# Self-managed superannuation fund annual return 2019

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

	s annual return. All other funds must complete the Fund come tax return 2019 (NAT 71287).	■ Use BLOCK LETTERS and print one character per box.
0	The Self-managed superannuation fund annual return instructions 2019 (NAT 71606) (the instructions) can assist you to complete this annual return.	■ Place  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
S	ection A: Fund information	
1	<b>Tax file number (TFN)</b> 787 537 131	To assist processing, write the fund's TFN at the top of pages 3, 5, 7 and 9.
	The ATO is authorised by law to request your TFN. You a the chance of delay or error in processing your annual ref	are not obliged to quote your TFN but not quoting it could increase turn. See the Privacy note in the Declaration.
2	Name of self-managed superannuation fund (SMS	F)
00	dyssey 2022 Superannuation Fund	
_		
3	Australian business number (ABN) (if applicable) 73.	323766770
4	Current postal address	
P	O BOX 1893	
Cub	purb/town	
	AIRNS	State/territory Postcode QLD 4870
 5	Annual return status	
J	Is this an amendment to the SMSF's 2019 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

Tax File Number	787 537 131

6 SMSF auditor Auditor's name	
Title: Mr Mrs Miss Ms Other  Family name	
BOYS	
First given name Other given names	
ANTHONY	
SMSF Auditor Number Auditor's phone number	
100014140 07 40511006	
Postal address	
PO BOX 1893	
Suburb/town State/territory Posto	code
	4870
Date audit was completed A 10 / 02 / 2022	
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 the audit report was qualified have the reported	
issues been rectified?	
<ul> <li>Flectronic funds transfer (EFT)         We need your self-managed super fund's financial institution details to pay any super payments and tax refunds owing to         A Fund's financial institution account details         This account is used for super contributions and rollovers. Do not provide a tax agent account here.     </li> </ul>	you.
Fund BSB number 084583 Fund account number 129 442 459	
Fund account name	
Odyssey 2020 Superannuation Fund	
I would like my tax refunds made to this account. 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.	
(1 5) Sharipie, dividir dataEor-vilas), dee instructions for more information.	

	Tax File Number [787 537 131
8	Status of SMSF  Australian superannuation fund  Does the fund trust deed allow acceptance of the Government's Super Co-contribution and Low Income Super Amounts?  A No Yes X  Fund benefit structure  B A Code  C No Yes X
9	Was the fund wound up during the income year?  No X Yes    If yes, provide the date on which the fund was wound up
10	Exempt current pension income  Did the fund pay retirement phase superannuation income stream benefits to one or more members in the income year?
	To claim a tax exemption for current pension income, you must pay at least the minimum benefit payment under the law.  Record exempt current pension income at Label A.
	No X Go to Section B: Income.
	Yes Exempt current pension income amount A \$
	Which method did you use to calculate your exempt current pension income?
	Segregated assets method <b>B</b>
	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 <b>not</b> 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	787 537 131

Section B: <b>Income</b>				
Do not complete this section if all superanr the retirement phase for the entire year, ther notional gain. If you are entitled to claim any t	e was <b>no</b> other income ax offsets, you can rec	e that was assessable, a cord these at Section D:	nd you <b>have not</b> real Income tax calculatio	ised a deferred in statement.
11 Income  Did you have a capital gains tax (CGT) event during the year?	No Yes X	If the total capital loss or \$10,000 or you elected to 2017 and the deferred no complete and attach a Ca	o use the transitional ( otional gain has been i	CGT relief in realised,
Have you applied an exemption or rollover?	No X Yes	Code		
	Net capital gain	A \$		
Gross rent and other leasi	ng and hiring income	В\$		
	Gross interest	<b>c</b> \$	178	
Forestry	managed investment	<b>x</b> \$		
Gross foreign income	SCHOITIO ITIOOTTIC			Loss
D1 \$	Net foreign income	D \$		
Australian franking credits from a Ne	ew Zealand company	E \$		N. Completion
	Transfers from foreign funds	F \$		Number
Gi	ross payments where	н \$		
Calculation of assessable contributions Assessable employer contributions	ABN not quoted Gross distribution	1\$		Loss
R1 \$	from partnerships *Unfranked dividend			
plus Assessable personal contributions	amount	J \$		
R2 \$	*Franked dividend amount	K \$	2,794	
plus **No-TFN-quoted contributions	*Dividend franking credit	L \$	1,197	Code
R3 \$ 0 (an amount must be included even if it is zero)	*Gross trust distributions	м \$		Code
less Transfer of liability to life insurance company or PST	Assessable			
R6 \$	contributions (R1 plus R2 plus R3 less R6)	R \$		
Calculation of non-arm's length income *Net non-arm's length private company dividends				Code
U1 \$	Other income	<b>S</b> \$		
plus *Net non-arm's length trust distributions	*Assessable income due to changed tax	T \$		
U2 \$	status of fund  Net non-arm's			
plus *Net other non-arm's length income  U3 \$	length income (subject to 45% tax rate) (U1 plus U2 plus U3)	U \$		
#This is a mandaton,				Loss
*This is a mandatory label.	(Sum of labels A to U)	w \$	4,169	
entered at this label,	urrent pension income	Y \$		
	SSESSABLE ME (W less Y) V \$		4,169	Loss

