Page 1

Self-managed superannuation fund annual return 2021

To complete this annual return
■ Print clearly, using a BLACK pen only.

	s annual return. All other funds must complete the <i>Fund</i> come tax return 2021 (NAT 71287).	■ Use BLOCK LETTERS and print one character per box. S M / T # S T S T T
0	The Self-managed superannuation fund annual return instructions 2021 (NAT 71606) (the instructions) can assist you to complete this annual return.	■ Place X in ALL applicable boxes.
	The SMSF annual return cannot be used to notify us of a change in fund membership. You must update fund details via ABR.gov.au or complete the Change of details for superannuation entities form (NAT 3036).	Postal address for annual returns: Australian Taxation Office GPO Box 9845 [insert the name and postcode of your capital city] For example; Australian Taxation Office GPO Box 9845 SYDNEY NSW 2001
Se	ection A: Fund information	To assist processing, write the fund's TFN at
1	Tax file number (TFN) Provided	the top of pages 3, 5, 7 and 9.
	The ATO is authorised by law to request your TFN. You the chance of delay or error in processing your annual	u are not obliged to quote your TFN but not quoting it could increase return. See the Privacy note in the Declaration.
2	Name of self-managed superannuation fund (SM	MSF)
Na	afalski Superannuation Fund	
_		
3	Australian business number (ABN) (if applicable)	60411593840
4	Current postal address	
Р	O Box 3685	
$\overline{\Box}$		
Sub	ourb/town	State/territory Postcode
Rι	undle Mall	SA 5000
_		
5	Annual return status Is this an amendment to the SMSF's 2021 return?	A No X Yes
	Is this the first required return for a newly registered SMSF?	? B No X Yes

Who should complete this annual return?
Only self-managed superannuation funds (SMSFs) can complete

this annual return. All other funds must complete the Fund

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			Tax File Number Provided
-	MSF auditor		
	's name	I 🗖 😅 🗁	
Title: Family n	Mr X Mrs Miss	Ms Other	
Boys	arrie		
-	en name		Other given names
	ny William		
	Auditor Number	Auditor's pho	nne number
1000	1	041071270	
	address	0	<u> </u>
	ox 3376		
. 0 5	5X 0010		
Suburb/			State/territory Postcode
Runa	e Mall	Day Month	Year SA 5000
Date a	udit was completed A		/ <u>real</u>
Mac D	art A of the audit report of	ruplified?	B No X Yes
	art A of the audit report o		D NO A res
Was P	art B of the audit report o	qualified?	C No X Yes
	3 of the audit report was		D No Yes
have tr	e reported issues been re	ectified?	
	lectronic funds trans e need your self-manage		cial institution details to pay any super payments and tax refunds owing to you.
Α	Fund's financial in	stitution accour	nt details
	This account is used	for super contributio	ons and rollovers. Do not provide a tax agent account here.
		182512	Fund account number 962402491
	Fund account name		
	Nafalski Superannı	uation Fund	
	· ·		
	I would like my tax ref	funds made to this a	account. X Go to C.
В	Financial institution	on account detai	ils for tax refunds
	This account is used	for tax refunds. You	can provide a tax agent account here.
	BSB number		Account number
	Account name		
С	Electronic service	address alias	
	Provide the electronic s	service address alias ((ESA) issued by your SMSF messaging provider.
			ructions for more information.

	Tax File Number Provided
8	Status of SMSF Australian superannuation fund A No Yes X Does the fund trust deed allow acceptance of the Government's Super Co-contribution and Low Income Super Amounts? C No Yes X Fund benefit structure B A Code
9	Was the fund wound up during the income year? No X Yes
10	Exempt current pension income Did the fund pay retirement phase superannuation income stream benefits to one or more members in the income year?
	To claim a tax exemption for current pension income, you must pay at least the minimum benefit payment under the law. Record exempt current pension income at Label A.
	No Go to Section B: Income.
	Yes X Exempt current pension income amount A \$ 57,998
	Which method did you use to calculate your exempt current pension income?
	Segregated assets method B X
	Unsegregated assets method C Was an actuarial certificate obtained? D Yes
	Did the fund have any other income that was assessable?
	E Yes O Go to Section B: Income.
	No Choosing 'No' means that you do not have any assessable income, including no-TFN quoted contributions. Go to Section C: Deductions and non-deductible expenses. (Do not complete Section B: Income.)
	If you are entitled to claim any tax offsets, you can list these at Section D: Income tax calculation statement.

