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

2017

## 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 2017 (NAT 71287).

The Self-managed superannuation fund annual return instructions 2017 (NAT 71606) (the instructions) can assist you to complete this annual return.

Is this an amendment to the SMSF's 2017 return?

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

## TO COMPLETE THIS ANNUAL RETURN

- Print clearly, using a BLACK pen only.
- Use BLOCK LETTERS.
- Place X in ALL applicable boxes.

| 01:     | Λ. | <b>C</b> | :£.  |         |
|---------|----|----------|------|---------|
| Section | A: | Funa     | INTO | rmation |

| S   | ection A: Fund information                                                                                                                                           | To assist processing, v                                    | vrite the fund's |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|------------------|
| 1   | Tax file number (TFN)                                                                                                                                                | TFN at the top of pages 3                                  |                  |
|     | The ATO is authorised by law to request your TFN. You are not obliged to quote could increase the chance of delay or error in processing your annual return. See the | e your TFN but not quoting<br>e Privacy note in the Declar | it<br>ation.     |
| 2   | Name of self-managed superannuation fund (SMSF)                                                                                                                      |                                                            |                  |
| 3   | Australian business number (ABN) (if applicable)                                                                                                                     |                                                            |                  |
| 4   | Current postal address                                                                                                                                               |                                                            |                  |
| Sub | urb/town                                                                                                                                                             | State/territory                                            | Postcode         |
| 5   | Annual return status                                                                                                                                                 |                                                            |                  |

A No

**B** No

Yes

Yes

| 6 SMSF auditor Auditor's name Title: Mr Mrs Miss Ms Other Family name                  |                   |                 |          |
|----------------------------------------------------------------------------------------|-------------------|-----------------|----------|
| First given name                                                                       | Other given names |                 |          |
| SMSF Auditor Number Auditor's phone r                                                  | number            |                 |          |
| Postal address                                                                         |                   |                 |          |
| Suburb/town                                                                            |                   | State/territory | Postcode |
| Date audit was completed A Month                                                       | Year              |                 |          |
| Was Part B of the audit report qualified? <b>B</b> No                                  | Yes               |                 |          |
| If the audit report was qualified, have the reported compliance issues been rectified? | C No Yes          |                 |          |
| 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.

#### A Financial institution details for super payments and tax refunds

You must provide the financial institution details of your fund's nominated super account. If you would like your fund's tax refunds paid to a different account, you can provide additional financial institution details at **B**.

Fund BSB number (must be six digits)

Fund account number

Fund account name (for example, J&Q Citizen ATF J&Q Family SF)

## B Financial institution details for tax refunds only

If you would like your fund's tax refunds paid to a different account, provide additional financial institution details. Tax refunds cannot be paid to a trustee's personal account. (See relevant instructions.)

BSB number (must be six digits)

Account number

Account name (for example, J&Q Citizen ATF J&Q Family SF)

#### C Electronic service address alias

We will use your electronic service address alias to communicate with your fund about ATO super payments.

| 8  | Status o    | f SMSF            | Australian supe                                            | erannuation fund   | <b>A</b> N | 0       | Yes            | Fund benef                                  | îit structure | <b>B</b> _ Co | de |
|----|-------------|-------------------|------------------------------------------------------------|--------------------|------------|---------|----------------|---------------------------------------------|---------------|---------------|----|
|    |             | Does the the Gove | fund trust deed allovernment's Super Co-<br>Low Income Sup | contribution and   | CN         | 0       | Yes            |                                             |               |               |    |
| 9  | Was the     | fund wo           | und up during the                                          | e income year      | ?          |         |                |                                             |               |               |    |
|    | No Y        |                   | yes, provide the date<br>hich the fund was wo              |                    | Month<br>/ | /       | Year           | Have all tax lo<br>and p<br>obligations bee | ayment Na     | Yes           |    |
| 10 | Exempt      | current p         | ension income                                              |                    |            |         |                |                                             |               |               |    |
|    | Did the fur | nd pay an i       | ncome stream to one                                        | e or more memb     | ers in th  | ne inco | ome year?      |                                             |               |               |    |
|    |             |                   | exemption for current<br>empt current pension              |                    |            | nust p  | ay at least t  | he minimum bene                             | fit payment u | ınder         |    |
|    | No )        | Go to Secti       | ion B: Income.                                             |                    |            |         |                |                                             |               |               |    |
|    | Yes         | Exempt cui        | rrent pension income                                       | amount <b>A</b> \$ |            |         |                |                                             |               |               |    |
|    | \           | Which meth        | hod did you use to ca                                      | alculate your exe  | empt cu    | rrent p | ension inco    | ome?                                        |               |               |    |
|    |             |                   | Segregated assets                                          | method <b>B</b>    |            |         |                |                                             |               |               |    |
|    |             | l                 | Unsegregated assets                                        | method C           | ) Was      | an act  | uarial certifi | cate obtained?                              | D Yes         |               |    |
|    | Did the fur | nd have an        | y other income that v                                      | was assessable?    | )          |         |                |                                             |               |               |    |
|    | E Yes       | Go to S           | Section B: Income.                                         |                    |            |         |                |                                             |               |               |    |
|    | No          |                   | ng 'No' means that y<br>Section C: Deduction               |                    |            |         |                |                                             |               | butions.      |    |
|    |             |                   | ed to claim any tax o<br>Income tax calculation            |                    | st         |         |                |                                             |               |               |    |

