Copy to be retained by client

Taxation Estimate
For the year ended 30 June 2023

Return Code: **CRUSSF** Tax File Number: Description: Crush Family Super Fund Date prepared: 29/08/2023 \$ \$ **Summary of Taxable Income** Business and Investment Income: No-TFN contributions Other Business income 17,564.00 17,564.00 17,564.00 **Less Deductions Taxable Income** Tax on Taxable Income **Gross Tax SUBTOTAL T2** Add: Supervisory levy 259.00 259.00 **TOTAL AMOUNT PAYABLE** 259.00



PART A

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

This declaration is to be completed where the tax return is to be lodged via an approved ATO electronic channel. It is the responsibility	y of
the taxpayer to retain this declaration for a period of five years after the declaration is made, penalties may apply for failure to do so.	

Tax File Number		Year of return	2023
Name of Partnership, Trust, Fund or Entity	Crush Family Super Fund		
Total Income/Loss 17564	Total Deductions 17564	Taxable In	come/Loss 0

Privacy

The ATO is authorised by the Taxation Administration Act 1953 to request the provision of tax file numbers (TFNs). The ATO will use the TFNs to identify each partner or beneficiary or entity in our records. It is not an offence not to provide the TFNs. However, you cannot lodge your tax return electronically if you do not quote your TFN.

Taxation law authorises the ATO to collect information and disclose it to other government agencies, including personal information about the person authorised to sign the declaration. For information about privacy go to ato.gov.au/privacy

The Australian Business Register

The Commissioner of Taxation, as Registrar of the Australian Business Register, may use the ABN and business details which you provide on this tax return to maintain the integrity of the register.

Please refer to the privacy statement on the Australian Business Register (ABR) website (www.abr.gov.au) for further information - it outlines our commitment to safeguarding your details.

Electronic funds transfer - direct debit

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

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

Important: Before making this declaration please check to ensure that all income has been disclosed and the tax return is true and correct in every detail. If you are in doubt about any aspect of the tax return, place all the facts before the Tax Office. The tax law provides heavy penalties for false or misleading statements on tax returns.

Declaration: I declare that:

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

Signature of Partner, Trustee or Director

*allerush Innlust

Date

7/9/2

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.

Account name:	CRUSH FAMILY SUPER FUND	
I authorise the refund to be depo	osited directly to the specified account	
Signature	awtrush Donard	Date 7/9/23
PART D	Tax agent's certificate (shared facilities only)	
* We have received a declaration and correct, and	UNTANTS declare that: urn in accordance with the information supplied by the partner, trustee, director of n made by the entity that the information provided to us for the preparation of the ner, trustee, director or public officer to lodge this tax return, including any applic	is tax return is true
Agent's Signature		Date
Agent's phone Agent's Contact Name Agent's reference number	07 41524677 Client's reference BRADLEY GROGAN 61032002	CRUSSF

Self-managed superannuation fund annual return 2023

Se	ction A: Fund Information				
1	Your tax file number				
no	e ATO is authorised by law to request t quoting it could increase the chance vacy note in the declaration.				he
2	Name of self-managed superannuation fund (SMSF)	Crush Family Super Fu	und		
3	ABN	15 375 619 696			
4	Current postal address Street	DGZ CHARTERED AC	CCOUNTANTS		
	Suburb/State/P'code	PO BOX 1935 BUNDABERG		QLD	4670
5	Annual return status				
	Is this the first required return for a new	ewly registered SMSF?		N	
6	SMSF auditor Auditor's name Title Family name Given names SMSF Auditor Number 1 Postal address Street Suburb/State/P'code Date audit was completed	MR BOYS ANTHONY 00 014 140 PO BOX 3376 RUNDLE MALL SOUTH AUSTRALIA	Auditor's phone nur Was Part A of Was Part B of	QLD the audit	07 41524677 5000 report qualified? B N C N
7	Electronic funds transfer (EFT)				
A	Fund's financial institution accourses BSB no 03412 Fund account name CRUSH FAMILY SUPER FUND		Account no	7	13346
_	I would like my tax refunds made to t	his account.		Υ	
8	Status of SMSF Australian superannuation fund Fund benefit structure Does the fund trust deed allow acceptof the Government's Super Co-contri		Super-Contribution?	<u>А</u> В С	Y A Y

Form F Self-managed superannuation fund annual return 2023 Crush Family Super Fund Client ref			Page 02 of 09 CRUSSF
ABN 15 375 619 69	6		
9 Was the fund wound	up during the income year?	N	
10 Exempt current pensi	on income		
Did the fund pay retirement phase superannuation income stream benefits to one or more members in the income year?		N	

Form F Self-managed superannuation fund annual return 2023 Crush Family Super Fund

Client ref

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ABN 15 375 619 696

Section B: Income 11 Income

Gross interest

Calculation of assessable contributions

Assessable employer contributions plus No-TFN-quoted contributions GROSS INCOME
TOTAL ASSESSABLE INCOME

R1	17523
R3	0

Deductions

C	41
R	17523

W	17564 /
٧	17564

Section C: Deductions and non-deductible expenses 12 Deductions and non-deductible expenses

Insurance premiums - members SMSF auditor fee Management and administration expenses Tax losses deducted

TOTAL DEDUCTIONS (A1 to M1)

