WATERS SUPERANNUATION FUND

TFN: 840 564 567

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 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 However, you cannot lodge your tax return electronically if you do not quote your TFN.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	840 564 567	Year 2018	
lame of partnership, trust, fund or entity	WATERS 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, trustee or director. Date 10.17.18			
Signature of partner, trustee or director	pes	Date	10.12.18

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 refe	erence umber		
Account	Name BM AND RV WATERS SUPER FUND		
I authorise the refund	to be deposited directly to the specified account.		
Signature	BOX	Date	10.12.18

Sensitive (when completed)

Client Ref: WATERSUP Agent: 64215-004

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Self-managed superannuation fund annual return

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 2018 (NAT 71287).

The Self-managed superannuation fund annual return instructions 2018 (NAT 71606) (the instructions) can assist you to complete this annual return.

Se	ction A: Fund information				
1	Tax file number (TFN)	840 564 567			
	The Tax Office is authorised by law to required chance of delay or error in processing your			not quoting it c	could increase the
2	Name of self-managed superannuat	tion fund (SMSF)			
		WATERS SUPERANN	NUATION FUND		
		10 222 067 400	1		
3	Australian business number (ABN)	19 337 067 499			
4	Current postal address	PEEL TAXATION &	ACCOUNTING		
		UNIT 3/279 PING	JARRA ROAD		
		MANDURAH		WA	6210
6	SMSF auditor Auditor's name Title	MR			
	Family name	TAYLOR			
	First given name	RONALD			
	Other given names				
	SMSF Auditor Number	100 045 341			
	Auditor's phone number	08 95811873			
	Use Agent address details?	46 ALLNUTT STRE	EET		
	addiess details:				
		MANDURAH		WA	6210
		Date audit was complete	d A 15/12/18		
		Was Part B of the audit r	eport qualified ? B		
		If the audit report was qu compliance issues been	alified, have the reported rectified?	C	

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	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.						
	Α	Financial institution You must provide the tax refunds paid to a	financial institution	details of your fund's	nominated super ac		d like your fund's
		Fund BSB number (must be six digits)	066516	Fund account	number 103527	31	
		Fund account name (for example. J&Q Ci	itizen ATF J&Q Fami	ilv SF)		
		BM AND RV WA			,,,		
	В	Financial institution	on details for tax	refunds only			Use Agent Trust Account?
		If you would like your Tax refunds cannot be					tion details.
		Fund BSB number (must be six digits)		Account	number		
		Fund account name (for example, J&Q Ci	itizen ATF J&Q Fami	ly SF)		
	С	Electronic service We will use your elec		ss alias to communic	ate with your fund ab	oout ATO super pa	ayments.
	Sta		Australian supera trust deed allow acc nment's Super Co-co Low Income Super	eptance of the	A Y C Y	Fund benefi	t structure B A Code
	N	Print Y for yes or N for no.	up during the inc If yes, provide to which fund was	he date on Day M	lonth Year	Have all ta an obligations b	d payment
0	Did	empt current pens the fund pay retirement the income year?		ation income stream	benefits to one or m	ore members	N Print Yfor yes or N for no.
	To	o claim a tax exemptio e law. Record exempt	n for current pension current pension inco	n income, you must pome at Label A	ay at least the minim	num benefit payme	ent under
	If	No, Go to Section B: I	ncome				
	If	Yes Exempt current	pension income amo	ount A			
		Which method of	fid you use to calcula	ate your exempt curr	ent pension income?		
		Seg	regated assets meth	nod B			
		Unseg	regated assets meth	nod C Wa	s an actuarial certific	cate obtained?	Print Y for yes
		Did the fund have any	other income that wa	as assessable?	Print Y for yes or N for no.	If Yes, go to Sec	ction B: Income

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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 tax (CGT) event during the year?	G N Print Y for yes or N for no. If the total capital loss or total capital gain is gre \$10,000 or you elected to use the CGT relief in the deferred notional gain has been realised, co				
	Have you applied an	Code and attach a Cap	ital Gains Tax (CGT) schedule 2018			
	exemption or rollover?	M Print Y for yes or N for no.				
		Net capital gain	A			
		Gross rent and other leasing and hiring income	B 7,295			
		Gross interest	C 441			
		Forestry managed investment scheme income	X			
Gross	foreign income					
D1		Net foreign income	D			
	Austr	alian franking credits from a New Zealand company				
		Transfers from foreign funds	F			
		Gross payments where ABN not quoted	Н			
	on of assessable contributions sable employer contributions	Gross distribution from partnerships	20,000			
R1	0	* Unfranked dividend	J			
plus Asses	ssable personal contributions	amount				
R2	50,000	* Franked dividend amount	K			
STATE OF THE PARTY	N-quoted contributions	* Dividend franking credit	L			
R3	nust be included even if it is zero)	* Gross trust				
less Trans	of fer of liability to life nce company or PST	distributions				
R6	0	Assessable contributions (R1 plus R2 plus R3 less R6)				
	on of non-arm's length income					
	n-arm's length private mpany dividends		0			
U1		* Other income	S			
plus * Net n	on-arm's length trust distributions	*Assessable income due to changed tax	Til.			
U2		status of fund				
plus * Net ot	ther non-arm's length income	Net non-arm's length income				
U3		(subject to 45% tax rate) (U1 plus U2 plus U3)	U			
#This is a mo	andatory label					
* If an amour instructions t	andatory laber nt is entered at this label, check the o ensure the correct tax s been applied.	GROSS INCOME (Sum of labels A to U)	W			
		Exempt current pension income	Y			
		TOTAL ASSESSABLE INCOME (W less Y)	V 77,736			

