Marini Supertund	Marini	Superfund
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PART A Electronic lodgment declaration (Form P, T, F, SMSF or EX)

This declaration is to be completed where the tax return is to be lodged via an approved ATO electronic channel. It is the responsibility of the taxpayer to retain this declaration for a period of five years after the declaration is made, penalties may apply for failure to do so.

Privacy The ATO is authorised by the Taxation Administration Act 1953 to request the provision of tax file numbers (TFNs). The ATO will use the TFNs to identify each partner or beneficiary or entity in our records. It is not an offence not to provide the TFNs. However, you cannot lodge your tax return electronically if you do not quote your TFN.

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

The Australian Business Register

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

Please refer to the privacy statement on the Australian Business Register (ABR) website (www.abr.gov.au) for further information - it outlines our commitment to safeguarding your details.

Electronic funds transfer - direct debit

Where you have requested an EFT direct debit some of your details will be provided to your financial institution and the Tax Office's sponsor bank to facilitate the payment of your taxation liability from your nominated account.

Tax file number	936 241	063	Year	2017
Name of partnership, trust, fund or entity	Marini	Superfund		

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.

Declaration: I declare that:

• the information provided to the agent for the preparation of this tax return, including any applicable schedules is true and correct, and

•	the agent is	authorised	to	lodge	this	tax	return.	
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Signature of partner, trustee or director	Date	

PART B

Electronic funds transfer consent

This declaration is to be completed when an electronic funds transfer (EFT) of a refund is requested and the tax return is being lodged through an approved ATO electronic lodgment channel.

This declaration must be signed by the partner, trustee, director or public officer prior to the EFT details being transmitted to the Tax Office. If you elect for an EFT, all details below must be completed.

Important: Care should be taken when completing EFT details as the payment of any refund will be made to the account specified.

Agent's reference number	55610000	
Account Name	KRISNICDOM PTY LTD	
I authorise the refund to be	deposited directly to the specified ac	count.

Signature

Date

		Self-managed superannu fund annual return	uation	2017
On con	o should complete this annual return? y self-managed superannuation funds (SMSI nplete this annual return. All other funds must id income tax return 2017 (NAT 71287).			
in	ne Self-managed superannuation fund ann structions 2017 (NAT 71606) (the instructio ou to complete this annual return.			
Se 1	ction A: Fund information Tax file number (TFN) The Tax Office is authorised by law to require the processing you	936 241 063 Juest your TFN. You are not obliged to quote your TFN b Ir annual return. See the Privacy note in the Declaration	but not quoting it cr	ould increase the
2	Name of self-managed superannuat			
3	Australian business number (ABN)			
4	Current postal address	C/- Walker Partners (Aust) Pty Lt P O Box 706 Heidelberg	VIC	3084
5	Annual return status Is this an amendment to the SMSF's 2017 r Is this the first required return for a newly			
6	SMSF auditor Title Auditor's name Family name Family name First given names Other given names Other given names SMSF Auditor Number Auditor's phone number Use Agent address details? Postal address	Mr Boys Anthony William 100 014 140 04 10712708 Super Audits P O Box 3376 Rundle Mall ADELAIDE Date audit was completed A Was Part B of the audit report qualified ? BN	SA	5000
		If the audit report was qualified, have the reported compliance issues been rectified?	С	

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)	633000	Fund account number	146736418		
		č,	for example . I&O Citiz	en ATF J&Q Family SF)			
		KRISNICDOM P					
	в	Financial institution		-		Use Agent Trust Accou	int?
				aid to a different account, pr personal account. (See rele		institution details.	
		Fund BSB number (must be six digits)		Account number			
		Fund account name (for example, J&Q Citiz	en ATF J&Q Family SF)			
	~	Electronic service					
	C			s alias to communicate with	your fund about ATO s	uper payments	
			citoriic service addres				
8	St	atus of SMSF	Australian superan		Fund be	enefit structure B	Code
			rust deed allow accep nment's Super Co-con	tribution and			
			Low Income Super (Contribution?			
9	W	as the fund wound	up during the inco			ll toy lodgmont	
	N	Print Y for yes	If yes, provide the		ar Have a	Il tax lodgment and payment	
		or N for no.	which fund was v	vound up	obligatio	ns been met?	
10	Ex	empt current pens	ion income				
	Dio	d the fund pay an incor	me stream to one or m	nore members in the income	e year? N Print Y for year or N for no.	≥S	
		o claim a tax exemptio le law. Record exempt		ncome, you must pay at lea me at Label A	st the minimum benefit pa	ayment under	
	lf	No, Go to Section B: Ir	ncome				
	lf	Yes Exempt current	pension income amou	Int A			
		Which method d	id you use to calculate	e your exempt current pensi	ion income?		
			regated assets metho				
		Unseg	regated assets metho	Was an act	uarial certificate obtained	Print Y for yes	i
		Did the fund have any	v other income that wa	as assessable?	Print Y for yes If Yes, go to	Section B: Income	
				ans that you do not have ar			