Tax File Number	Provided

Section B: Income

■ Do not complete this section if all superannuation interests in the the retirement phase for the entire year, there was no other incom- notional gain. If you are entitled to claim any tax offsets, you can re	e that was assessable, and you have not realised a deferred
Did you have a capital gains tax (CGT) event during the year? G No Yes	If the total capital loss or total capital gain is greater than \$10,000 or you elected to use the transitional CGT relief in 2017 and the deferred notional gain has been realised, complete and attach a Capital gains tax (CGT) schedule 2021
Have you applied an exemption or rollover? M No Yes	Code
Net capital gain	A \$
Gross rent and other leasing and hiring income	B \$
Gross interest	c \$
Forestry managed investment scheme income	X \$
Gross foreign income	Loss
D1 \$ Net foreign income	D \$
Australian franking credits from a New Zealand company	E\$
Transfers from foreign funds	F\$ Number
Gross payments where ABN not quoted	H \$
Calculation of assessable contributions Assessable employer contributions Gross distribution	I \$
R1 \$ this is a season of the proper contributions from partnerships the pa	J \$
plus Assessable personal contributions amount *Franked dividend	K \$
R2 \$ amount plus #*No-TFN-quoted contributions *Dividend franking	
R3 \$ credit	L \$ Code
/an amount must be included even if it is zero) /ess Transfer of liability to life insurance *Gross trust distributions	M \$
company or PST Assessable contributions (R1 plus R2 plus R3 less R6)	R \$
Calculation of non-arm's length income *Net non-arm's length private company dividends U1 \$ plus *Net non-arm's length trust distributions *Assessable income due to changed tax status of fund	S \$
plus *Net other non-arm's length income U3 \$ Net non-arm's length income (subject to 45% tax rate) (U1 plus U2 plus U3)	U \$
#This is a mandatory label. (Sum of labels A to U)	W \$
*If an amount is entered at this label, Exempt current pension income	Y \$
to ensure the correct tax treatment has been applied. TOTAL ASSESSABLE INCOME (W less Y) V \$	Loss

Tax File Number	Provided

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-DE	DUCTIBLE 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 – members	F1 \$	F2 \$	
SMSF auditor fee	H1 \$	H2 \$	935
Investment expenses	I1 \$	I2 \$	596
Management and administration expenses	J1 \$	J2 \$	9,704
Forestry managed investment scheme expense	U1 \$	U2 \$	Code
Other amounts	L1 \$	L2 \$	
Tax losses deducted	M1 \$		
	TOTAL DEDUCTIONS	TOTAL NON-DE	EDUCTIBLE EXPENSES
	(Total A1 to M1)	Y \$	11,235 otal A2 to L2)
	*TAXABLE INCOME OR LOSS • \$	TOTAL SMSF E	XPENSES 11,235
*This is a mandatory label.	(TOTAL ASSESSABLE INCO TOTAL DEDUCTIONS		(N plus Y)

Tax File Number	Provided

Section D: Income tax calculation statement

#Important:

	have specified a zero amou Iculation statement 「				
		#Taxable incom	e A \$		0
	refer to the anaged superannuation			(an amount must be included even if it is zero)	
	nnual return instructions	#Tax on taxabl			0.00
	n how to complete the	incom		(an amount must be included even if it is zero)	
calcula	tion statement.	#Tax o no-TFN-quote			0.00
		contribution		(an amount must be included even if it is zero)	
	•	Curan to	. D. A		2.22
		Gross ta	× B \$	(T4) () N	0.00
				(T1 plus J)	
	Foreign income tax offset				
C1\$					
	Rebates and tax offsets			efundable non-carry forward tax offset	ts
C2\$			C \$		
				(C1 plus C2)	
				OTAL 1	
			T2 \$		
				(B less C – cannot be less than zero)	
	Early stage venture capital partnership tax offset	limited			
D1\$	partition in tax officer	0.00			
•	Early stage venture capital				
	tax offset carried forward fr			efundable carry forward tax offsets	
D2 \$		0.00	D \$		0.00
	Early stage investor tax offs	et		(D1 plus D2 plus D3 plus D4)	
D3 \$		0.00			
	Early stage investor tax offs		SUBT	OTAL 2	
D 4\$	carried forward from previo	0.00	T3 \$	51AL 2	0.00
D 45		0.00	ΙЭΦ	(T2 less D – cannot be less than zero)	0.00
				(12 less D - Calliot De less than 2ero)	
	Complying fund's franking c	redits tax offset			
E1\$	- · · ·	2,176.75			
	No-TFN tax offset	,			
E2 \$					
	National rental affordability so	cheme tax offset			
E3 \$,				
	Exploration credit tax offset		Refun	dable tax offsets	
E4 \$	1	0.00	E\$:	2,176.75
-· •		3.00	- 4	(E1 plus E2 plus E3 plus E4)	,
	Г				
		#TAX PAYABLI	E T5 \$		0.00
				(T3 less E – cannot be less than zero)	
	-		Sectio	n 102AAM interest charge	
			G \$	-	
			- Y		

		Tax File Number Provided
	Credit for interest on early payments – amount of interest	
- 11\$[
(Credit for tax withheld – foreign resident withholding (excluding capital gains)	
H2\$[
	Credit for tax withheld – where ABN or TFN not quoted (non-individual)	
нз\$[
	Oredit for TFN amounts withheld from payments from closely held trusts	
H5\$[0.00	
(Credit for interest on no-TFN tax offset	
H6\$[
\	Credit for foreign resident capital gains withholding amounts	Eligible credits
н8\$[0.00	H\$[]
		(H1 plus H2 plus H3 plus H5 plus H6 plus H8)
	#Tax offset refund: (Remainder of refundable tax offsets	· [C]
		PAYG instalments raised
		K \$
		Supervisory levy
		L \$ 259.00
		Supervisory levy adjustment for wound up funds
		M \$
		·
		Supervisory levy adjustment for new funds
		N \$
	AMOUNT DUE OR REFUNDABLE A positive amount at S is what you owe while a negative amount is refundable to you	e, 3 5 6 1 ,917.75
		(10 pido Wicoo 11 loos 1 loos IX pido E loos III pido IX)
#This is	a mandatory label.	
	on E. Laccas	
	on E: Losses	
4 Los	5ses ₇	Tax losses carried forward to later income years U \$
	otal loss is greater than \$100,000,	Net capital losses carried V &
con	nplete and attach a Losses forw	vard to later income years V \$

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Net capital losses carried forward to later income years ${\bf V}$ \$[

schedule 2021.

Tax File Number Provide	t
Section F: Member information	
MEMBER 1	
Title: Mr X Mrs Miss Ms Other	
Family name	
Nafalski	
First given name Other given names	
Andrzej	
Member's TFN See the Privacy note in the Declaration. Provided Date of birth Provided	bet
Contributions OPENING ACCOUNT BALANCE \$ 1,038,416.02	
Refer to instructions for completing these labels.	
H \$	
Employer contributions Receipt date Day Month Year H1 / / / / / / / / / / / / / / / / / / /	
ABN of principal employer Assessable foreign superannuation fund amount I \$	
Personal contributions Non-assessable foreign superannuation fund amo	unt
B \$ J \$	JIIL
CGT small business retirement exemption Transfer from reserve: assessable amount	
C \$ K \$	
CGT small business 15-year exemption amount Transfer from reserve: non-assessable amount	
D \$ L \$	
Personal injury election Contributions from non-complying funds	
and previously non-complying funds	
Spouse and child contributions T \$	
F \$ Any other contributions (including Super Co-contributions and	
Other third party contributions Low Income Super Amounts)	
G \$ M \$	
TOTAL CONTRIBUTIONS N \$	1
TOTAL CONTRIBUTIONS N \$ (Sum of labels A to M)	
(Sum of rapids A to III)	Loss
Other transactions Allocated earnings or lesses	
or losses	
Accumulation phase account balance rollovers and P\$	
S1 \$ 0.00 transfers	
Retirement phase account balance rollovers and Q\$	
- Non CDBIS transfers	Code
\$2 \$ 1,124,221.80 Lump Sum R1 \$	
Retirement phase account balance	
- CDBIS Income	Code
\$3 \$ \[\begin{array}{c ccccccccccccccccccccccccccccccccccc	M
paymone	_
0 TRIS Count CLOSING ACCOUNT BALANCE \$ \$ 1,124,221.80	
(\$1 plus \$2 plus \$3)	
(01 pias 32 pias 30)	_
Accumulation phase value X1 \$	
Retirement phase value X2 \$	
Outstanding limited recourse	