# Section B: Income

**Do not complete this section** if your fund was in **full** pension phase for the **entire year** and there was **no** other income that was assessable. If you are entitled to claim any tax offsets, you can record these at Section D: Income tax calculation statement.

| ,                                                              | ,                                                 |                                      |                                                 |                                                                                                                                       |               |
|----------------------------------------------------------------|---------------------------------------------------|--------------------------------------|-------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|---------------|
|                                                                | ave a capital gains tax<br>event during the year? | <b>G</b> No                          | Yes                                             | If the total capital loss or total capital gain is greater than \$10,000 complete and attach a Capital gains tax (CGT) schedule 2017. |               |
| $\epsilon$                                                     | Have you applied an exemption or rollover?        | <b>M</b> No                          | Yes                                             |                                                                                                                                       |               |
|                                                                |                                                   | Net car                              | oital gain                                      | <b>A</b> \$                                                                                                                           |               |
| Gro                                                            | oss rent and other leasi                          | ing and hiring                       | g income                                        | <b>B</b> \$                                                                                                                           |               |
|                                                                |                                                   | Gross                                | s interest                                      | <b>C</b> \$                                                                                                                           |               |
|                                                                | Forestry                                          | managed inv                          | estment<br>income                               | <b>X</b> \$                                                                                                                           |               |
| Gross fore                                                     | ign income                                        |                                      |                                                 |                                                                                                                                       | Loss          |
| D1 \$                                                          |                                                   | Net foreigr                          | n income                                        | D \$ ,                                                                                                                                |               |
| Australian fra                                                 | nking credits from a Ne                           | ew Zealand c                         | company                                         | <b>E</b> \$                                                                                                                           | Number        |
|                                                                |                                                   |                                      | fers from<br>gn funds                           | F \$                                                                                                                                  | Number        |
|                                                                | Gı                                                | ross paymen<br>ABN no                | ts where<br>t quoted                            | <b>H</b> \$                                                                                                                           | Loss          |
| Calculation of assess Assessable emplo                         |                                                   | Gross dis                            |                                                 | 1\$                                                                                                                                   | 2000          |
| R1 \$                                                          |                                                   | *Unfranked                           | dividend<br>amount                              | <b>J</b> \$                                                                                                                           |               |
| plus Assessable perso                                          | onal contributions                                | *Franked                             |                                                 | K \$                                                                                                                                  |               |
| plus #*No-TFN-quote                                            | ed contributions                                  | *Dividend                            |                                                 | L\$                                                                                                                                   |               |
| R3 \$ (an amount must be                                       | included even if it is zero)                      |                                      | oss trust                                       | M \$                                                                                                                                  | Code          |
| less Transfer of liability company                             |                                                   | Δος                                  | essable                                         |                                                                                                                                       | $\overline{}$ |
| R6 \$                                                          |                                                   | contr<br>(R                          | ibutions<br>1 plus R2<br>3 less R6)             | R                                                                                                                                     |               |
| Calculation of non-article *Net non-arm's length priv. U1 \$   | -                                                 | *Othe                                | r income                                        | <b>s</b> \$                                                                                                                           | Code          |
| plus*Net non-arm's leng                                        | th trust distributions                            | *Assessable<br>due to chai<br>status |                                                 | т \$                                                                                                                                  |               |
| plus *Net other non-an                                         | m's length income                                 |                                      | on-arm's<br>income<br>% tax rate)<br>2 plus U3) | U \$                                                                                                                                  |               |
| #This is a mandatory label.                                    |                                                   | GROSS I                              |                                                 | w                                                                                                                                     | Loss          |
| *If an amount is entered at this label,                        | Exempt cu                                         | rrent pension                        | n income                                        | Υ                                                                                                                                     |               |
| check the instructions to ensure the correct tax treatment has | TOTAL ASSESSABI                                   | LE INCOME<br>(W less Y)              | V                                               |                                                                                                                                       | Loss          |
| been applied.                                                  |                                                   |                                      |                                                 |                                                                                                                                       |               |

