Si	gnature as prescribed in tax return			Tax File Number	44520257
7	Earnout arrangements				
	Are you a party to an earnout arrangement? (Print $\overline{\mathcal{X}}$ in the appropriate box.)	· -		Yes, as a seller	No 🗌
	If you are a party to more than one ear details requested here for each additional e		nd attac	h a separate sheet to th	nis schedule providing the
	How many years does the ear	rnout arrangement run for?	В		
	What year of the	at arrangement are you in?	c		
	If you are the seller, what is the total of from	estimated capital proceeds the earnout arrangement?			
		ain or loss you made under gement in the income year.			/ Loss
	Request for amendment				
	If you received or provided a financial benef to seek an amendment to that earlier incom			ht created in an earlier i	income year and you wish
	Income	e year earnout right created	F 🗌		
	Amended net capital gain or ca	apital losses carried forward	G \$[/ Loss
8	Other CGT information required (if a	applicable)			CODE
	Small business 15 year exemp	tion – exempt capital gains	A \$		/ 🗌
	Capital gains disreg	garded by a foreign resident	В\$		
	Capital gains disregarded as a result	t of a scrip for scrip rollover	C \$		
	Capital gains disregarded as a result of an in	nter-company asset rollover	D \$		
	Capital gains disrega	arded by a demerging entity	E \$		

Signature as prescribed in tax return		Tax File Number	44520257
Taxpayer's declaration			
If the schedule is not lodged with the inc	come tax return you are required	to sign and date the s	chedule.
Important Before making this declaration check to ensure to this form, and that the information provided is return, place all the facts before the ATO. The in	s true and correct in every detail. If	you are in doubt about a	iny aspect of the tax
Privacy Taxation law authorises the ATO to collect inform information of the person authorised to sign the			
I declare that the information on this form is true	and correct.		
Signature			
		Date Day Mont	h Year
Contact name			
Angela Martin			
Daytime contact number (include area code) 0418911563			

2019

Losses schedule

Companies and trusts that do not join consolidated groups should complete and attach this schedule to their 2019 tax return. Superannuation funds should complete and attach this schedule to their 2019 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

Place A III all applicable boxes.		
Refer to Losses schedule instructions 2019, available on our website ato.gov.au for instructions on how to complete this schedule.		
Tax file number (TFN)		
44520257		
Name of entity		
The Martin Superannuation Fund		
L Australian business number		
Part A – Losses carried forward to the 2019-	-20	income year – excludes film losses
1 Tax losses carried forward to later income years Year of loss		
2018–19	В	
2017–18	С	
2017-10	C	
2016–17	D	
2015–16	Ε	
2014–15	F	
2013–14 and earlier income years	G	
Total		
Transfer the amount at U to the Tax losses carried	forw	vard to later income years label on your tax return.
Net capital losses carried forward to later income years		
Year of loss		
2018–19	Н	
2017–18	ı	
2016–17	J	
2015–16	K	
2014–15	L	
2013–14 and earlier income years	M	
Total	V	

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

			7	
S	ignature as prescribed in tax return			Tax File Number 44520257
P	art B – Ownership and b	ousiness continuity	y t	est - company and listed widely held trust only
S	omplete item 3 of Part B if a loss is being of atisfied in relation to that loss. o not complete items 1 or 2 of Part B if, in gainst a net capital gain or, in the case of c	the 2018–19 income year, no los	ss ha	
1	Whether continuity of majority	Year of loss	• • • • • • • • • • • • • • • • • • •	
	ownership test passed	2018–19	A	Yes No
Note: If the entity has deducted, applied, transferred in or transferred out (as applicable) in the 2018–19 income year a loss incurred in	2017–18	В	Yes No	
	any of the listed years, print X in the Yes or No box to indicate whether the entity has satisfied	2016–17	C	Yes No
	the continuity of majority ownership test in respect of that loss.	2015–16	D	Yes No
		2014–15	Ε	Yes No
		2013–14 and earlier income years	F	Yes No
2	Amount of losses deducted/applied for business continuity test is satisfied –	excludes film losses	_	ty 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 losses		t be	e satisfied before they can be deducted/
		Tax losses	ı	
		Net capital losses	J	
		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 - o	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 X in the No box at L , do not compl	lete M, N or O.		
	At the changeover time did the company satis net 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 coit had an unrealised net loss at the changeover		N	Yes No
	If you printed X in the Yes box at N , what was unrealised net loss calculated under section 10		0	

Signature as prescribed in tax return		Ta	x File Number	44520257
Part D – Life insurance comp	anies			
Complying superant	nuation class tax losses carried forward to later income years			
Complying superannu	ation net capital losses carried forward to later income years			
Part E – Controlled foreign co	ompany losses			
	Current year CFC losses	M		
	CFC losses deducted	N		
	CFC losses carried forward	0		
Part F – Tax losses reconcilia	tion statement			
Balance of tax losses brou	ight forward from the prior income year	A		
ADD Uplift of tax losses of c	lesignated infrastructure project entities	В		
SU	BTRACT Net forgiven amount of debt	С		
ADD Tax	loss incurred (if any) during current year	D		
ADD Tax loss amount from	m conversion of excess franking offsets	E		
	SUBTRACT Net exempt income	F		
	SUBTRACT Tax losses forgone	G		
	SUBTRACT Tax losses deducted	Н		
SUBTRACT Tax losses to (only for transfers involving a foreign bank bra	ransferred out under Subdivision 170-A nch or a PE of a foreign financial entity)			
Total tax losse	es carried forward to later income years	J		
Transfer the ar	nount at J to the Tax losses carried fo	rward	d to later income ye	ears label on your tax return.

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Tux Tilo Hallibol	TT320231

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					
			Day	Month	Year
		Date			/
Contact person	Daytir	ne contact	number (i	nclude are	ea code)
Angela Martin	0418	3911563			

SCHEDULE

A

Other Attachments Schedule

2019

	Tax file No 44520257
Taxpayer name The Martin Superannuation Fund	
Signature	