Self-managed superannuation fund annual return 2023

To complete this annual return

this inco	ly self-managed superannuation annual return. All other funds ome tax return 2023 (NAT 71:0) The Self-managed superanninstructions 2023 (NAT 7160) assist you to complete this and the SMSF annual return calchange in fund membership via ABR.gov.au or complete superannuation entities form	ion funds (SMSFs) cases must complete the 287). Inuation fund annual of the instructions annual return. Innot be used to notion to the complete the Change of detates the Change of detates a must update for the change of detates the change of detates and the change of detates	return can fy us of a fund details	■ Use BLC S M Place X Posta Aust GPC [inse of you For € Aust GPC	arly, using a BLAC DCK LETTERS an / / / / // // // // // // // // // //	d print one chara le boxes. nual returns: Office postcode	acter per box.
Se	ection A: Fund in	formation			0		
1	Tax file number (TFN)	Prov	/ided			cessing, write the ages 3, 5, 7, 9 and	
	The ATO is authorised the chance of delay or						j it could increase
2	Name of self-managed	d superannuation	fund (SMSF)			
Fic	cifolia Lodgements Superfu	und					
3	Australian business nu	ımber (ABN) (if ap	plicable) 170	33434886			
4	Current postal address	S					
PC	D Box 3685						
Г							
Sub	ourb/town				1	State/territory	Postcode
Ru	ındle Mall					SA	5000
5	Annual return status Is this an amendment to the			A No B	X Yes X Yes		
	is and the mot required retai	TITIOI A HEWIY TEGISTE	SICU CIVICI !	D NO			

Who should complete this annual return?

6 SMSF auditor Auditor's name	
Title: Mr X Mrs Miss Ms Other	
Family name	
Boys Cithor diven name	
First given name Other given names	
Anthony William	
SMSF Auditor Number Auditor's phone number	
100014140 0410712708	
Postal address	
PO Box 3376	
Suburb/town State/territory Po	ostcode
Rundle Mall SA	5000
Day Month Year	
Date audit was completed A /	
Was Part A of the audit report qualified?	
Was Part A of the audit report qualified? B No X Yes	
Was Part B of the audit report qualified? C No X Yes	
If Part B of the audit report was qualified,	
have the reported issues been rectified?	
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 Fund's financial institution account details	
This account is used for super contributions and rollovers. Do not provide a tax agent account here.	
Fund account name	
Ficifolia Lodgements Superfund	
I would like my tax refunds made to this account. $\overline{ \mathbf{X} }$ Go to C.	
_	
B Financial institution account details for tax refunds	
This account is used for tax refunds. You can provide a tax agent account here.	
BSB number Account number	
Account name	
C Electronic service address alias	
Provide the electronic service address alias (ESA) issued by your SMSF messaging provider. (For example, SMSFdataESAAlias). See instructions for more information.	
BGLSF360	
[= 0=0.000	

Tax File Number Provided

				Tax	File Number	Provided		
8	Status of SMSF	Australian superannuation fund	A No	Yes X	Fund benef	fit structure	в	Code
		fund trust deed allow acceptance of rnment's Super Co-contribution and Low Income Super Amounts?	C No	Yes X				
— 9	Was the fund wou	nd up during the income year	?					
	No X Yes) If y	ves, provide the date on hich the fund was wound up	Month /	Year	Have all tax lo and p obligations bee	ayment		Yes _
10	Exempt current pe	ension income						
	Did the fund pay retire	ement phase superannuation income	stream benefit	s to one or	more members	in the incom	e year	?
		xemption for current pension income current pension income at Label A .	you must pay	at least the	minimum benet	fit payment u	nder th	ne law.
	No Go to Section	on B: Income.						
	Yes X Exempt curr	rent pension income amount A\$	5,	298				
	Which meth	od did you use to calculate your exer	mpt current pe	nsion incon	ne?			
		Segregated assets method B						
	U	Insegregated assets method C	Was an actua	arial certifica	ate obtained?	Yes X		
	Did the fund have any	other income that was assessable?						
	E Yes X Go to Se	ection B: Income.						
	No Choosin	g 'No' means that you do not have a ection C: Deductions and non-deduc	ny assessable tible expenses	income, inc . (Do not co	cluding no-TFN omplete Section	quoted contri B: Income.)	ibution	s.
	· ·	d to claim any tax offsets, you can lis						