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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    | E1 \$                                              |      | E2\$                          |      |
| Insurance premiums –<br>members            | F1 \$                                              |      | F2 \$                         |      |
| Death benefit increase                     | G1 \$                                              |      |                               |      |
| SMSF auditor fee                           | H1 \$                                              |      | H2 \$                         |      |
| Investment expenses                        | I1 \$                                              |      | I2 \$                         |      |
| Management and administration expenses     | J1 \$                                              |      | <b>J2</b> \$                  |      |
| Forestry managed investment scheme expense | U1 \$                                              | Code | U2\$                          | Code |
| Other amounts                              | L1 \$                                              |      | L2 \$                         |      |
| Tax losses deducted                        | M1 \$                                              |      |                               |      |
|                                            | TOTAL DEDUCTIONS                                   |      | TOTAL NON-DEDUCTIBLE EXPENSES |      |
|                                            | N \$                                               |      | <b>Y</b> \$                   |      |
|                                            | (Total A1 to M1)                                   |      | (Total A2 to L2)              |      |
|                                            | *TAXABLE INCOME OR LOSS                            | Loss | TOTAL SMSF EXPENSES           |      |
|                                            | <b>o</b> \$                                        |      | <b>z</b> \$                   |      |
| #This is a mandatory label.                | (TOTAL ASSESSABLE INCOME /ess<br>TOTAL DEDUCTIONS) |      | (N plus Y)                    |      |

## 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 2017 on how to complete the calculation statement.

#Tax on taxable T1 \$

#Tax on taxable T1 \$

#Tax on no-TFN-quoted J\$

#Tax on no-TFN-quoted J\$

Gross tax **B** \$

contributions

(T1 plus J)

(an amount must be included even if it is zero)

Foreign income tax offset

C1 \$

Rebates and tax offsets

Non-refundable non-carry forward tax offsets

C2 \$

(C1 plus C2)

SUBTOTAL 1

T2 \$

(B less C - cannot be less than zero)

Early stage venture capital limited partnership tax offset

D1\$

Early stage investor tax offset

Non-refundable carry forward tax offsets

D2\$

(D1 plus D2)

SUBTOTAL 2

T3 \$

(T2 less D - cannot be less than zero)

Complying fund's franking credits tax offset

E1\$

No-TFN tax offset

**E2**\$

National rental affordability scheme tax offset

**E3**\$

Exploration credit tax offset Refundable tax offsets

**E4**\$

E\$

(E1 plus E2 plus E3 plus E4)

\*TAX PAYABLE **T5**\$

(T3 less E - cannot be less than zero)

Section 102AAM interest charge

**G**\$

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 amounts withheld from foreign resident capital gains withholding

## **H8**\$

Eligible credits

**H**\$

(H1 plus H2 plus H3 plus H5 plus H6 plus H8)

## \*Tax offset refunds

(Remainder of refundable tax offsets)

1\$

(unused amount from label **E** – an amount must be included even if it is zero)

PAYG instalments raised

**K**\$

Supervisory levy

Supervisory levy adjustment for wound up funds

Supervisory levy adjustment for new funds

#### AMOUNT DUE OR REFUNDABLE

A positive amount at **S** is what you owe, while a negative amount is refundable to you.

**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

If total loss is greater than \$100,000, complete and attach a Losses schedule 2017.

Tax losses carried forward to later income years

Net capital losses carried **V** \$ forward to later income years

## Section F: Member information

In Section F report all current members in the fund at 30 June. Use Section G to report any former members or deceased members who held an interest in the fund at any time during the income year. **MEMBER 1** Title: Mr Ms Other Family name First given name Other given names Day Month Member's TFN Date of birth See the Privacy note in the Declaration. Contributions OPENING ACCOUNT BALANCE \$ Refer to instructions for completing these Employer contributions A\$ labels. ABN of principal employer A1 Personal contributions **B**\$ CGT small business retirement exemption CGT small business 15-year exemption amount **D** \$ Personal injury election **E**\$ Spouse and child contributions Other third party contributions Assessable foreign superannuation fund amount Non-assessable foreign superannuation fund amount Transfer from reserve: assessable amount **L** \$ Transfer from reserve: non-assessable amount Contributions from non-complying funds **T**\$ and previously non-complying funds Any other contributions (including Super Co-contributions and Low Income Super Contributions) TOTAL CONTRIBUTIONS N \$ Loss Other transactions Allocated earnings or losses **O** \$ Inward rollovers and transfers Outward rollovers and transfers Q\$ Code Lump Sum payment R1 \$ Code Income stream payment R2 \$