Page 4

Tax File Number 787 537 131

### 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 – members	F1 \$	F2 \$
Death benefit increase	G1 \$	
SMSF auditor fee	<b>H1</b> \$ 495	H2 \$
Investment expenses	I1 \$	12 \$
Management and administration expenses	<b>J1</b> \$ 1,263	J2 \$
Forestry managed investment scheme expense	U1 \$	U2 \$ Code
Other amounts	L1 \$	L2 \$
Tax losses deducted	<b>M1</b> \$ 2,411	
	TOTAL DEDUCTIONS  N \$ 4,169  (Total A1 to M1)	TOTAL NON-DEDUCTIBLE EXPENSES  Y \$  (Total A2 to L2)
	*TAXABLE INCOME OR LOSS	LOSS TOTAL SMSF EXPENSES
#This is a mandatory label.	O \$ 0 (TOTAL ASSESSABLE INCOME less TOTAL DEDUCTIONS)	<b>Z \$</b> 4,169 (N plus Y)

Tax File Number 787 537 131

## 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,

ou will have specified a zero amou	nt.			
13 Calculation statement	*Taxable income	A S		0
Please refer to the			(an amount must be included even if it is zero)	
Self-managed superannuation   fund annual return instructions	*Tax on taxable	T1 \$		0
2019 on how to complete the	income *Tax on		(an amount must be included even if it is zero)	
calculation statement.	no-TFN-quoted	J \$		0
	contributions		(an amount must be included even if it is zero)	
	Gross tax	B\$		0
		_ +	(T1 plus J)	
Foreign income tax offset				
C1\$				
Rebates and tax offsets		Non-re	efundable non-carry forward tax offset	s
C2\$		<b>C</b> \$		
			(C1 plus C2)	
			OTAL 1	
		T2 \$		
			(B less C – cannot be less than zero)	
Early stage venture capital	limited			
partnership tax offset  D1\$				
Early stage venture capital	limited partnership			
tax offset carried forward fr	om previous year	Non-re	efundable carry forward tax offsets	
D2\$		<b>D</b> \$		
Early stage investor tax offs	set		(D1 plus D2 plus D3 plus D4)	
D3\$				
Early stage investor tax offs carried forward from previo	set	SUBT	OTAL 2	
D4\$	ds year	T3 \$		
<b>3</b> 40			(T2 less D – cannot be less than zero)	
Complying fund's franking of	redits tax offset			
E1\$	1,197.45			
No-TFN tax offset				
E2\$				
National rental affordability so	cheme tax offset			
Exploration credit tax offset		Refun	dable tax offsets	
E4\$		E\$		1,197.45
		- 4	(E1 plus E2 plus E3 plus E4)	
	*TAX PAYABLE	T5 \$		0
			(T3 less E – cannot be less than zero)	-
			on 102AAM interest charge	
		G S		

Tax File Number 787 537 131

Credit for interest on early payments –	
amount of interest	
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	
Credit for foreign resident capital gains	
withholding amounts	Eligible credits
H8\$	(H1 plus H2 plus H3 plus H5 plus H6 plus H8)
(Remainder of refundable tax offse	(unused amount from label <b>E</b> – an amount must be included even if it is zero)
	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 REFUNDAB	-938.45
A positive amount at <b>S</b> is what you or while a negative amount is refundable to y	we,
*This is a mandatory label.	
Section E: <b>Losses</b>	
14 Losses	Tax losses carried forward 13
If total loss is greater than \$100,000,	to later income years
complete and attach a Losses	Net capital losses carried v \$ 20,02 arward to later income years
Scribadio 2018.	