Tax File Number	Provided
rux i no riumbor	i iovided

Section B: Income

Do not complete this section if all superannuation interests in the SMSF were supporting superannuation income streams in the retirement phase for the entire year, there was no other income that was assessable, and you have not realised a deferred notional gain. If you are entitled to claim any tax offsets, you can record these at Section D: Income tax calculation statement. If the total capital loss or total capital gain is greater than 11 Income \$10,000 or you elected to use the transitional CGT relief in Did you have a capital gains tax G No X Yes 2017 and the deferred notional gain has been realised, (CGT) event during the year? complete and attach a Capital gains tax (CGT) schedule 2023. Code Have you applied an exemption or rollover? Net capital gain Gross rent and other leasing and hiring income 12,920 Gross interest 7,142 Forestry managed investment **X**\$ scheme income Gross foreign income Loss D1 \$ Net foreign income **D** \$ **E** \$ Australian franking credits from a New Zealand company Number Transfers from **F**\$ 0 foreign funds Gross payments where **H**\$ ABN not quoted Calculation of assessable contributions Loss Gross distribution I \$ Assessable employer contributions from partnerships **R1**\$ Unfranked dividend J \$ amount plus Assessable personal contributions *Franked dividend **K**\$ **R2** \$ amount plus **No-TFN-quoted contributions *Dividend franking L\$ credit **R3**\$ 0 Code *Gross trust (an amount must be included even if it is zero) M \$ distributions Transfer of liability to life insurance less company or PST Assessable contributions **R6**\$ **R**\$ (R1 plus R2 plus R3 less R6) Calculation of non-arm's length income 'Net non-arm's length private company dividends *Other income U1 \$ Assessable income plus *Net non-arm's length trust distributions **T** \$ due to changed tax status of fund **U2** \$ Net non-arm's *Net other non-arm's length income plus length income U\$ bject to 45% tax rate) **U3**\$ #This is a mandatory **GROSS INCOME W**\$ 20,062 label. (Sum of labels A to U) *If an amount is Exempt current pension income Y\$ 5,298 entered at this label, check the instructions TOTAL ASSESSABLE to ensure the correct V \$ 14,764 INCOME (W less Y) tax treatment has

been applied.

Tax File Hamber Toylded	Tax File Number	Provided
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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 \$	3]
Decline in value of depreciating assets	E1 \$	E2\$	3]
Insurance premiums – members	F1 \$	F2\$	3]
SMSF auditor fee	H1 \$ 64	7 H2 \$	232]
Investment expenses	11 \$ 3,73	0 12 \$	1,338]
Management and administration expenses	J1 \$ 1,869	9 J2 \$	577]
Forestry managed investment scheme expense	U1 \$			Code
Other amounts	L1 \$]	2,609	
Tax losses deducted	M1 \$			
	TOTAL DEDUCTIONS	ТОТ	AL NON-DEDUCTIBLE EXPENSES	
	N \$ 6,24	6 Y \$	4,756]
	(Total A1 to M1)		(Total A2 to L2)	
	*TAXABLE INCOME OR LOSS	Loss TOT	AL SMSF EXPENSES	
	O \$ 8,518	8 z \$	11,002	
#This is a mandatory label.	(TOTAL ASSESSABLE INCOME less TOTAL DEDUCTIONS)		(N plus Y)	

label.

Section D: Income tax calculation statement

#Important:

Section B label **R3**, Section C label **O** and Section D labels **A,T1**, **J**, **T5** and **I** are mandatory. If you leave these labels blank, you will have specified a zero amount.