S\$

**CLOSING ACCOUNT BALANCE** 

| In Section F report<br>Use Section G to report<br>income year. | all current<br>any forme | members in the fund at 30 J<br>r members or deceased mer                                  | une.<br>mbers who he | eld an interest in the | fund at any time d | luring the |
|----------------------------------------------------------------|--------------------------|-------------------------------------------------------------------------------------------|----------------------|------------------------|--------------------|------------|
| MEMBER 2                                                       |                          |                                                                                           |                      |                        |                    |            |
| Title: Mr Mrs M<br>Family name                                 | liss Ms                  | Other                                                                                     |                      |                        |                    |            |
| First given name                                               |                          | Other give                                                                                | en names             |                        | Day Month          | Year       |
| Member's TFN<br>See the Privacy note in the                    | ne Declara               | tion.                                                                                     |                      | Date of birth          | / Widhiii          | /          |
| Contributions                                                  |                          |                                                                                           | Φ.                   |                        |                    |            |
| Refer to instructions                                          |                          | NING ACCOUNT BALANCE                                                                      | <b>—</b>             |                        |                    | I          |
| for completing these labels.                                   |                          | Employer contributions                                                                    | <b>A</b> \$          |                        |                    |            |
|                                                                | ABI                      | N of principal employer A1                                                                |                      |                        |                    |            |
|                                                                |                          | Personal contributions                                                                    | в\$                  |                        |                    |            |
| CG                                                             | GT small bu              | usiness retirement exemption                                                              | <b>c</b> \$          |                        |                    |            |
| CGT sma                                                        | all busines              | s 15-year exemption amount                                                                | <b>D</b> \$          |                        |                    |            |
|                                                                |                          | Personal injury election                                                                  | <b>E</b> \$          |                        |                    |            |
|                                                                | Sp                       | ouse and child contributions                                                              | F\$                  |                        |                    |            |
|                                                                | C                        | other third party contributions                                                           | <b>G</b> \$          |                        |                    |            |
| Assessab                                                       | ole foreign              | superannuation fund amount                                                                | 1\$                  |                        |                    |            |
| Non-assessab                                                   | ole foreign              | superannuation fund amount                                                                | J \$                 |                        |                    |            |
| Tra                                                            | ınsfer from              | reserve: assessable amount                                                                | к\$                  |                        |                    |            |
| Transfe                                                        | r from rese              | erve: non-assessable amount                                                               | L\$                  |                        |                    |            |
| C                                                              |                          | ns from non-complying funds                                                               |                      |                        |                    |            |
| Any other contribu                                             | tions (inclu             | viously non-complying funds<br>ding Super Co-contributions<br>Income Super Contributions) |                      |                        |                    |            |
|                                                                |                          | TOTAL CONTRIBUTIONS                                                                       | N \$                 |                        |                    |            |
| Other transactions                                             | Allo                     | cated earnings or losses <b>O</b>                                                         |                      |                        |                    | Loss       |
|                                                                | Inwar                    | d rollovers and transfers <b>P</b>                                                        | \$                   |                        |                    |            |
|                                                                |                          | d rollovers and transfers <b>Q</b>                                                        | \$                   |                        |                    |            |
|                                                                |                          | Lump Sum payment R1                                                                       |                      |                        |                    | Code       |
|                                                                |                          |                                                                                           |                      |                        |                    | Code       |
| Г                                                              |                          | ncome stream payment R2                                                                   |                      |                        |                    |            |
|                                                                | CLOSING                  | ACCOUNT BALANCE S                                                                         | \$                   |                        |                    |            |

Sensitive (when completed)

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## Section H: Assets and liabilities 15 ASSETS Listed trusts A \$ 15a Australian managed investments Unlisted trusts **B** \$ Insurance policy C\$ Other managed investments **D** \$ 15b Australian direct investments Cash and term deposits **E**\$ Limited recourse borrowing arrangements Debt securities **F** \$ Australian residential real property Loans G \$ **J1**\$ Australian non-residential real property Listed shares **H** \$ **J2**\$ Unlisted shares | \$ Overseas real property **J3**\$ Limited recourse J \$ borrowing arrangements Australian shares J4 \$ Non-residential real property **K** \$ Overseas shares Residential **J5**\$ real property Collectables and personal use assets **M** \$ Other **J6**\$ Other assets **O** \$ 15c Overseas direct investments Overseas shares **P** \$ Overseas non-residential real property Q \$ Overseas residential real property R\$ Overseas managed investments **\$**\$ Other overseas assets **T** \$ TOTAL AUSTRALIAN AND OVERSEAS ASSETS U\$ (Sum of labels A to T) 15d In-house assets Did the fund have a loan to, lease to \$ Yes or investment in, related parties (known as in-house assets) at the end of the income year? 15e Limited recourse borrowing arrangements If the fund had an LRBA were the LRBA Yes borrowings from a licensed financial institution? Did the members or related parties of the Yes fund use personal guarantees or other security for the LRBA?

