

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 2021* (NAT 71287).

- The Self-managed superannuation fund annual return instructions 2021 (NAT 71606) (the instructions) can assist you to complete this annual return.
- The SMSF annual return cannot be used to notify us of a change in fund membership. You must update fund details via ABR.gov.au or complete the Change of details for superannuation entities form (NAT 3036).

To complete this annual return

- Print clearly, using a BLACK pen only.
- Use BLOCK LETTERS and print one character per box.
- 8 11 7 11 8 7
- * Place X in ALL applicable boxes.
- 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

Section A: Fund information

- 1 Tax file number (TFN) 938 404 57c
- To assist processing, write the fund's TFN at the top of pages 3, 5, 7 and 9.
- 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)

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- 3 Australian business number (ABN) (if applicable) 50 127 644 326
- 4 Current postal address
 POBOX340

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5 Annual return status

Is this an amendment to the SMSF's 2021 return?

A No X Yes

Is this the first required return for a newly registered SMSF?

B No X Yes



6 SN Auditor	MSF auditor 's name
Title: N	Mrs Miss Ms Other Other
Bo First give	
AN	THOWY DOWN DOWN DOWN DOWN DOWN DOWN DOWN DOWN
	Auditor's phone number DIVITED AUDITORS PROPERTY OF THE PROPE
Postal a	address
SA	
Suburb/to	OWN State/territory Postcode
GL	ENELG SOUTH WAS SOUS
Date au	dit was completed A
Was Pa	rt A of the audit report qualified? B No X Yes
Was Pa	rt B of the audit report qualified? C No X Yes
	of the audit report was qualified, ereported issues been rectified? D No Yes
	ectronic funds transfer (EFT) need your self-managed super fund's financial institution details to pay any super payments and tax refunds owing to you.
Α	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 182512 Fund account number 000 962 072 Fund account name
	AUC PASSMORE PT7 LTD ATF PASSMOR
	ESUPERANNUATION PUND
	I would like my tax refunds made to this account. X Go to C.
В	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 number
С	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.
	B6LSF360

Q.

	Fund's tax file number (TFN) 938 404 570
8	Status of SMSF Australian superannuation fund A No Yes X Fund benefit structure B A Code
	Does the fund trust deed allow acceptance of the Government's Super Co-contribution and Low Income Super Amounts? Yes X
9	Was the fund wound up during the income year?
	No Yes X If yes, provide the date on which the fund was wound up 36 / 11 / 2021 Have all tax lodgment and payment obligations been met? No Yes X
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.



	Section B: Income		
	the retirement phase for the entire year, the	re was no other incom tax offsets, you can re	SMSF were supporting superannuation income streams in the that was assessable, and you have not realised a deferred cord 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	If the total capital loss or total capital gain is greater than \$10,000 or you elected to use the transitional CGT relief in 2017 and the deferred notional gain has been realised, complete and attach a Capital gains tax (CGT) schedule 2021.
	Have you applied an exemption or rollover?	/I No X Yes	Code
		Net capital gain	A\$,222,331.×
	Gross rent and other leas	sing and hiring income	B\$ \$, , ;
		Gross interest	c \$,,97.∞
	Forestry	managed investment scheme income	x \$,,×
	Gross foreign income		Loss
D	1 \$,,	Net foreign income	D \$,
	Australian franking credits from a N	ew Zealand company	E\$ Number
		Transfers from foreign funds	F\$
	G	ross payments where ABN not quoted	H \$ □ □ □ , □ □ □ -≫
	Calculation of assessable contributions Assessable employer contributions	Gross distribution	I \$ □ □ □ □ □ → □ □ □ □ □ □ □ □ □ □ □ □ □
R	1 \$	from partnerships *Unfranked dividend	J\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
plu	s Assessable personal contributions	amount	
v/r.mv3333.	2 \$	*Franked dividend amount	K\$,
plu	us **No-TFN-quoted contributions 3 \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	*Dividend franking credit	L \$,,
	(an amount must be included even if it is zero)	*Gross trust distributions	M \$,,∞
les	company or PST	Assessable	
R	6 \$	contributions (R1 plus R2 plus R3 less R6)	R\$,,
	Calculation of non-arm's length income	1	Code
*Ne	et non-arm's length private company dividends	*Other income	s \$ □ □ □, □ □ □ ∞ □
1	" " L.	*Assessable income due to changed tax	T \$ □□□ □□□ ·≫
1	2 \$	status of fund	
plu U :		Net non-arm's length income (subject to 45% tax rate) (U1 plus U2 plus U3)	U \$,≫
_		erannan unawijan kanang artawaliyan gamaliyayan olayalayolaylayan aha mak nelisiana	Loss
	"This is a mandatory label.	GROSS INCOME (Sum of labels A to U)	w\$□□,223,545× □
	entered at this laber,	rrent pension income	Y \$,
		SSESSABLE ME (W less Y) V \$	10.00.223.545.× 0
	been applied.	et til et tillsed i het distillet deleter til se en enem de eds mede; som smesse kypenne en en enem en genssem	and the second s