13 Ca	Iculation statement				
Dloggo	refer to the	#Taxable income	A \$		8,518
	anaged superannuation	#		(an amount must be included even if it is zer	·o)
	nnual return instructions	#Tax on taxable income			1,277.70
	n how to complete the	#Tax on		(an amount must be included even if it is zer	·o)
Calcula	tion statement.	no-TFN-quoted			0.00
		contributions		(an amount must be included even if it is zer	
			_ ^		
		Gross tax	B \$		1,277.70
				(T1 plus J)	
	Foreign income tax offset				
C1\$					
	Rebates and tax offsets		Non-re	efundable non-carry forward tax offs	ets
C2\$			C \$	·	
~- ~ [• •	(C1 plus C2)	
			CLIDT	OTAL 1	
				CIAL I	
			T2 \$		1,277.70
				(B less C – cannot be less than zero)	
	Early stage venture capital partnership tax offset	limited			
D1 \$	partifiership tax offset	0.00			
	Early stage venture capital tax offset carried forward for	limited partnership	Non-re	efundable carry forward tax offsets	
D2 \$	tax onoct oarnoa forward in	0.00	D\$	landable carry forward tax offsets	0.00
	Early ataga investor toy off		Ψ	(D1 plus D2 plus D3 plus D4)	0.00
D3 \$	Early stage investor tax off			(2 1 plac 22 plac 20 plac 2 1)	
		0.00			
	Early stage investor tax off carried forward from previous	set ous vear	SUBT	OTAL 2	
D 4\$		0.00	T3 \$		1,277.70
Ξ.Ψ		0.00	. υ ψ	(T2 less D – cannot be less than zero)	1,277.70
				(12.666.2	
	Complying fund's franking of	credits tax offset			
E1\$,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	No-TFN tax offset				
E2 \$	110 1111 tax 011000	1			
+	National rental affordability s	chomo tay offect			
E3 \$	Trational Territal and Gability S	CHEITIE LAX OIISEL			
	Evaloration aradit toy affact		Defun	deble toy offeete	
	Exploration credit tax offset	0.00		dable tax offsets	
E4 \$		0.00	E\$		
				(E1 plus E2 plus E3 plus E4)	
			 *		
		#TAX PAYABLE	15\$		1,277.70
				(T3 less E – cannot be less than zero)	
				n 102AAM interest charge	
			G \$		

Tax File Number	Provided

Credit for tax withheld – foreign reswithholding (excluding capital gains					
H2\$					
Credit for tax withheld – where ABI					
or TFN not quoted (non-individual)	<u> </u>				
H3\$					
Credit for TFN amounts withheld fr	om				
payments from closely held trusts					
H5\$	0.00				
Credit for interest on no-TFN tax of	fset				
H6\$					
Credit for foreign resident capital g	ains	Eligible	ara dita		
withholding amounts	0.00	Eligible	credits		
H8\$	0.00	H\$_	(110 1 110 1 1	US -4 US -4 U	
			(H2 plus H3 plus I	no pius no pius n	.8)
# lax ((Remainder of refun	offset refunds	- U-1			0.00
(Hemainder of Feldin	dable tax offsets)			amount from label	
			an amount mus	t be included even i	† it is zero)
		PAYG in	stalments raised		
		к \$□			10,836.00
		Supervis	sorv levv		
		L\$,,		259.00
		· <u></u>			
			sory levy adjustm	ient for wound	up tunas
		M \$			
		Supervis	ory levy adjustm	ent for new fu	nds
		N \$ _			
AMOUNT DUE OR R		s \$□			-9,299.30
A positive amount at S while a negative amount is re			(T5 plus G less H les	s Lless K plus L le	
			(,		p,
*This is a mandatory label.					
Section E: Losses					
4 Losses					
- LUSSES	Ta	x losses c	carried forward income years	\$	
If total loss is greater than \$100,000,			lacasa samiad		
complete and attach a Losses schedule 2023.	forwa	ard to later	income years	\$	