#### 16 LIABILITIES

Borrowings for limited recourse borrowing arrangements

V1 9

Permissible temporary borrowings

**V2**\$

Other borrowings

**V3**\$

Borrowings V \$

Ф

Total member closing account balances (total of all **CLOSING ACCOUNT BALANCE**s from Sections F and G)

**W** \$

Reserve accounts X \$

Other liabilities Y \$

TOTAL LIABILITIES **Z** \$

# Section I: Taxation of financial arrangements

17 Taxation of financial arrangements (TOFA)

Total TOFA gains **H** \$

Total TOFA losses | \$

# Section J: Other information

#### Family trust election status

If the trust or fund has made, or is making, a family trust election, write the four-digit **income year specified** of the election (for example, for the 2016–17 income year, write **2017**).

If revoking or varying a family trust election, print **R** for revoke or print **V** for variation, and complete and attach the *Family trust election, revocation or variation 2017.* 

## Interposed entity election status

If the trust or fund has an existing election, write the earliest income year specified. If the trust or fund is making one or more elections this year, write the earliest income year being specified and complete an *Interposed entity election or revocation 2017* for each election.

If revoking an interposed entity election, print **R**, and complete and attach the *Interposed entity election or revocation 2017*.

| Section K: <b>Declarations</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                              |                                 |                                |                                       |                            |                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|---------------------------------|--------------------------------|---------------------------------------|----------------------------|----------------------------|
| Penalties may be imposed for false or misleading information in addition to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | penalties r                                                  | elating                         | j to a                         | any tax                               | shortf                     | alls.                      |
| Important Before making this declaration check to ensure that all income has been disclosed and the an any additional documents are true and correct in every detail. If you leave labels blank, you we label was not applicable to you. If you are in doubt about any aspect of the annual return, platerivacy  The ATO is authorised by the Taxation Administration Act 1953 to request the provision of taxidentify the entity in our records. It is not an offence not to provide the TFN. However if you deform may be delayed.  Taxation law authorises the ATO to collect information and disclose it to other government age to ato.gov.au/privacy | vill have spe<br>ace all the f<br>x file numb<br>o not provi | ecified acts be ers (TF) de the | a zer<br>efore<br>'Ns).<br>TFN | ro amo<br>the AT<br>We wil<br>, the p | unt or t<br>O.<br>I use th | he<br>TFN to<br>ng of this |
| TRUSTEE'S OR DIRECTOR'S DECLARATION:  I declare that current trustees and directors have authorised this annual return and it is a law received the audit report and I am aware of any matters raised. I declare that the any attached schedules and additional documentation is true and correct. I also authorise nominated bank account (if applicable).  Authorised trustee's, director's or public officer's signature                                                                                                                                                                                                                                | informatio                                                   | n on th                         | nis ar                         | nnual r                               | eturn,                     | including                  |
| Authorised trastees, directors or public officers signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Date                                                         | Day                             | /                              | Month                                 | /                          | Year                       |
| Preferred trustee or director contact details:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ı                                                            |                                 | ,                              |                                       | ,                          |                            |
| Title: Mr Mrs Miss Ms Other<br>Family name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                              |                                 |                                |                                       |                            |                            |
| First given name Other given names                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                              |                                 |                                |                                       |                            |                            |
| Phone number<br>Email address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                              |                                 |                                |                                       |                            |                            |
| Non-individual trustee name (if applicable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                              |                                 |                                |                                       |                            |                            |
| ABN of non-individual trustee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                              |                                 |                                |                                       |                            |                            |
| Time taken to prepare and complete this annual return                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | H                                                            | Irs                             |                                |                                       |                            |                            |
| The Commissioner of Taxation, as Registrar of the Australian Business Register, mayou provide on this annual return to maintain the integrity of the register. For further info                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ay use the<br>rmation, re                                    | ABN a                           | and<br>the                     | busine<br>instruc                     | ess det<br>etions.         | ails which                 |
| TAX AGENT'S DECLARATION:  I declare that the Self-managed superannuation fund annual return 2017 has been prepa by the trustees, that the trustees have given me a declaration stating that the information the trustees have authorised me to lodge this annual return.  Tax agent's signature                                                                                                                                                                                                                                                                                                                                                            | red in acc<br>provided                                       | ordand<br>to me i               | ce wi                          | ith info<br>ue and                    | rmation<br>correc          | n provided<br>t, and that  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Date                                                         | Day                             | /                              | Month                                 | /                          | Year                       |
| Tax agent's contact details                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                              |                                 |                                |                                       |                            |                            |
| Title: Mr Mrs Miss Ms Other<br>Family name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                              |                                 |                                |                                       |                            |                            |
| First given name Other given names                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                              |                                 |                                |                                       |                            |                            |