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Section C: Deductions and non-deductible expenses

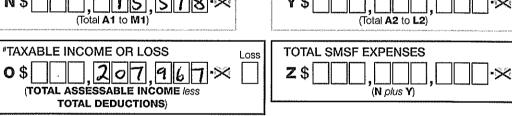
12 Deductions and non-deductible expenses

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 rela	ated to exempt current pension income should be reco	rded 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	E1\$,,,\S\S\4-><	E2 \$ □ □ □ , □ □ □ , □ □ ·×
Insurance premiums – members	F1 \$,,	F2 \$ □ □ □ , □ □ □ , □ □ ·×
SMSF auditor fee	H1 \$ □ □ □ , □ □ , 7 5 0 ×	H2 \$ □ □ □, □ □ □, □ □ ·×
Investment expenses	I1 \$□□□,□□1,839×	I2 \$ □ □ □ , □ □ □ , □ □ □ ·×
Management and administration expenses	J1\$□□,□12,435·×	J2 \$ □ □ □, □ □ □, □ □ □ ·≫
Forestry managed investment scheme expense	U1 \$ □ □ □ , □ □ □ -≫ Code	U2 \$ □□□, □□□, □□□•≫
Other amounts	L1 \$,	L2 \$,
Tax losses deducted	M1 \$ □ □ □, □ □ □, □ □ -≫	RXO €.ab
	TOTAL DEDUCTIONS N \$, 1 S , S 7 8 ->< (Total A1 to M1)	TOTAL NON-DEDUCTIBLE EXPENSES Y \$,,
	*TAXABLE INCOME OR LOSS Loss	TOTAL SMSF EXPENSES
	0\$ 2 0 7 9 6 7 %	Z\$ ->≪

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"This is a mandatory label.







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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.

Please refer to the Self-managed superannuation fund annual return instructions 2021 on how to complete the calculation statement.	"Taxable income "Tax on taxable income "Tax on no-TFN-quoted contributions	(an amount must be included even if it is zero) T1 \$,,,,,,
		(T1 plus J)
Foreign income tax offset C1 \$		Non-refundable non-carry forward tax offsets C \$,
		SUBTOTAL 1 T2 \$,,,, (B less C - cannot be less than zero)
Early stage venture capital partnership tax offset D1 \$		
tax offset carried forward for tax offset carried forward forward for tax offset carried forward for tax of tax	om previous year	Non-refundable carry forward tax offsets D \$,,, (D1 plus D2 plus D3 plus D4)
Early stage investor tax off carried forward from previo	set ous year	SUBTOTAL 2 T3 \$,,, (T2 less D – cannot be less than zero)
Complying fund's franking of E1\$,,,,,		
E3\$,,,,		Refundable tax offsets E \$
	*TAX PAYABLE	T5 \$,,3, 3, 1, 5 - 0 5
		Section 102AAM interest charge G \$



Fund's tax file r	umber (TFN) 938 404 570
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	712260921
H6\$,,,	credits
#Tax offset refunds (Remainder of refundable tax offsets)	(unused amount from label E – an amount must be included even if it is zero)
K\$ Supervis L\$ Supervis M\$	stalments raised
AMOUNT DUE OR REFUNDABLE A positive amount at s is what you owe, while a negative amount is refundable to you.	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

If total loss is greater than \$100,000, complete and attach a Losses schedule 2021.