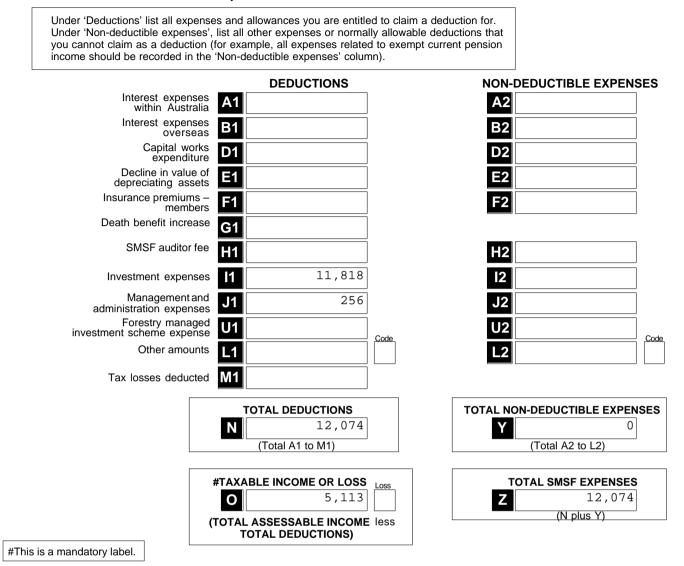
SMSF Form 2017

Marini Superfund

Sectior	n B: Income	e					
		section if your fund was in full ou are entitled to claim any tax					
1 Inc	come [Did you have a capital gains ta: (CGT) event during the year Have you applied ar		Print Y for yes	If the total capital lo greater than \$10,00 Capital gains tax (C	ss or total capital gain is 00, complete and attach a :GT) schedule 2017.	
		exemption or rollover		or N for no.			
					Net capital gain	Α	
			Gross r	ent and other le	asing and hiring income	B 17,1	.60
					Gross interest	С	27
				Forest	try managed investment scheme income		
	Gross foreig	n income					Loss
D	1				Net foreign income	D	
		Austra	alian franking	g credits from a	New Zealand company	E	
					Transfers from foreign funds		Number
					Gross payments where ABN not quoted	н	
Cal		sessable contributions employer contributions			Gross distribution from partnerships		Loss
	R1	0			* Unfranked dividend	J	
plu	R2	personal contributions			amount * Franked dividend	K	
plu		oted contributions			amount * Dividend franking		
(an s	R3	0 e included even if it is zero)			credit * Gross trust		Code
les	s Transfer of	liability to life ompany or PST			distributions		
	R6	0			ssessable contributions olus R2 plus R3 less R6)		0
Cal	culation of no	n-arm's length income					
		n's length private y dividends					Code
	U1				* Other income	S	
plu	vs * Net non-ari	m's length trust distributions			*Assessable income due to changed tax status of fund	T	
plu	vs * Net other n	on-arm's length income		Net non-a (s	arm's length income subject to 47% tax rate) (U1 plus U2 plus U3)		
* If inst	tructions to ens	entered at this label, check the sure the correct tax			GROSS INCOME (Sum of labels A to U)	W	
trea	atment has bee	n applied.]	Exempt	current pension income	Y	
				TOTAL	ASSESSABLE INCOME (W less Y)		Loss

Section C: Deductions and non-deductible expenses

12 Deductions and non-deductible expenses



Section D: Income tax calculation statement #Important:

Section B label R3, Section C label O and Section D labels A,T1, J, T5 and I are mandatory.

13 Calculation statement

Please refer to the Self-managed superannuation fund annual return instructions 2017 on how to complete the calculation statement.

#Taxable income A 5,113
(an amount must be included even if it is zero)
#Tax on taxable income T1 766.95
(an amount must be included even if it is zero)
#Tax on no-TFN- quoted contributions
(an amount must be included even if it is zero)
Gross tax B 766.95
(T1 plus J)