Tax agent's practice

Tax agent's phone number

Postal address for annual returns: Australian Taxation Office, GPO Box 9845, IN YOUR CAPITAL CITY

Reference number

Tax agent number

#### **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

Declarations I declare that

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 Name of Partnership, Trust, Fund or Entity Year

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.

| PART B          |                                                                                                                  |                        |      |   |   |  |  |  |  |
|-----------------|------------------------------------------------------------------------------------------------------------------|------------------------|------|---|---|--|--|--|--|
| Signature of Pa | artner, Trustee, or                                                                                              |                        | Date | / | 1 |  |  |  |  |
|                 | is true and correct; and the agent is authorised to                                                              | lodge this tax return. |      |   |   |  |  |  |  |
| •               | the information provided to the agent for the preparation of this tax return, including any applicable schedules |                        |      |   |   |  |  |  |  |
| Deciaration.    | i deciare mai.                                                                                                   |                        |      |   |   |  |  |  |  |

## **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.

#### Agent's reference number

#### **Account name**

| I authorise the refund to be deposited directly to the specified account |  |      |   |   |  |  |
|--------------------------------------------------------------------------|--|------|---|---|--|--|
| Signature                                                                |  | Date | 1 | / |  |  |

## **PART D**

# Tax Agent's Certificate (shared facilities only)

## I declare that:

- I have prepared this tax return in accordance with the information supplied by the partner, trustee, director or public officer
- I have received a declaration made by the entity that the information provided to me for the preparation of this tax return is true and correct; and

| r to lodge this tax return, including any applicable schedules. |
|-----------------------------------------------------------------|
| Date / /                                                        |
| Client Reference                                                |
| Agent's Reference Number                                        |
| 1                                                               |

# Capital gains tax (CGT) schedule

2017

## WHEN COMPLETING THIS FORM

- Print clearly, using a black or dark blue pen only.
- Do not use correction fluid or covering stickers.
- Sign next to any corrections with your full signature (not initials).
- Use in conjunction with company, trust, fund income tax return or the self-managed superannuation fund annual return.
- Refer to the *Guide to capital gains tax 2017* available on our website at **ato.gov.au** for instructions on how to complete this schedule.

#### Tax file number (TFN)

We are authorised by law to request your TFN. You do not have to quote your TFN. However, if you don't it could increase the chance of delay or error in processing your form.

#### Australian business number (ABN)

#### Taxpayer's name

| 1 Current year cap                                                     | pital gains and | capital losses |                                                                                                 |  |
|------------------------------------------------------------------------|-----------------|----------------|-------------------------------------------------------------------------------------------------|--|
| Shares in companies                                                    |                 | Capital gain   | Capital loss                                                                                    |  |
| listed on an Australian<br>securities exchange                         | A \$            |                | K \$                                                                                            |  |
| Other shares                                                           | B \$            |                | L \$                                                                                            |  |
| Units in unit trusts<br>listed on an Australian<br>securities exchange | C \$            |                | M \$                                                                                            |  |
| Other units                                                            | D\$             |                | N \$                                                                                            |  |
| Real estate situated in Australia                                      | E \$            |                | <b>o</b> \$                                                                                     |  |
| Other real estate                                                      | F \$            |                | P \$                                                                                            |  |
| Amount of capital gains from a trust (including a managed fund)        | G \$            |                |                                                                                                 |  |
| Collectables                                                           | н\$             |                | <b>Q</b> \$                                                                                     |  |
| Other CGT assets and any other CGT events                              |                 |                | R \$                                                                                            |  |
| Total current year capital gains                                       | J \$            |                | Add the amounts at labels <b>K</b> to the total in item 2 label <b>A – Tota</b> capital losses. |  |