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		I AX FIIE	Number Provided
Section H: Assets and liabili 5 Assets	ities		
5a Australian managed investments	Listed trusts A	\$	77,193
	Unlisted trusts B	\$	
	Insurance policy C	\$	
(Other managed investments D	\$	391,330
5b Australian direct investments	Cash and term deposits E	\$	436,488
Limited recourse borrowing arrangemen			
Australian residential real property	<u>_</u>		
J1 \$	Loans G	э	
Australian non-residential real property J2\$	Listed shares H	\$	179,961
Overseas real property	Unlisted shares	\$	
J3 \$	Limited recourse	•	1
Australian shares	borrowing arrangements	\$	
J4 \$	Non-residential K	\$	
Overseas shares	Pasidontial		
J5 \$	real property	\$	
Other	Collectables and personal use assets	\$	
J6 \$	Other assets O	\$	39,248
Property count J7			
5c Other investments	Crypto-Currency N	\$	
5d Overseas direct investments	Overseas shares P	\$	
Overseas r	non-residential real property Q	\$	
Overs	eas residential real property R	\$	
Over	seas managed investments \$	\$	
	Other overseas assets T	\$	
	AND OVERSEAS ASSETS U		1,124,220

				Ta	x File Number	Provided	
15f	Limited recourse borrowing arrangements If the fund had an LRBA were the LRBA borrowings from a licensed financial institution? Did the members or related parties of the fund use personal guarantees or other security for the LRBA?	A No B No	Yes Yes				
16	LIABILITIES						
	Borrowings for limited recourse borrowing arrangements V1 \$ Permissible temporary borrowings V2 \$ Other borrowings						_
	V3 \$	Bor	rowings '	v \$			
	Total member clos (total of all CLOSING ACCOUNT BALANCE s fr	om Sections F Reserve a Other	and G)	N \$ X \$ Y \$ Z \$		1,124,220	
	ction I: Taxation of financia Taxation of financial arrangements (TOF		gemen	ts			
		Total TOFA	gains H \$;			
		Total TOFA lo	osses I\$	3			
 Se	ction J: Other information						
Fam	illy trust election status If the trust or fund has made, or is making, a fam specified of the election (for ex. If revoking or varying a family trust	ample, for the	2020-21 in	come yea	r, write 2021). I for variation.	A	
	and complete and attach the h					3 ∐	
Inter	rposed entity election status If the trust or fund has an existing election, or fund is making one or more elect specified and complete an <i>Interposed</i> en	ions this year,	write the ea	rliest inco	me year being		
					and complete ocation 2021.		

Tax File Number	Provided
Tax File Nulliber	Provided

Section K: **Declarations**

Penalties may be imposed for false or misleading information in addition to penalties relating to any tax shortfalls.

Important

Before making this declaration check to ensure that all income has been disclosed and the annual return, all attached schedules and any additional documents are true and correct in every detail. If you leave labels blank, you will have specified a zero amount or the label was not applicable to you. If you are in doubt about any aspect of the annual return, place all the facts before the ATO.

The ATO is authorised by the Taxation Administration Act 1953 to request the provision of tax file numbers (TFNs). We will use the TFN to identify the entity in our records. It is not an offence not to provide the TFN. However if you do not provide the TFN, the processing of this form may be delayed.