Tax losses carried forward to later income years **U** \$

Net capital losses carried forward to later income years $\, {f V} \,$ \$



Section F: I	Member inforn	nation				
MEMBER 1						
Title: Mr Mrs Mrs Mis	s Ms Other					
PASSMORE First given name		Other given i	names			
ANDREW		PHI	LLIP			
Member's TFN See the Privacy note in the	Declaration. 263	260	979	Date of birth	Day Month	Year 1961
Contributions	OPENING ACCOUN	NT BALANCE	\$,	,446,6	570.20	
Refer to instructions	for completing these labels	٠, ا	Proceeds from	primary residence	disposal	
C \$, CGT small busines D \$, Personal injury elect E \$, Spouse and child of F \$, Other third party co	mployer ons s retirement exemption s 15-year exemption amount of the contributions contributions		Receipt date H1 Assessable for Non-assessab J\$ Transfer from r K\$ Contributions tand previously T\$ Any other cont (including Supplements)	eserve: assessable ,	auation fund amount amount amount sable amount g funds ads	
Other transactions	Alloc	ated earnings or losses	0 \$ 🗆 🗆	,\$2,2	253.06	Loss
Accumulation phase	e account balance	Inward rollovers and transfers Outward	P \$		-	
Retirement phase a	account balance	rollovers and transfers	Q \$	_,394,4	17.14	
S2 \$		Lump Sum payments	R1 \$		-	Code
Retirement phase a - CDBIS S3 \$	ccount balance	Income stream payments	R2 \$			Code
TRIS Count	CLOSING ACCOU	NT BALANCE	S \$	(S1 plus S2 plus S3		
	Accumulation		. ——			
		t phase value	X2 \$	니,니니니, <u>니</u>		
I .	Outstanding lim	ment amount	Y \$			/)

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Trille: Mr Mrs Mrs Mrs Mrs Mrs Other Mrs Mrs Mrs Mrs Mrs Other Mrs Mrs Mrs Mrs Mrs Other Mrs Mrs Mrs Mrs Mrs Other Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mr	Fund's tax file number (TFN) 938 404	70
Refer to instructions for completing these labels. Employer contributions A \$	Family name PASSMORE Other given names CARON Day Month Month	
Employer contributions A \$	Contributions OPENING ACCOUNT BALANCE \$,,,,,,	2
Accumulation phase account balance S1 \$	Employer contributions A \$	
Accumulation phase account balance S1 \$	or losses of LL, LB8, 455. N	
TRIS Count CLOSING ACCOUNT BALANCE S \$	Accumulation phase account balance S1 \$	Code Code

(**S1** plus **S2** plus **S3**)

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MEMBER 3
Title: Mr Mrs Miss Ms Other Family name
First given name Other given names
Member's TFN See the Privacy note in the Declaration. Date of birth Date of birth
Contributions OPENING ACCOUNT BALANCE \$,
Refer to instructions for completing these labels. Proceeds from primary residence disposal H \$
Employer contributions A \$,,
Personal contributions B \$
Personal injury election E \$
TOTAL CONTRIBUTIONS N \$,,, (Sum of labels A to M)
Other transactions Allocated earnings or losses O \$
Accumulation phase account balance S1 \$
- Non CDBIS transfers Lump Sum payments Retirement phase account balance Code CDBIS Code Code Code
S3 \$
TRIS Count CLOSING ACCOUNT BALANCE \$ \$,, (S1 plus S2 plus S3)
Accumulation phase value X1 \$
Outstanding limited recourse borrowing arrangement amount Retirement phase value X2 \$,,

MEMBER 4	
	Other District Control of the Contro
Family name	
First given name	Other given names
Member's TFN See the Privacy note in the Declaration.	Date of birth Day / Month / Year
Contributions OPENING	G ACCOUNT BALANCE \$, , , , , , , , , , , , , , , , , ,
Refer to instructions for completing	these labels. Proceeds from primary residence disposal H \$
Employer contributions A \$	Receipt date Day Month Year H1 Assessable foreign superannuation fund amount I \$
Other transactions	Allocated earnings or \$,,
Accumulation phase account bala S1 \$	transfers Outward rollovers and transfers Lump Sum payments transfers Code
TRIS Count CLOSIN	G ACCOUNT BALANCE S \$,, (S1 plus S2 plus S3)
Outs	Retirement phase value X2 \$,

Section G: Supplementary member information	
MEMBER 5	
Intle: Mr Mrs Miss Miss Ms Other Account status	Code
Family name	
First given name Other given names	
Member's TFN Date of birth If deceased, date of death	
See the Privacy note in the Declaration. Day Month Year Day Month Year Day Month Year	\neg
Contributions OPENING ACCOUNT BALANCE \$,	
Refer to instructions for completing these labels. Proceeds from primary residence disposal H \$	
Employer contributions Receipt date Day Month Year	
A \$,, H1 / / ABN of principal employer Assessable foreign superannuation fund amount	
ABN of principal employer Assessable foreign superannuation fund amount A1	
Personal contributions Non-assessable foreign superannuation fund amount	
B \$,, J \$,, CGT small business retirement exemption	
CG 1 Small business retirement exemption Transfer from reserve: assessable amount K \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
CGT small business 15-year exemption amount Transfer from reserve: non-assessable amount	
Personal injury election Contributions from non-complying funds	
E \$ and previously non-complying funds	
Spouse and child contributions T \$,	
(including Super Co-contributions and Low Income Super Amounts)	
G \$,	
TOTAL CONTRIBUTIONS N \$,,, (Sum of labels A to M)	
Loss	
Other transactions Allocated earnings or losses O \$	
Accumulation phase account balance rollovers and transfers Accumulation phase account balance rollovers and transfers P	
Retirement phase account balance rollovers and Q \$	
- Non CDBIS transfers Code S2 \$	
Retirement phase account balance	
- CDBIS Income stream R2 \$ CODE	
\$3 \$,,	
TRIS Count CLOSING ACCOUNT BALANCE \$ \$	
(S1 plus S2 plus S3)	
Accumulation phase value X1 \$	
Retirement phase value X2 \$	
Outstanding limited recourse borrowing arrangement amount	