| 2 | Capital losses                                                                                                                                            |                                                                                                                                                                     |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|   | Total current year capital losses                                                                                                                         | A \$                                                                                                                                                                |
|   | Total current year capital losses applied                                                                                                                 | B \$                                                                                                                                                                |
|   | Total prior year net capital losses applied                                                                                                               | C \$                                                                                                                                                                |
|   | Total capital losses transferred in applied (only for transfers involving a foreign bank branch or permanent establishment of a foreign financial entity) | D \$                                                                                                                                                                |
|   | Total capital losses applied                                                                                                                              | E \$                                                                                                                                                                |
|   |                                                                                                                                                           | Add amounts at B, C and D.                                                                                                                                          |
| 3 | Unapplied net capital losses carried forward                                                                                                              |                                                                                                                                                                     |
|   | Net capital losses from collectables carried forward to later income years                                                                                | A \$                                                                                                                                                                |
|   | Other net capital losses carried forward to later income years                                                                                            | В\$                                                                                                                                                                 |
|   |                                                                                                                                                           | Add amounts at <b>A</b> and <b>B</b> and transfer the total to label <b>V</b> – <b>Net capital losses carried forward to later income years</b> on your tax return. |
| 4 | CGT discount                                                                                                                                              |                                                                                                                                                                     |
|   | Total CGT discount applied                                                                                                                                | A \$                                                                                                                                                                |
| 5 | CGT concessions for small business                                                                                                                        |                                                                                                                                                                     |
|   | Small business active asset reduction                                                                                                                     | A \$                                                                                                                                                                |
|   | Small business retirement exemption                                                                                                                       | В\$                                                                                                                                                                 |
|   | Small business rollover                                                                                                                                   | C \$                                                                                                                                                                |
|   | Total small business concessions applied                                                                                                                  | D \$                                                                                                                                                                |
|   |                                                                                                                                                           |                                                                                                                                                                     |
| 6 | Net capital gain                                                                                                                                          |                                                                                                                                                                     |
|   | Net capital gain                                                                                                                                          | <b>A</b> \$                                                                                                                                                         |
|   |                                                                                                                                                           | 1J less 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.                                   |

| 7 | Earnout arrangements                                                                                                                     |                                                      |           |
|---|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----------|
|   | Are you a party to an earmout arrangement? $\blacktriangle$ Yes, as a buyer (Print $\nearrow$ in the appropriate box.)                   | Yes, as a seller                                     | No        |
|   | If you are a party to more than one earnout arrangement, condetails requested here for each additional earnout arrangement.              | by and attach a separate sheet to this schedule prov | iding the |
|   | How many years does the earnout arrangement run                                                                                          | for? <b>B</b>                                        |           |
|   | What year of that arrangement are yo                                                                                                     | u in? <b>C</b>                                       |           |
|   | If you are the seller, what is the total estimated capital proof from the earnout arrangem                                               |                                                      |           |
|   | Amount of any capital gain or loss you made u your non-qualifying arrangement in the income                                              |                                                      | LOSS      |
|   | Request for amendment                                                                                                                    |                                                      |           |
|   | If you received or provided a financial benefit under a look-through<br>to seek an amendment to that earlier income year, complete the f | ,                                                    | you wish  |
|   | Income year earnout right cre                                                                                                            | eated <b>F</b>                                       |           |
|   | Amended net capital gain or capital losses carried for                                                                                   | ward <b>G</b> \$                                     | LOSS /    |
| 3 | Other CGT information required (if applicable)                                                                                           |                                                      | CODE      |
|   | Small business 15 year exemption – exempt capital of                                                                                     | gains <b>A</b> \$                                    | /         |
|   | Capital gains disregarded by a foreign resi                                                                                              | ident <b>B</b> \$                                    |           |
|   | Capital gains disregarded as a result of a scrip for scrip rol                                                                           | lover C\$                                            |           |
|   | Capital gains disregarded as a result of an inter-company asset rol                                                                      | lover <b>D</b> \$                                    |           |
|   | Capital gains disregarded by a demerging e                                                                                               | entity <b>E</b> \$                                   |           |
|   | Have you chosen to apply the transitional CGT relief for superannuation funds?                                                           |                                                      |           |
|   | Notional capital gain amount def                                                                                                         | erred <b>G</b> \$                                    |           |

Sensitive (when completed)

Page 3

# Taxpayer's declaration



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

| I declare that the information on this form is true and correct. |      |   |       |   |      |  |
|------------------------------------------------------------------|------|---|-------|---|------|--|
| Signature                                                        |      |   |       |   |      |  |
|                                                                  | Date | / | Month | / | Year |  |
| Contact name                                                     |      |   |       |   |      |  |

Daytime contact number (include area code)

Losses schedule

2017

Companies and trusts that do not join consolidated groups should complete and attach this schedule to their 2017 tax return.

Superannuation funds should complete and attach this schedule to their 2017 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.

Refer to Losses schedule instructions 2017, available on our website ato.gov.au for instructions on how to complete this schedule.