Section F: Member inform	ation			
MEMBER 1				
Title: Mr X Mrs Miss Ms Other				
Family name				
Florance	Otherweine			
First given name Colin	Other give	nna	arries	
Collii	INCII		Day Month Y	'ear
Member's TFN See the Privacy note in the Declaration. Provided			Date of birth Provided	
Contributions OPENING ACCOUNT BALL	ANCE \$		185,385.95	
Refer to instructions for completing these labels	S	_	Proceeds from primary residence disposal	
Employer contributions	— п	I \$[Day Month Year	
A \$	F	11	Receipt date / / / / / rear	
ABN of principal employer	•		Assessable foreign superannuation fund amount	
A1		 \$		
Personal contributions			Non-assessable foreign superannuation fund amount	
B \$ 75,000.00	J	J \$[
CGT small business retirement exemption		-	Transfer from reserve: assessable amount	
C \$		\$		
CGT small business 15-year exemption amo		_	Transfer from reserve: non-assessable amount	
D \$	L	. \$		
Personal injury election			Contributions from non-complying funds and previously non-complying funds	
E \$ Spouse and child contributions	т	· \$		
F \$	_		Any other contributions	
Other third party contributions			(including Super Co-contributions and Low Income Super Amounts)	
G \$	М	 \$		
5. +		· + I		
TOTAL CONTRIBU	TIONS N	۱\$	75,000.00	
			(Sum of labels A to M)	
		-	Allocated earnings or losses Loss	
Other transactions	0	\$	45,573.05	
Accumulation phase account balance			Inward rollovers and transfers	
S1 \$ 151,674.40	P	\$		
		•	Outward rollovers and transfers	
Retirement phase account balance - Non CDBIS	Q	\$ [
S2 \$ 151,124.60		_	Lump Sum payments Code	
Retirement phase account balance	R1	\$		
- CDBIS			Income stream payments Code	
S3 \$ 0.00	R2	\$	3,160.00 M	
0 TRIS Count CLOSING ACCOUNT BAL	ANCE S	\$,	
			(S1 plus S2 plus S3)	
Accumulation phase	e value X1	\$		
Retirement phase		۵		
Outstanding limited red	course Y	' \$[

Tax File Number Provided

				Tax File Number	Provided	
MEMBER 2						
	Miss C Ms C Other					
	Miss Ms Other					
Family name Florance						
First given name		ther given	names			
Suzanne		//arie	riarrics			
		nanc		Day	Month Year	
Member's TFN See the Privacy note in	the Declaration. Provided			Date of birth	Provided	
Contributions	OPENING ACCOUNT BALANC	<u>~ ¢</u>		249,59	0.70	
Contributions	OF LINING ACCOUNT BALANC	_ ⊅		249,59	0.70	
Refer to instruction	ons for completing these labels.			rom primary residence disp	oosal	
	. 0	H	\$			
Employer cont	ributions	11.	• December des	Day Month /	Year	
· <u></u>	and ampleyer	н	Receipt dat			
ABN of princip	ai empioyer] [:		foreign superannuation fur	amount	
Personal contr	ributions] •	· ———			
B\$	75,000.00	J:		sable foreign superannuati	on fund amount	
	siness retirement exemption	J .	·	m reserve: assessable am		
C \$	mices remainer exemplier	K		- assessable alli	Odni	
	siness 15-year exemption amount	1.	· <u> </u>	om reserve: non-assessable		
D \$		L S		THI COCIVC. HOH GOCGGADIN		
Personal injury	election	_		ns from non-complying fur		
E \$			and previou	usly non-complying funds		
Spouse and ch	hild contributions	T	\$			
F \$			Any other of	contributions Super Co-contributions		
Other third par	ty contributions		and Low In	come Super Amounts)		
G \$		M :	\$			
	TOTAL CONTRIBUTION	NS N	·	75,00	0.00	
			,	n of labels A to M)		
Other transactions		•		earnings or losses	Loss	
Cirici transactions		0		59,36	5.64	
Accumulation	phase account balance	_		overs and transfers		
S1 \$	381,716.34	Ρ :	· <u> </u>			
Retirement pha	ase account balance	•		ollovers and transfers		
– Non CDBIS		Q :				
S2 \$	0.00	D4 (Lump Sum	payments	Code	
	ase account balance	R1 :	> [
- CDBIS				eam payments	Code	
S3 \$	0.00	R2 :	\$	2,24	0.00	
			•			
1 TRIS Count	CLOSING ACCOUNT BALANC	CE S		381,71	6.34	
			(8.	1 plus S2 plus S3)		
	Accumulation phase val	ue X1 :	\$		\neg	
					\equiv	
	Retirement phase val		⊅			
	Outstanding limited recour borrowing arrangement amou		\$			