 F1
 12950

 H1
 440

 J1
 1140

 M1
 3034

N 17564

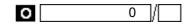
TOTAL NON-DEDUCTIBLE EXPENSES (A2 to L2)

TOTAL SMSF EXPENSES (N + Y)

TOTAL INCOME OR LOSS

(Total assessable income less deductions)

7	17564



F2	
H2	
J2	

Taxable income

Client ref

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0.00

ABN 15 375 619 696

Section D: Income tax calculation statement 13 Income tax calculation statement

		Tax on taxable income	T1 0.00
		Tax on no-TFN-quoted	J 0.00
		contributions	
Foreign inc. tax offsets	C1 0.00	Gross tax	B 0.00
Rebates and tax offsets	C2	Non-refundable non-c/f	C 0.00
		tax offsets (C1 + C2)	
ESVCLP tax offset	D1	SUBTOTAL 1	T2 0.00
ESVCLP tax offset c/f	D2		
from previous year		Non-refundable c/f tax	D
ESIC tax offset	D3	offsets (D1+D2+D3+D4)	
ESIC tax offset c/f	D4	SUBTOTAL 2	T3
from previous year			
Complying fund's franking	E1		
credits tax offset		D () () ()	_
No-TFN tax offset	<u> </u>	Refundable tax offsets	Ε
NRAS tax offset	E3	(E1 + E2 + E3 + E4)	
Exploration cr. tax offset	E4	J TAN BANABIE	
Credit:	_	TAX PAYABLE	T5
		Section 102AAM int. charge	G
Foreign res. w'holding	H2		
(excl. capital gains)		Eligible credits	H
ABN/TFN not quoted	H3	(H2 + H3 + H5 + H6 + H8)	
TFN w/held from closely held trusts	H5	Tax offset refunds	0.00
Int. on no-TFN tax offset	H6 H8	PAYG installments raised	K
Credit for foreign res.	H8	Supervisory levy	L 259.00
capital gains w'holding		Supervisory levy adj. for	M
		wound up funds	
		Supervisory levy adj. for	N
		new funds	
		TOTAL AMOUNT DUE	S 259.00

Section E: Losses

14 Losses information

Losses carried forward to later income years

U	6495

(T5 + G - H - I - K + L - M + N)

MEMBER NUMBER: 2 03/09/1969 Member's TFN Date of birth See the Privacy note in the Declaration **OPENING ACCOUNT BALANCE** 63606.00 **TOTAL CONTRIBUTIONS** Ν 0.00 (Sum of labels A to M) Other transactions Allocated earnings or losses 0 12944.00 Accumulation phase account balance 76550.00 **S**1 Retirement phase account bal. - Non CDBIS 0.00 **S2** Retirement phase account balance - CDBIS 0.00 **TRIS Count** 0 **CLOSING ACCOUNT BALANCE** S 76550.00

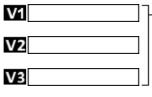
TOTAL AUSTRALIAN AND OVERSEAS ASSETS (sum of labels A to T)

U 236910

V

16 Liabilities
Borrowings for limited recourse borrowing arrangements
Permissible temporary

borrowings
Other borrowings



 Borrowings
 Total member closing account balances
 Reserve accounts
 Other liabilities
 TOTAL LIABILITIES

W	229582
X	
Y	7328
Z	236910

Form F Crush Family Super Fu		d superannuation	fund annual retur	n 2023	Client ref	Page 07 of 09 CRUSSF
ABN 15 375 619 6	96					
Section K: Declarations mportant Before making this declaration of the	check to ensure all i			•		•
Privacy The ATO is authorised by the Tohe entity in our records. It is not delayed. Taxation law authorise to to ato.gov.au/privacy	t an offence not to p	provide the TFN. Howeve	er, if you do not provide	the TFN the	processing of this for	orm may be
TRUSTEE'S OR DIRECT declare that, the current truste eceived a copy of the audit repachedules and additional documents.	es and directors hav	ve authorised this annua f any matters raised ther				
Authorised trustee's, director's or public officer's signature				Date		
Preferred trustee, directifitle Family name and suffix Given and other names	tor or public of	ficer's contact det MR CRUSH ADRIAN	ails:			
Phone number		07 41524677]		
Fime taken to prepare a	nd complete th	nis tax return (hou	rs)		J 0	
FAX AGENT'S DECLAR We declare that the Self-manage that the trustees have given us us to lodge this annual return.	ed superannuation		•			•
Гах agent's signature				Date		
Γax agent's contact det Γitle	ails	MR]			
Family name and suffix		GROGAN	•			
Given and other names		BRADLEY	ED 400011117411	-0		
Fax agent's practice	DGZ CHARTERED ACCOUNTANTS					

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07 41524677 CRUSSF 61032002

Tax agent's phone Reference number Tax agent number

Client ref

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ABN 15 375 619 696

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

1 Tax losses carried forward to later income years

Year of loss		
2020-2021	D	799
2019-2020	Ξ	3347
2018-2019	F	2349
Total	U	6495

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

Part F - Tax losses reconciliation statement

Balance of tax losses brought forward from the prior income years

A 9529

SUBTRACT Tax losses deducted

H 3034

Total Tax losses carried forward to later income years

J 6495

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

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