Marini Superfund

Section 102AAM interest charge

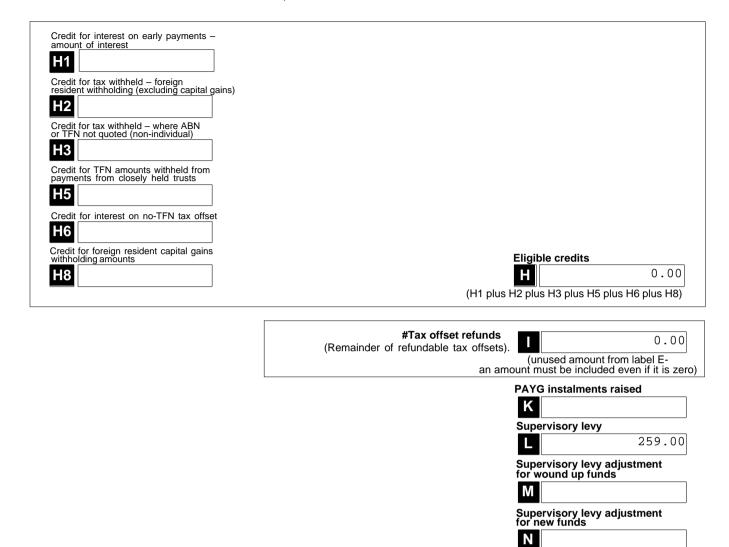
G

Foreign income tax offset	New refundable new count
Dehetee and tay affects	Non-refundable non-carry forward tax offsets
Rebates and tax offsets	
C2	C 0.00
	(C1 plus C2)
	SUBTOTAL 1
	T2 766.95
	(B less C –cannot be less than zero)
Early stage venture capital limited partnership tax offset	
D1	
	Non-refundable carry forward tax offsets
Early stage investor tax offset	
D2	D 0.00
	(D1 plus D2)
	SUBTOTAL 2
	T3 766.95
	(T2 less D –cannot be less than zero)
	· · · · · · · · · · · · · · · · · · ·
Complying fund's franking credits tax offset	
No-TFN tax offset	
E2	
National rental affordability scheme tax offset	
E3	
Exploration credit tax offset	Refundable tax offsets
E4	Ξ 0.00
	(E1 plus E2 plus E3 plus E4)
	#TAX PAYABLE T5 766.95
	(T3 less E - cannot be less than zero)

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1,025.95

#This is a mandatory label.



Total amount of tax payable

S

(T5 plus G less H less I less K plus L less M plus N)

SMSF Form 2017		ini Superfund	TFN: 936 241 063	Page 7 of 12	
Section E: Losses					
If total loss is great complete and attant schedule 2017.	ater than \$100,000, ach a Losses	Tax losses carried forw to later income ye Net capital losses carr forward to later income ye	ears		
Net capital loss Non-Collectables Collectables	ses brought forward from prior years	Net capital losses carried forward to later income years			

SMSF Form 2017

Section F / Section G: Member Information

Title	Mr	See the Privacy note in the Member'sTFN	Member Number	r 1	
Familyname	Marini			Account status	О со
First given name	Luigi				
Other given names					
		Date of birth 25/02/1965	If deceased, date of death		
Contributions					
Refer to instruction for completing thes		OPENING ACCOUNT BALANCE	320,	990.90	
labels.		Employer contributions A			
		ABN of principal employer A1			
		Personal contributions B			
	CGT	small business retirement exemption			
	CGT small	business 15-year exemption amount			
		Personal injury election			
		Spouse and child contributions			
		Other third party contributions G			
	Assessable for	preign superannuation fund amount			
	Non-assessable f	oreign superannuation fund amount			
	Transfe	r from reserve: assessable amount K			
	Transfer fro	m reserve: non-assessable amount			
	Con	tributions from non-complying funds and previously non-complying funds			
		is (including Super Co-contributions M d Low Income Super Contributions)			
		TOTAL CONTRIBUTIONS N		0.00	
Other transactior	IS	Allocated earnings or losses	2,	746.69 Loss	
		Inward rollovers and transfers			
		Outward rollovers and transfers Q			
		Lump Sum payment R1		Code	
		Income stream payment R2		Code	
		CLOSING ACCOUNT BALANCE	210	244.21	

SMSF Form 2017	Marin	i Superfund			TFN:	936 241 063	Page 9 of 12
			See the Privac Member'sTFN	y note in the	e Declaration.	MemberNun	nber 2
Title Family name	Mrs Marini					Account sta	
First given name	Deborah						
Other given names							
-		Date of birth	30/07/19	66	If deceased, date of death		
Contributions							
Refer to instructions for completing these labels.			GACCOUNTBA		5,	512.43	
		Em	ployer contribut	ions A			
		ABN of prin	cipal employer	A1			
		Pe	rsonal contribu	tions B			
	CGT s	mall business re	etirement exemp	otion C			
	CGT small b	usiness 15-yeai	r exemption am	ount D			
		Pers	sonal injury elec	ction E			
		Spouse and	d child contribut	ions F			
		Other third	party contribut	ions G			
	Assessable fo	reign superannı	uation fund am	ount			
	Non-assessable fo	reign superann	uation fund am	ount J			
	Transfer	from reserve: a	assessable am	ount K			
	Transfer from	n reserve: non-a	assessable am	ount L			
	Contr ar Any other contributions and	ributions from non nd previously no s (including Sup d Low Income S					
			CONTRIBUTI			0.00	
Other transaction	S	Allocated	l earnings or lo	osses O		47.17 L) <u>555</u> 1
		Inward roll	overs and tran	sfers P			
		Outward roll	overs and tran	sfers Q			ode
			Lump Sum pay	ment R1			
			ome stream pay	ment R2			ode
		CLOSING A	CCOUNT BAL	ANCE S	5,	465.26	