					Tax File Number	Provided
Section H:	Assets and liab	oilities				
Australian manag	ed investments	Listed trusts	A	\$		
		Unlisted trusts	В	\$		
		Insurance policy	_	¢ l		
	Othe	er managed investments	D	\$		
Australian direct i	nvestments	Cash and term deposits	Ε	\$		422,716
	e borrowing arrangements	Debt securities	F	\$		
Australian resider J1 \$	ntial real property	Loans	G	ای		
· <u>-</u>	sidential real property					
J2\$	oracina roa property	Listed shares	Н	\$		
Overseas real pro	pperty	Unlisted shares	I	\$		
J3 \$		Limited recourse		ا ہے		
Australian shares	k	porrowing arrangements	J	\$		
J4 \$		Non-residential	K	\$		
Overseas shares		real property Residential				
J5 \$		real property		\$		250,000
Other		Collectables and personal use assets	M	\$		
J6 \$		Other assets		ا ی		14,508
Property count	1	Other assets		ΨΙ		14,500
J7						
Other investment	s	Crypto-Currency	N	\$		
Overseas direct in	nvestments	Overseas shares	P	\$		
	Overseas non-	-residential real property	Q	\$		
	Overseas	residential real property	R	\$		
	Oversea	s managed investments	S	\$		
	Other overseas assets					
	TOTAL AUSTRALIAN AND		U	\$		687,224

(known as in-house assets) at the end of the income year?

				T. E1. N		
				Tax File Number	Provided	
15f	Limited recourse borrowing arrangements					
	If the fund had an LRBA were the LRBA		_			
	borrowings from a licensed	A No	Yes			
	financial institution?	_				
	Did the members or related parties of the	🖂				
	fund use personal guarantees or other security for the LRBA?	B No ∐	Yes			
	security for the LNDA?					
16	LIABILITIES					
	Borrowings for limited recourse	1				
	borrowing arrangements					
	V1 \$ [
	A 1 2					
	Permissible temporary borrowings					
	V2 \$					
	, L					
	Other borrowings					
	V3 \$	Bor	rowings ${f V}$	\$		
	Total member clos	•	1/1	\$	684,515	
	(total of all CLOSING ACCOUNT BALANCEs fro	om Sections F	and G)	Ψ	004,010	
		Reserve a	counts X	\$		
				*		
		Other I	abilities Y	\$	2,709	
		TOTAL LIA	BILITIES Z	\$	687,224	
$\overline{}$		•				
Se	ction I: Taxation of financia	ıı arranç	jements	3		
17	Taxation of financial arrangements (TOF	A)				
		Total TOFA	nains н \$Г			
		10101110171				
		Total TOFA Ic	sses I\$			
		10101 1017110	- Φ			
$\overline{\mathbb{C}}$	ction J: Other information					
Se	Chorro. Other information					
Fam	ily trust election status					
	If the trust or fund has made, or is making, a fam	illy truet alactic	on write the fo	our-digit income year		
	specified of the election (for example)				1	
	•			,	<u> </u>	
	If revoking or varying a family trust of				3 🗆	
	and complete and attach the F	arriiy trust ele	cuori, revocat	.iori or variau0f1 2023. –		
Inte	rposed entity election status					
	If the trust or fund has an existing election, v		,	•		
	or fund is making one or more elect				;	
	specified and complete an Interposed en	ntity election o	r revocation 2	toza for each election.		
				orint R, and complete	, \Box	
	and attach	the <i>Interposed</i>	entity election	n or revocation 2023. 🚨	′ ⊔	