Tax file number (TFN)

Name of entity

Australian business number (ABN)

#### Part A Losses carried forward to the 2017-18 income year - excludes film losses

1 Tax losses carried forward to later income years

#### Year of loss

2016–17 **B** 

2015–16 **C** 

2014–15 **D** 

2013–14

2012-13

2011–12 and earlier income years

Total U

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

2 Net capital losses carried forward to later income years

#### Year of loss

2016–17

2015–16

2014–15 **J** 

2013–14 **K** 

2012-13

2011–12 and earlier income years

Total V

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

## Part B Ownership and same business test - company and listed widely held trust only

Complete item 3 of Part B if a loss is being carried forward to later income years and the same business test has to be satisfied in relation to that loss.

Do not complete items 1 or 2 of Part B if, in the 2016–17 income year, no loss has been claimed as a deduction, applied against a net capital gain or, in the case of companies, losses have not been transferred in or out.

 Whether continuity of majority ownership test passed

Note: If the entity has deducted, applied, transferred in or transferred out (as applicable) in the 2016–17 income year a loss incurred in any of the listed years, print X in the Yes or No box to indicate whether the entity has satisfied the continuity of majority ownership test in respect of that loss.

|      | _  |      |
|------|----|------|
| Year | of | loss |

| Print <b>X</b> in the appropriate box. | No | A Yes        | 2016–17                          |
|----------------------------------------|----|--------------|----------------------------------|
| Print <b>X</b> in the appropriate box. | No | B Yes        | 2015–16                          |
| Print <b>X</b> in the appropriate box. | No | C Yes        | 2014–15                          |
| Print <b>X</b> in the appropriate box. | No | <b>D</b> Yes | 2013–14                          |
| Print <b>X</b> in the appropriate box. | No | Yes          | 2012–13                          |
| Print <b>X</b> in the appropriate box. | No | F Yes        | 2011–12 and earlier income years |
|                                        |    |              |                                  |

2 Amount of losses deducted/applied for which the continuity of majority ownership test is not passed but the business continuity test is satisfied - excludes film losses

Tax losses **G** 

Net capital losses

3 Losses carried forward for which the business continuity test must be satisfied before they can be deducted/applied in later years – excludes film losses

Tax losses

Net capital losses

4 Do current year loss provisions apply?

Is the company required to calculate its taxable income or tax loss for the year under Subdivision 165-B or its net capital gain or net capital loss for the year under Subdivision 165-CB of the *Income Tax Assessment Act* 1997 (ITAA 1997)?

Yes

No

Print **X** in the appropriate box.

## Part C Unrealised losses - company only

Note: These questions relate to the operation of Subdivision 165-CC of ITAA 1997.

Has a changeover time occurred in relation to the company after 1.00pm by legal time in the Australian Capital Territory on 11 November 1999?

Yes

No

Print **X** in the appropriate box.

If you printed **X** in the **No** box at **L**, do not complete **M**, **N** or **O**.

At the changeover time did the company satisfy the maximum net asset value test under section 152-15 of ITAA 1997?

M Yes

No Print **X** in the appropriate box.

If you printed **X** in the **No** box at **M**, has the company determined it had an unrealised net loss at the changeover time?

Yes

No Print **X** in the appropriate box.

If you printed  $\bf X$  in the  $\bf Yes$  box at  $\bf N$ , what was the amount of unrealised net loss calculated under section 165-115E of ITAA 1997?

O

## Part D Life insurance companies

Complying superannuation class tax losses carried forward to later income years

Complying superannuation net capital losses carried forward to later income years

## Part E Controlled foreign company losses

- Current year CFC losses M
  - CFC losses deducted N
- CFC losses carried forward

## Part F Tax losses reconciliation statement

- Balance of tax losses brought forward from the prior income year
- ADD Uplift of tax losses of designated infrastructure project entities
  - SUBTRACT Net forgiven amount of debt C
  - ADD Tax loss incurred (if any) during current year
  - ADD Tax loss amount from conversion of excess franking offsets
    - SUBTRACT Net exempt income
    - SUBTRACT Tax losses forgone G
    - SUBTRACT Tax losses deducted
- 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

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

If the schedule is not lodged with the income tax return you are required to sign and date the schedule.

#### Important

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#### **TAXPAYER'S DECLARATION**

| I declare that the information on this form is true and correct. |        |            |       |            |         |      |
|------------------------------------------------------------------|--------|------------|-------|------------|---------|------|
| Signature                                                        |        |            |       |            |         |      |
|                                                                  |        |            | Day   | Month      |         | Year |
|                                                                  |        | Date       |       | /          | /       |      |
| Contact person                                                   | Daytii | me contact | numbe | r (include | area co | de)  |