15 ASSETS 15a Australian managed investments Listed trusts Unlisted trusts B Insurance policy C Other managed investments D

Section H: Assets and liabilities

SMSF Form 2017	Marini	Superfund	TFN	936 241 063	B Page	10 of 1
15b Australian direct investments		Cash and term depo	sits 🔳		35,159	
		Debt securi	ies F			
Limited recourse borrowing arrangeme	nts	Loa	ans G			
Australian residential real prope	rty	Listed sha	res			
Australian non-residential real prope	rty	Unlisted sha				
J2						
Overseas real property]	Limited recourse borrowing arrangeme	nts J		0	
Australian shares		Non-residential real prope	erty K			
Overseas shares		Residential real prope	erty L		290,000	
J5		Collectables and personal use ass	ets M			
Other J6		Other ass	ets O		395	
15c Overseas direct investments		Overseas sha	res P			
		Overseas non-residential real prope	erty Q			
		Overseas residential real prope	erty R	 		
		Overseas managed investme	nts S			
		Other overseas ass	ets T			
		TOTAL AUSTRALIAN AND OVERSEAS ASS (Sum of labels A to T)	ETS U		325,554	
15d In-house assets	Did the func rel	I have a loan to, lease to or investment in, ated parties (known as in-house assets) at the end of the income year				
15e Limited recourse borrowing ar	rangement	S				
		If the fund had an LRBA were the LRBA borrowings from a licensed financial institution?		t Y for yes for no.		
		Did the members or related parties of the fund use personal guarantees or other security for the LRBA?		t Y for yes for no.		
16 LIABILITIES						
Borrowings for limited recourse borrowing arrangements V1 Permissible temporary borrowings V2						
Other borrowings		Borrowir	ngs V		0	
(to	tal of all CLC	Total member closing account balan DSING ACCOUNT BALANCEs from Sections F and	G)		323,709	
		Reserve accou	nts X			
		Other liabili	ies Y		1,844	_
		TOTAL LIABILITI	es Z		325,553	

Sensitive (when completed)

SMSF Form 2017 Marini Superfund TFN: 936 241 063 Page 11 of 12 Section I: Taxation of financial arrangements 17 Taxation of financial arrangements (TOFA) **Total TOFA gains** Н 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 Α 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, В 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 С 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 D and attach the Interposed entity election or revocation 2017. 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 are in doubt about any aspect of the annual return, place all the facts before the ATO. Privacy The ATO is authorised by the Taxation Administration Act 1953 to request the provision of tax file numbers (TFNs). We will use the TFN to identify the entity in our records. It is not an offence not to provide the TFN. However if you do not provide the TFN, the processing of this form may be delayed. Taxation law authorises the ATO to collect information and disclose it to other government agencies. For information about your privacy go to ato.gov.au/privacy. TRUSTEE'S OR DIRECTOR'S DECLARATION: I declare that current trustees and directors have authorised this annual return and it is documented as such in the SMSF's records. I have received the audit report and I am aware of any matters raised. I declare that the information on this annual return, including any attached schedules and additional documentation is true and correct. I also authorise the ATO to make any tax refunds to the nominated bank account (if applicable). Authorised trustee's, director's or public officer's signature Day Month Year Date Preferred trustee or director contact details: Mr Title Marini Family name Luigi First given name Other given names Number Area code 03 84146700 Phone number Email address Non-individual trustee name (if applicable) ABN of non-individual trustee Hrs Time taken to prepare and complete this annual return The Commissioner of Taxation, as Registrar of the Australian Business Register, may use the ABN and business details which you provide on this annual return to maintain the integrity of the register. For further information, refer to the instructions

TAX AGENT'S DECLARATION:

, WALKER PARTNERS (AU	JST) PTY LTD						
declare that the Self-managed superannuation fund annual return 2017 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	C	Date	Day Month	lea			
Title	Mr						
Familyname	Loriente						
First given name	Pablo						
Other given names							
Tax agent's practice	WALKER PARTNERS (AUST) PTY LTD						
Tax agent's phone number	Area code Number 03 84146700						
Tax agent number	55610000 Reference number XM	MAR353					