		Та	x File Number	Provided	
Section K: De					
Penalties may be	imposed for false or mis	sleading information in addition to p	enalties relating to	o 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 abel 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 dentify 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					
records. I have received a cop	stees and directors have py of the audit report and d schedules and addition	authorised this annual return and it d are aware of any matters raised th al documentation is true and correc	nerein. The informa		
			Date 28	Month Year / 2023	
Preferred trustee or dire	ector contact details		20 /	2020	
Title: Mr X Mrs Miss Family name	Ms Other				
Florance					
First given name		Other given names			
Colin		Neil			
Phone number 08 827195 Email address	555				
Non-individual trustee name (i	if applicable)				
ABN of non-individual trustee		nd complete this annual return	Hrs		
		Australian Business Register, may us cy of the register. For further information			
TAX AGENT'S DECLARA I declare that the Self-manage provided by the trustees, that correct, and that the trustees I Tax agent's signature	ed superannuation fund a the trustees have given r	annual return 2023 has been preparme a declaration stating that the info	ed in accordance ormation provided	with information to me is true and	
lax agents signature			Day	Month Year	
			Date 28 /	09 / 2023	
Tax agent's contact deta				1	
Title: Mr X Mrs Miss Eamily name	Ms Other				
Family name Lounder					

First given name

08 82719555

Tax agent's practice

Tax agent's phone number

PDK Financial Synergy Pty Ltd

Phillip

Tax agent number

25452589

Other given names

Reference number

FICISF

2023

Losses schedule

Companies and trusts that do not join consolidated groups should complete and attach this schedule to their 2023 tax return. Superannuation funds should complete and attach this schedule to their 2023 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.

riace / III all applicable boxes.	
Refer to Losses schedule instructions 2023, available on our we for instructions on how to complete this schedule.	ebsite ato.gov.au
Tax file number (TFN)	
Provided	
Name of entity	
Ficifolia Lodgements Superfund	

Australian business number

17033434886

Part A - Losses carried forward to the 2023-24 income year - excludes film losses

1 Tax losses carried forward to later income years

Year of loss		
Q 022–23	В	
2021-G2	C	
2020–21	D	
2019–20	E	
2018–19	F	
2017–18 and earlier income years	G	
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 vears
_	INCL Capital 1055C5	carried forward	to later income vears

Н	
I	
J	
K	
L	
M	
V	
	I J K L

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

Tax File Number Provided

P	Part B – Ownership and b	ousiness continuity	/ to	est - company and listed widely held trust only
s	Complete item 3 of Part B if a loss is being of atis ied in relation to that loss.	·		•
a	o not complete items 1 or 2 of Part B if, in gainst a net capital gain or, in the case of co	the 2022–23 income year, no los ompanies, losses have not been	s ha tran	as been claimed as a deduction, applied asferred in or out.
1	Whether continuity of majority	Year of loss		
	ownership test passed	2022–23	A	Yes No
	Note: If the entity has deducted, applied, transferred in or transferred out (as applicable) in the 2022–23 income year a loss incurred in	2021–22	В	Yes No
	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	2020–21	С	Yes No
	respect of that loss.	2019–20	D	Yes No
		2018–19	Ε	Yes No
		2017–18 and earlier income years	F	Yes No
2	Amount of losses deducted/applied for business continuity test is satisfied - e		orit	y ownership test is not passed but the
		Tax losses	G	
		Net capital losses	Н	
3	Losses carried forward for which the applied in later years – excludes film losse		be	satisfied before they can be deducted/
		Tax losses	I	
		Net capital losses	J	
4	Do current year loss provisions apply' Is the company required to calculate its taxa the year under Subdivision 165-B or its net cap for the year under Subdivision 165-CB of the In 1997 (ITAA 1997)?	able income or tax loss for pital gain or net capital loss	K	Yes No
P	art C - Unrealised losses - a	ompany only		
	Note: These questions relate to the operation of	Subdivision 165-CC of ITAA 1997.		
	Has a changeover time occurred in relation to after 1.00pm by legal time in the Australian Ca 11 November 1999?		L	Yes No
	If you printed ${\bf X}$ in the ${\bf No}$ box at ${\bf L}$, do not compl	ete M, N or O.		
	At the changeover time did the company satismet asset value test under section 152-15 of IT		M	Yes No
	If you printed ${\bf X}$ in the ${\bf No}$ box at ${\bf M}$, has the continuous that an unrealised net loss at the changeover		N	Yes No
	If you printed X in the Yes box at N , what was unrealised net loss calculated under section 16		0	