Taxation law authorises the ATO to collect information and disclose it to other government agencies. For information about your privacy go to ato.gov.au/privacy

TRUSTEE'S OR DIRECTOR'S DECLARATION:

I declare that, the current trustees and directors have authorised this annual return and it is documented as such in the SMSF's records. I have received a copy of the audit report and are aware of any matters raised therein. The information on this annual return, including any attached schedules and additional documentation is true and correct.

Authorised trustee's, director's or public officer's signature
Date 20 / 04 / 2022
Preferred trustee or director contact details:
Title: Mr X Mrs Miss Ms Other
Family name
Nafalski
First given name Other given names
Andrzej
Phone number 0882719555
Email address
Non-individual trustee name (if applicable)
Nafalski Pty Ltd
ABN of non-individual trustee
Time taken to prepare and complete this annual return Hrs
The Commissioner of Taxation, as Registrar of the Australian Business Register, may use the ABN and business details which you provide on this annual return to maintain the integrity of the register. For further information, refer to the instructions.
TAX AGENT'S DECLARATION: I declare that the Self-managed superannuation fund annual return 2021 has been prepared in accordance with information provided by the trustees, that the trustees have given me a declaration stating that the information provided to me is true and correct, and that the trustees have authorised me to lodge this annual return. Tax agent's signature
Date 20 / 04 / 2022
Tax agent's contact details
Title: Mr X Mrs Miss Ms Other
Family name
Lounder
First given name Other given names
Phillip
Tax agent's practice
PDK Financial Synergy Pty Ltd
Tax agent's phone number Reference number Tax agent number
08 82719555 NAFALSKI 25452589

202%

Losses schedule

Companies and trusts that do not join consolidated groups should complete and attach this schedule to their 202F tax return. Superannuation funds should complete and attach this schedule to their 202F 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.

Place $\boxed{\chi}$ in all applicable boxes.		
Refer to Losses schedule instructions 202F, available on our website ato.gov.au for instructions on how to complete this schedule.		
Tax file number (TFN)		
Provided		
Name of entity		
Nafalski Superannuation Fund		
Australian business number		
60411593840		
1 Tax losses carried forward to later income years Year of loss 200€–2F 201J–G€	_	
201 ì –1J	D	
201Ï –1Ì	Ε	
201Î –1Ï	F	
201Í –1Î and earlier income years	G	
Total	U	
Transfer the amount at U to the Tax losses carried	forw	rard to later income years label on your tax return.
2 Net capital losses carried forward to later income years		
Year of loss		

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

Total **V**

2019–20

201Ï –1Ì

201Í -1Î and earlier income years

201ì –19 **J**

201Î –1Ï **L**

Tax File Number Provided

Complete item 3 of Part B if a loss is being carried forward to later income years and the business continuity test has to be satis ied in relation to that loss. Do not complete items 1 or 2 of Part B if, in the 2020–21 income year, no loss has been claimed as a deduction, applied				
	gainst a net capital gain or, in the case of c			
1	Whether continuity of majority	Year of loss		
•	ownership test passed	2020–21	_	Yes No
	Note: If the entity has deducted, applied,	2020-21	^	
	transferred in or transferred out (as applicable) in the 2020–21 income year a loss incurred in	2019–20	В	Yes No
	any of the listed years, print X in the Yes or No	2018–19	C	Yes No
	box to indicate whether the entity has satisfied the continuity of majority ownership test in	20.0 .0		
	respect of that loss.	2017–18	D	Yes No
		2016–17	E	Yes No
		2015–16 and earlier	F	Yes No
		income years	•	
2	Amount of losses deducted/applied f business continuity test is satisfied -		orit	y ownership test is not passed but the
		Tax losses	G	
		Niet er ettelle er er		
		Net capital losses	Н	
3	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	ı	
		Not conital losses		
		Net capital losses	J	
4	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 <i>Income Tax Assessment Act</i> 1997 (ITAA 1997)?			
P	art C – Unrealised losses - o	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 L			
	•	apital Territory on	L	Yes No
	after 1.00pm by legal time in the Australian Ca		L	Yes No
	after 1.00pm by legal time in the Australian Ca 11 November 1999?	olete M , N or O .	L M	Yes No
	after 1.00pm by legal time in the Australian Ca 11 November 1999? If you printed X in the No box at L , do not comp At the changeover time did the company satis	olete M , N or O . ofy the maximum TAA 1997? ompany determined	M N	