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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
Capital works expenditure	D1			D2
Decline in value of depreciating assets	EU			E2
Insurance premiums – members	F1			F2
Death benefit increase	G1			
SMSF auditor fee	H1	550		H2
Investment expenses	11	2,828		12
Management and administration expenses	J1	_2,992		J2
Forestry managed investment scheme expense	U1		Code	U2 Code
Other amounts	L1			L2
Tax losses deducted	M1			
	то	TAL DEDUCTIONS		TOTAL NON-DEDUCTIBLE EXPENSES
	N	6,370		Y 0
		(Total A1 to M1)		(Total A2 to L2)
	#TAXABI	LE INCOME OR LOSS	Loss	TOTAL SMSF EXPENSES
	0	71,366		Z 6,370
		SSESSABLE INCOME	less	(N plus Y)
#This is a mandatory label.				

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.

13 Calculation statement

Please refer to the Self-managed superannuation fund annual return instructions 2018 on how to complete the calculation statement.

#Taxable income	A 71,366
(an amount	must be included even if it is zero
#Tax on taxable income	10,704.90
(an amount	must be included even if it is zero
#Tax on no-TFN- quoted contributions	J 0.00
(an amount	must be included even if it is zero
Gross tax	B 10,704.90
_	(T1 plus J)

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Rebates and tax offsets	Non-refundable non-carry forward tax offsets
C2	C 0.0
	(C1 plus C2)
	SUBTOTAL 1
	T2 10,704.9
	(B less C –cannot be less than zer
Early stage venture capital	
limited partnership tax offset	
	Non-refundable carry
Early stage venture capital limited partnership tax offset carried forward from previous year	forward tax offsets
D2	D 0.0
Early stage investor tax offset	(D1 plus D2 plus D3 plus D4)
Early stage investor tax offset	
carried forward from previous year	
D4	
	SUBTOTAL 2
	T3 10,704.9
	(T2 less D -cannot be less than zer
Constitution for the foreign and the foreign and	
Complying fund's franking credits tax offset	
No-TFN tax offset	
E2	
National rental affordability scheme tax offset	
E3	
Exploration credit tax offset	Refundable tax offsets
E4	E 0.0

#TAX PAYABLE	T5		10,	704	.90
(T3	less E -	cannot be	less	than	zero)

Section 102AAM interest charge

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Non-Collectables Collectables		
Net capital losses brought forward from prior years	Net capital losses carried forward to later income years	
If total loss is greater than \$100,000, complete and attach a Losses schedule 2018.	to later income years Net capital losses carried forward to later income years	
tion E: Losses Losses	Tax losses carried forward	
This is a mandatory label.	(T5 plus G less H less I less	K plus L less M plus
	Total amount of tax payable	584.
	N	
	Supervisor for new fur	ory levy adjustment
	for wound M	
	Superviso	259.0
	Supervisor	
	K	10,379.0
	an amount must be i	ncluded even if it is
	(Remainder of refundable tax offsets).	0.0
	(n i pius nz pius no pius	s no pius no pius n
Н8	(H1 plus H2 plus H3 plus	0.0
Credit for foreign resident capital gains withholding amounts	Eligible cred	
Credit for interest on no-TFN tax offset		
H5		
Credit for TFN amounts withheld from		
Credit for tax withheld – where ABN or TFN not quoted (non-individual)		
Credit for tax withheld – foreign resident withholding (excluding capital gains)		
H1		
amount of interest		

Section F / Section G: Member Information

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 year. See the Privacy note in the Declaration. 1 Member Number MR Member'sTFN 626 223 701 Title Code WATERS Account status Family name BRYAN First given name MAURICE Other given names If deceased, 15/02/1957 Date of birth date of death Contributions 555,587.79 OPENING ACCOUNT BALANCE Refer to instructions for completing these labels. Employer contributions ABN of principal employer A1 25,000.00 В Personal contributions C CGT small business retirement exemption D CGT small business 15-year exemption amount E Personal injury election F Spouse and child contributions G Other third party contributions П Assessable foreign superannuation fund amount J Non-assessable foreign superannuation fund amount K Transfer from reserve: assessable amount Transfer from reserve: non-assessable amount Contributions from non-complying funds Т and previously non-complying funds Any other contributions (including Super Co-contributions and Low Income Super Contributions) M 25,000.00 N TOTAL CONTRIBUTIONS Other transactions Accumulation phase account balance 97,245.44 Allocated earnings or losses 0 **S1** 483,342.35 P Inward rollovers and transfers Retirement phase account balance - Non CDBIS Outward rollovers and transfers Q S2 Lump Sum payment R1 Retirement phase account balance - CDBIS Income stream payment R2 **S3** 483,342.35 CLOSING ACCOUNT BALANCE S TRIS Count S1 plus S2 plus S3 483,342.35 Accumulation phase value X1