	Ta	x File Number	Provided
Part D – Life insurance companies			
Complying superannuation class tax losses carried forward to later income years	P		
Complying superannuation net capital losses carried forward to later income years	Q		
Part E – Controlled foreign company losses			
Current year CFC losses	M		
CFC losses deducted	N		
CFC losses carried forward	0		
Part F – Tax losses reconciliation statement			
Balance of tax losses brought forward from the prior income year	A		
ADD Uplift of tax losses of designated infrastructure project entities	В		
SUBTRACT Net forgiven amount of debt	С		
ADD Tax loss incurred (if any) during current year	D		
ADD Tax loss amount from conversion of excess franking offsets	E		
SUBTRACT Net exempt income	F		
SUBTRACT Tax losses forgone	G		
SUBTRACT Tax losses deducted	н		
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)	ı		
Total tax losses carried forward to later income years	J		
Transfer the amount at .I to the Tax losses carried for	rwar	d to later income ve	ears label on your tax return

Tax File Number	Provided

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

Important

Before making this declaration check to ensure that all the information required has been provided on this form and any attachments to this form, and that the information provided is true and correct in every detail. If you are in doubt about any aspect of the tax return, place all the facts before the ATO. The income tax law imposes heavy penalties for false or misleading statements.

Privacy

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

Taxpayer's declaration

I declare that the information on this form is true and correct.

Signature				
	D	Day /	Month /	Year
Contact person	Daytime cor	ntact number (i	nclude area	code)
Colin Neil Florance	08 827195	555		

Capital gains tax (CGT) schedule

2023

When completing this form ■ Print clearly, using a black or dark blue pen only. ■ Use BLOCK LETTERS and print one character in each box ■ M / T # S T	■ Refer to the <i>Guide to capital gains tax 2023</i> available on our website at ato.gov.au for instructions on how to complete this schedule.							
Tax file number (TFN) Provided	uthorised by law to request your TFN. You do not have to quote your TFN. if you don't it could increase the chance of delay or error in processing your form.							
	en only. aracter in each box. Refer to the <i>Guide to capital gains tax 2023</i> available on our website at ato.gov.au for instructions on how to complete this schedule. Signature (not initials). our TFN. You do not have to quote your TFN. the chance of delay or error in processing your form. 17033434886							
Australian business number (ABN) 17033434886								
Taxpayer's name								
Ficifolia Lodgements Superfund								
Shares in companies listed on an Australian securities exchange Other shares B\$ Units in unit trusts listed on an Australian securities exchange Other units D\$ Real estate situated in Australia Other real estate F\$ Amount of capital gains from a trust (including a managed fund) Collectables H\$ Other CGT assets and	K \$							
any other CGT events Amount of capital gain previously deferred under transitional CGT relief for superannuation funds	Add the amounts at labels K to R and write the total in item 2 label A - Total current year							
Total current year								

		T	ax File Number	Provided
2	Capital losses			
	Total current year capital losses	A \$	3	
	Total current year capital losses applied	В\$	s [
	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)		3	
	Total capital losses applied	E \$	S	
		Add	amounts at B, C an	d D .
3	Unapplied net capital losses carried forward			
	Net capital losses from collectables carried forward to later income years	A \$	8	
	Other net capital losses carried forward to later income years	В\$	6	
		to la		and transfer the total osses carried forward n your tax return.
4	CGT discount			
	Total CGT discount applied	A \$	S	
5	CGT concessions for small business			
	Small business active asset reduction	A \$	S	
	Small business retirement exemption	В\$	S	
	Small business rollover	C \$	s	
	Total small business concessions applied	D\$	S	
6	Net capital gain			
	Net capital gain	A \$	8	
				5D (cannot be less than nt at A to label A - Net

capital gain on your tax return.