	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	
	Date / /
Contact person	Daytime contact number (include area code)
Andrzej Nafalski	0882719555
	<u> </u>

Capital gains tax (CGT) schedule

202%

■ Use BLOCK LETTERS S M / T H Do not use correction	nis form lack or dark blue pen only. S and print one character in each box. If the following stickers are the following stickers are the following stickers. If the following stickers are the following stickers are the following stickers.	 Use in conjunction with company, trust, fund income tax return or the self-managed superannuation fund annual return. Refer to the <i>Guide to capital gains tax 202F</i> available on our website at ato.gov.au for instructions on how to complete this schedule. 				
Tax file number (TFN	N) Provided					
	by law to request your TFN. You do not have it could increase the chance of delay or e					
	number (ABN) 60411593840					
Taxpayer's name						
Nafalski Superannua	ation Fund					
Shares in companies listed on an Australian securities exchange Other shares Units in unit trusts listed on an Australian securities exchange Other units Real estate situated in Australia Other real estate	A \$	Capital loss K \$				
Amount of capital gains from a trust (including a managed fund)	G \$					
Collectables	H \$	Q \$				
Other CGT assets and any other CGT events		R \$				
Amount of capital gain previously deferred under transitional CGT relief for superannuation funds	s \$	Add the amounts at labels K to R and write the total in item 2 label A – Total current year capital losses .				
Total current year capital gains	J \$					

		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 \$	3	
	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 Yes, as a seller No (Print X in the appropriate box.)
	If you are a party to more than one earnout arrangement, copy and attach a separate sheet to this schedule providing the details requested here for each additional earnout arrangement.
	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.
	Request for amendment
	If you received or provided a financial benefit under a look-through earnout right created in an earlier income year and you wish to seek an amendment to that earlier income year, complete the following:
	Income year earnout right created F
	Amended net capital gain or capital losses carried forward G \$
8	Other CGT information required (if applicable)
	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 \$

Tax File Number	Provided
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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

The material of the person authorized to digit the decidate. The minimater about yet	a privacy go to atolgoriaa, privacy
I declare that the information on this form is true and correct.	
Signature	_
	Date
	Day Month Year
Contact name	
Andrzej Nafalski	
Daytime contact number (include area code)	
0882719555	

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.

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

	n EFT direct debit some of your details will be provided payment of your taxation liability from your nominated	-	nstitution and t	he Tax Office's
Tax File Number	mber Name of Fund			Year
Provided	Nafalski Superannuation Fund	alski Superannuation Fund		
I authorise my tax agent to el	ectronically transmit this tax return via an approved A	TO electronic cha	nnel.	
correct in every detail. If you	n please check to ensure that all income has been dis are in doubt about any aspect of the tax return, place enalties for false or misleading statements on tax retu	all the facts before		
Declaration: I declare that	at:			
	ormation provided to the agent for the preparation of t	this tax return, incl	uding any appl	icable schedules
is true and o ■ I authorise	correct; and e the agent to lodge this tax return.			
Signature of Partner, Truster Director	e, or		Date	1 1
. This declaration is to be co	ELECTRONIC FUNDS TRANSFER		ested and the	tax return is being
lodged through an approve	d ATO electronic channel.			
	ed by the partner, trustee, director or public officer pri- ails below must be completed.	or to the EFT deta	ils being transı	mitted to the Tax Office.
Important: Care should be ta	aken when completing EFT details as the payment of	any refund will be	made to the a	ccount specified.
5 WWcibhBUaY Nä	falski Superannuation Fund			
Account Number 182	2512 962402491	Client Reference NAFALSKI		
I authorise the refund to be de	eposited directly to the specified account			
Signature			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	NAFALSKI	
Agent's Phone Num	ber 08 82719555 F	IUI '5 [Ybh'Bia VYf	25452589	