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D.

MEMBER 6			
Title: Mr Mrs Miss Ms Othe		Account status	
First given name	Other given names		
Member's TFN See the Privacy note in the Declaration.	Date of birth If dec Day Month Year Day	eased, date of death	
Contributions OPENING A	CCOUNT BALANCE \$,,,,_		
Refer to instructions for completing the	Proceeds from primary residence	disposal	
Employer contributions	Receipt date Day Month	Year / [] []	
A \$, , ABN of principal employer		/	
A1			
Personal contributions B \$	Non-assessable foreign superann J \$	uation fund amount	
CGT small business retirement exemp		amount	
C \$, , ,	L-LL K \$,,_	,	
CGT small business 15-year exemption	Transfer from reserve: non-assess	able amount	
Personal injury election	Contributions from non-complying	JLLL *LLL g funds	
E \$, ,	and previously non-complying fun	ds	
F \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Any other contributions		
Other third party contributions	(including Super Co-contributions Low Income Super Amounts)	and	
G \$,	M \$,,_		
TOTAL CONTRIBUT	TIONS N \$,,,		
Other transactions	Allocated earnings or losses O \$,	Loss	
Accumulation phase account balance		N N	
S1 \$	transfers , , , , , , , , , , , , , , , , , , ,		
Retirement phase account balance - Non CDBIS	rollovers and Q\$,,,,,,,		
S2 \$	Lump Sum R1 \$,	Code	
Retirement phase account balance	Income	Code	
S3 \$	stream payments R2 \$,,		
TRIS Count CLOSING A	CCOUNT BALANCE S \$,,,,) - C	
Accui	mulation phase value X1 \$		
Re	tirement phase value X2 \$		
Outstan borrowing a	ding limited recourse Y\$,,,,		
OFFICIAL: Sensitive (when completed) Page 19			

MEMBER 7 Code Mr Other Account status Family name First given name Other given names Member's TFN Date of birth If deceased, date of death See the Privacy note in the Declaration OPENING ACCOUNT BALANCE \$ Contributions Proceeds from primary residence disposal Refer to instructions for completing these labels. Н Employer contributions Receipt date H1 ABN of principal employer Assessable foreign superannuation fund amount A1 Personal contributions Non-assessable foreign superannuation fund amount \$ В J \$ CGT small business retirement exemption Transfer from reserve: assessable amount \$ CGT small business 15-year exemption amount Transfer from reserve: non-assessable amount \$ Personal injury election Contributions from non-complying funds and previously non-complying funds Spouse and child contributions Any other contributions (including Super Co-contributions and Other third party contributions Low Income Super Amounts) \$ \$ TOTAL CONTRIBUTIONS (Sum of labels A to M) Loss Allocated earnings Other transactions **O** \$ or losses Inward rollovers and Accumulation phase account balance transfers **S**1\$ Outward Retirement phase account balance rollovers and Q\$ - Non CDBİS transfers Code Lump Sum **S2**\$ R1 \$ payments Retirement phase account balance - CDBIS Income stream R2 \$ **S3**\$ payments CLOSING ACCOUNT BALANCE \$ \$ TRIS Count (S1 plus S2 plus S3) Accumulation phase value X1 \$ Retirement phase value X2 \$

Q

Y \$

Outstanding limited recourse

borrowing arrangement amount

MEMBER 8	
Account status	ode
Family name Control of the property of the pr	⊸
Member's TFN Date of birth If deceased, date of death	
See the Privacy note in the Declaration. Day Month Year Day Month Year Day Month Year]
Contributions OPENING ACCOUNT BALANCE \$,	
Refer to instructions for completing these labels. Proceeds from primary residence disposal H \$	
Employer contributions A \$	
TOTAL CONTRIBUTIONS N \$,,, (Sum of labels A to M)	
Other transactions Allocated earnings or losses O \$	
Accumulation phase account balance S1 \$	
S2 \$,, Lump Sum payments R1 \$,, Code Stream payments R2 \$,, Code Stream payments R2 \$,	
TRIS Count CLOSING ACCOUNT BALANCE \$ \$,, (S1 plus S2 plus S3)	
Accumulation phase value X1 \$	
Retirement phase value X2 \$,	
Outstanding limited recourse Y \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ı