Retirement phase value

X2

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			See the Privacy note in the	Declaration.		
Title	MRS		Member'sTFN 157 6	97 009	Member Numb	per
Family name	WATERS	10.0	1.00		Account state	us O c
First given name	ROSEMARY				7	
Other given names	VALERIE					
		Date of birth	15/03/1958	If deceased date of death		
Contributions						
Refer to instruction for completing thes labels.			ACCOUNT BALANCE		,702.49	
	_		oloyer contributions	\		
		ABN of princ	ipal employer A1		000 00	
		Per	rsonal contributions	25	,000.00	
	CG	GT small business ref	irement exemption			
	CGT sm	all business 15-year	exemption amount			
		Pers	onal injury election			
		Spouse and	child contributions	1		
			party contributions			
	Assessal	ole foreign superannu				
		ole foreign superannu	-			
		nsfer from reserve: a	100			
		r from reserve: non-a	100			
		Contributions from no and previously no		4		
	Any other contribu	itions (including Supe and Low Income Si	er Co-contributions uper Contributions)	1		
Other transaction	ns	TOTAL	CONTRIBUTIONS	25	,000.00	
	ase account balance	Allocated	earnings or losses	97	,260.35 L	1
S1	483,442.14	Inward rollo	vers and transfers			
- Non CDBIS	e account balance	Outward rollo	vers and transfers			
S2 Retirement phase	e account balance		ump Sum payment R		Code	B
- CDBIS		Incor	ne stream payment R	2	Code	
TR	RIS Count	CLOSING AC	COUNT BALANCE	483	,442.14	
				S1 plus S2 plus S3		
		Accumu	lation phase value X	1 483	,442.14	
		Retir	ement phase value	2		
Section H: Ass	ets and liabilities					
	anaged investments			Listed trusts A		
				Unlisted trusts B		
				10000		
			Other manag	ged investments D		

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17 Taxation of financial arrangements (TO	The state of the s	
	Total TOFA gains	
	Total TOFA losses	
Section J: Other information		
Family trust election status		
	ng, a family trust election, write the four-digit income year n (for example, for the 2017–18 income year, write 2018).	
	ily trust election, print R for revoke or print V for variation, ch the Family trust election, revocation or variation 2018.	
or fund is making one or mor	ection, write the earliest income year specified. If the trust re elections this year, write the earliest income year being posed entity election or revocation 2018 for each election	
If revenue and	oking an interposed entity election, print R, and complete d attach the Interposed entity election or revocation 2018.	
Section K:Declarations		
Penalties may be imposed for false or misle	eading information in addition to penalties relating to any tax shortfalls.	
and any additional documents are true and correct label was not applicable to you. If you are in doubt in Privacy The ATO is authorised by the Taxation Administration and the TFN to identify the entity in our records. It is not the processing of this form may be delayed. Taxation law authorises the ATO to collect information privacy go to ato.gov.au/privacy.	It all income has been disclosed and the annual return, all attached schedules in every detail. If you leave labels blank, you will have specified a zero amount or tabout any aspect of the annual return, place all the facts before the ATO. ion Act 1953 to request the provision of tax file numbers (TFNs). We will use tan offence not to provide the TFN. However if you do not provide the TFN, tion and disclose it to other government agencies. For information about your	
records. I have received the audit report and I am	ON: uthorised this annual return and it is documented as such in the SMSF's aware of any matters raised. I declare that the information on this annual ional documentation is true and correct. I also authorise the ATO to make	
any tax refunds to the nominated bank account (if a	applicable). gnature	
any tax refunds to the nominated bank account (if a Authorised trustee's, director's or public officer's sign	applicable).	
any tax refunds to the nominated bank account (if a Authorised trustee's, director's or public officer's sign	papplicable). gnature Day Month Ye 01/12/201	
any tax refunds to the nominated bank account (if a Authorised trustee's, director's or public officer's significant processing and the process of trustee or director contact detail	papplicable). gnature Day Month Ye 01/12/201	
any tax refunds to the nominated bank account (if a Authorised trustee's, director's or public officer's significant processing and the second process of	papplicable). gnature Day Month Ye. 01/12/201	
any tax refunds to the nominated bank account (if a Authorised trustee's, director's or public officer's significant states or director contact detail Title	papplicable). gnature Day Month Ye. 01/12/201	

Prired trustee or director contact details:

Title MR

Family name WATERS

BRYAN

Other given names MAURICE

Area code Number

08 95357410

ABN of non-individual trustee

ABN of non-individual trustee

Time taken to prepare and complete this annual return

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

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TAX AGENT'S DECLARATION:

Tax agent's signature	o lodge this annual return.	Date	Day Month Year 01/12/2018
Title	MRS		
Title	PIKO		
Family name	BIRCH		
First given name	SHARON		
Other given names	TRACEY		
Tax agent's practice	HARPE PTY LTD T/AS PEEL TAXATION	AND ACCOUNT	TNG