		Tax File Number	Provided
7	Earnout arrangements		
	Are you a party to an earnout arrangement? A Yes, as a buyer (Print X in the appropriate box.)	Yes, as a seller	No 🗌
	If you are a party to more than one earnout arrangement, copy and attace details requested here for each additional earnout arrangement.	ch a separate sheet to th	is schedule providing the
	How many years does the earnout arrangement run for? B		
	What year of that arrangement are you in? C		
	If you are the seller, what is the total estimated capital proceeds from the earnout arrangement?		
	Amount of any capital gain or loss you made under your non-qualifying arrangement in the income year.		/ Loss
	Request for amendment If you received or provided a financial benefit under a look-through earns wish to seek an amendment to that earlier income year, complete the fo		rlier income year and you
	Income year earnout right created F		
	Amended net capital gain or capital losses carried forward G \$		/ Loss
8	Other CGT information required (if applicable)		CODE
	Small business 15 year exemption – exempt capital gains A\$		/
	Capital gains disregarded by a foreign resident B \$		
	Capital gains disregarded as a result of a scrip for scrip rollover C\$;	
	Capital gains disregarded as a result of an inter-company asset rollover D\$;	
	Capital gains disregarded by a demerging entity E \$		
	Capital gains disregarded by a demerging entity E \$		

Tax File Number	Provided
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Taxpayer's declaration

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Important

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Privacy

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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					
	Day Month Year					
Contact name						
Colin Neil Florance						
Daytime contact number (include area code)						
08 82719555						

Electronic Lodgment Declaration (SMSF)

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.

Signature

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

Tax File Number		Name of Fund		Ye	ar	
Provided		Ficifolia Lodgements Superf	und		20)23
authorise my tax agent	to electronica	lly transmit this tax return via a	n approved ATO electronic	c channel.		
correct in every detail. If	you are in do	check to ensure that all income ubt about any aspect of the tax for false or misleading stateme	return, place all the facts I			
Declaration: I decla	re that:					
		provided to the agent for the p	reparation of this tax return	n, including any app	olicable sched	ules
	and correct; a	nd nt to lodge this tax return.				
■ i auti	ionse me age	Til to louge this tax return.				
Signature of Partner, Tr Director	ustee, or			Date	1	1
•	E	LECTRONIC FUNDS T	RANSFER CONSEI	NT		
This declaration is to b lodged through an app	e completed	when an electronic funds tra			e tax return is	being
lodged through an app	e completed roved ATO e signed by the	when an electronic funds tranectronic channel. partner, trustee, director or pu	nsfer (EFT) of a refund is	requested and the		_
lodged through an app This declaration must be f you elect for an EFT, a	e completed roved ATO e signed by the Il details belo	when an electronic funds tranectronic channel. partner, trustee, director or pu	nsfer (EFT) of a refund is	requested and the	smitted to the	Tax Office
lodged through an app This declaration must be f you elect for an EFT, a mportant: Care should	e completed roved ATO e signed by the Il details below be taken who	when an electronic funds tradectronic channel. partner, trustee, director or purely with the completed.	nsfer (EFT) of a refund is	requested and the	smitted to the	Tax Office
lodged through an app This declaration must be f you elect for an EFT, a mportant: Care should	e completed roved ATO e signed by the Il details below be taken who	when an electronic funds tranectronic channel. partner, trustee, director or pure with the completed. In completing EFT details as the odgements Superfund	nsfer (EFT) of a refund is blic officer prior to the EFT e payment of any refund w	requested and the	smitted to the a	Tax Office
This declaration must be f you elect for an EFT, a mportant: Care should 5 WW i bhBUa Y	e completed roved ATO e signed by the li details below be taken who ficifolia Lo	when an electronic funds tranectronic channel. partner, trustee, director or pure with the completed. In completing EFT details as the odgements Superfund	blic officer prior to the EFT e payment of any refund w	requested and the details being trans	smitted to the a	Tax Office

Date

Tax Agent's 8 YWUfUijcb

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
- I am authorised by the partner, trustee, director or public officer to lodge this tax return, including any applicable schedules.

Agent's signature			Date	1	1
Contact name	Phillip Lounder		Client Reference	FICISF	
Agent's Phone Num	ber 08 82719555	Н	IUI '5 [Ybh'Bia VYf	25452589	