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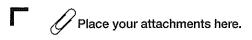
ı			
15	Section H: Assets and liab ASSETS	oilities	
15a	Australian managed investments	Listed trusts	A \$,
		Unlisted trusts	B\$
		Insurance policy	c \$
	Othe	er managed investments	D \$,
15b	Australian direct investments	Cash and term deposits	E \$
	Limited recourse borrowing arrangements	Debt securities	F \$
	Australian residential real property J1 \$ -><	Loans	G \$□□□□□□□·≫
	Australian non-residential real property	Listed shares	H \$
	J2 \$,,	Unlisted shares	1\$
	J3 \$ ×	Limited recourse	J \$
		orrowing arrangements	
	J4 \$,,	Non-residential real property	K\$,,,
	J5 \$,,×	Residential real property	L\$,,
	Other	Collectables and personal use assets	M \$ □ □ □ , □ □ □ .≫
	J6 \$,,	Other assets	o \$,×
	J7		
15c	Other investments	Crypto-Currency	N \$,×
15d	Overseas direct investments	Overseas shares	₽ \$□□,□□,□□·≫
	Overseas non-	residential real property	Q \$,,×
	Overseas residential real property		R \$ □ □ □, □ □ □ , □ □ □ ·×
	Overseas	s managed investments	s \$□□□,□□□,□□□·≫
Other overseas assets		T \$ □□□,□□□.≫	
	TOTAL AUSTRALIAN AND (Sum of labels		∪ \$□□□,□□⊙·≫
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?	A No Yes)	\$, <u></u> , <u></u> ->×



15f	Limited recourse borrowing arrangements If the fund had an LRBA were the LRBA borrowings from a licensed financial institution?	A No Yes
	Did the members or related parties of the fund use personal guarantees or other security for the LRBA?	B No Yes
16	LIABILITIES	
	Borrowings for limited recourse]
	borrowing arrangements V1 \$	
	Permissible temporary borrowings	
	V2 \$	
	Other borrowings	
	v3 \$,,×	Borrowings V \$,,,
1	Total member clos (total of all CLOSING ACCOUNT BALANCE s fr	sing account balances w \$ \tag{0.50}
	,	Reserve accounts X \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		Other liabilities Y \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		TOTAL LIABILITIES Z \$
<u></u>	ction I: Taxation of financia	l arrangements
	Taxation of financial arrangements (TOF	
		Total TOFA gains H \$
		Total TOFA losses \$\\$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Se	ction J: Other information	
	ily trust election status	
[1		ily trust election, write the four-digit income year ample, for the 2020–21 income year, write 2021).
		election, print R for revoke or print V for variation, family trust election, revocation or variation 2021.
Inter	or fund is making one or more electi	vrite the earliest income year specified. If the trust ons this year, write the earliest income year being thity election or revocation 2021 for each election.
		interposed entity election, print R, and complete the Interposed entity election or revocation 2021.

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Section K: Declarations
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 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 public officer's signature	
	Date 2 5 / 1 1 / 2 0 5
Preferred trustee or director contact details:	
Title: Mr X Mrs Miss Ms Other	
Family name PASSMORE	
First given name Other given names	
ANDREW PHILLIP	
Phone number 0403014891 Email address	
ANDY. PASSMOREL961@GNAIL.C	OM
Non-individual trustee name (if applicable)	
ABN of non-individual trustee	
Time taken to prepare and complete this annual return	Hrs
The Commissioner of Taxation, as Registrar of the Australian Business Register, may us provide on this annual return to maintain the integrity of the register. For further information	
TAX AGENT'S DECLARATION: I declare that the <i>Self-managed superannuation fund annual return 2021</i> has been preparovided by the trustees, that the trustees have given me a declaration stating that the incorrect, and that the trustees have authorised me to lodge this annual return.	
Tax agent's signature	1
	Date 26 / 1/ / 2021
Tax agent's contact details	tuning
Title: Mr X Mrs Miss Ms Other	
Family name	
First given name Other given names	
DEAN	
Tax agent's practice GUBSONTAX & ACCOUNTING S	ERVICES PIL
Tax agent's phone number Reference number	Tax agent number

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