			Tax File Number	787 537 13	1
Section F: Member information	on				
MEMBER 1					
Title: Mr Mrs Miss Ms Other					
Family name					
GERRARD					
First given name	Other given names				
TODD	ANDREW		Day	Month	Year
Member's TFN See the Privacy note in the Declaration. 44190482	8		Pate of birth 07	/ 07 / [	1963
Contributions OPENING ACCOUNT	NT BALANCE \$			198,611	
Refer to instructions for completing these labe	15.	eds from p	rimary residence dispo	osal	
Employer contributions	Receip	pt date	Day Month	Year	
A \$ ABN of principal employer	H1 Asses	sable foreign	gn superannuation fund	l amount	
A1		\$			
Personal contributions	Non-a	assessable	foreign superannuation	n fund amoun	t
B \$	J :	\$			
CGT small business retirement exemption	Transf	fer from res	serve: assessable amo	unt	
C \$		\$			
CGT small business 15-year exemption amo	- ITALISI		serve: non-assessable	amount	
D \$ Personal injury election		\$			
E \$			om non-complying fund on-complying funds	IS	
Spouse and child contributions		\$			
F \$	Any of	ther contrib	outions Co-contributions and		
Other third party contributions	Low Ir	aing Super nc <u>ome Sur</u>	co-contributions and per Amounts)		
<b>G</b> \$	M	\$			
TOTAL CONTRIBUTIONS	N \$ Sum of labels	A to M)			
Other transactions Alloc	cated earnings or losses	\$		11,239	Loss
Accumulation phase account balance	Inward rollovers and <b>P</b> :	¢ [			
<b>S1</b> \$ 187,372	rollovers and P : transfers	Ψ			
	Outward	Φ.			
Retirement phase account balance  - Non CDBIS	rollovers and transfers	<b>&gt;</b>			
S2 \$	Lump Sum R1	e [			Code
	payments	Φ			
Retirement phase account balance  - CDBIS	Income				Code
S3 \$	stream R2 S	\$			
TRIS Count CLOSING ACCOU	INT BALANCE S	\$		187,372	
			( <b>S1</b> plus <b>S2</b> plus <b>S3</b> )		
Accumulation	on phase value <b>X1</b>	\$			
Retiremen	nt phase value X2	\$			
Outstanding lir borrowing arrange	nited recourse 🗸				
	ensitive (when co	mpleted)			

Tax File Number 787 537 131 Section H: Assets and liabilities 15 ASSETS Listed trusts A \$ 15a Australian managed investments Unlisted trusts **B** \$ Insurance policy C\$ Other managed investments **D** \$ 32,840 Cash and term deposits **E**\$ 15b Australian direct investments Limited recourse borrowing arrangements Debt securities F\$ Australian residential real property Loans G\$ Australian non-residential real property 153,328 Listed shares H \$ J2 \$ Unlisted shares | \$ Overseas real property J3 \$ Limited recourse J \$ borrowing arrangements Australian shares J4 \$ Non-residential K\$ real property Overseas shares Residential L\$ J5\$ real property Collectables and personal use assets **M** \$ Other **J6**\$ 1,205 Other assets **O** \$ Crypto-Currency N \$ 15c Other investments 15d Overseas direct investments Overseas shares P\$ Overseas non-residential real property Q \$ Overseas residential real property R\$ Overseas managed investments \$\$ Other overseas assets T\$ 187,373 TOTAL AUSTRALIAN AND OVERSEAS ASSETS U\$ (Sum of labels A to T) 15e In-house assets Did the fund have a loan to, lease to or investment in, related parties (known as in-house assets) at the end of the income year? 15f Limited recourse borrowing arrangements If the fund had an LRBA were the LRBA A No borrowings from a licensed financial institution? Did the members or related parties of the

Page 16

fund use personal guarantees or other

security for the LRBA?

Sensitive (when completed)

				Т	ax File Number	87 537 131
LIABILITIES						
Borrowings for limited reco	urse					
borrowing arrangements						
V1 \$						
Permissible temporary born	rowings					
V2 \$						
Other borrowings				م ٦		
V3 \$		Borrowings	V	\$		
(total of all CLOSING ACCO	Total member clo	osing account balances	W	\$		187,373
(total of all CLOSING ACCC	UNI BALANCES			\$[		
		Reserve accounts	Х	ΦĹ		
		Other liabilities	Υ	\$		
		TOTAL LIABILITIE	·c 7	æſ		187,373
ection I: <b>Taxation</b> Taxation of financial are			ent	S		
Taxadon of financial an	ungements (1 e	Total TOFA gains	<b>+</b> \$[			0
		Total TOFA losses	ı \$[			0
		10tal 1017 100000	• •[			
ection J: Other in	formation					
mily trust election status						
If the trust or fund has made specified of	e, or is making, a fa of the election (for a	amily trust election, write example, for the 2018-1	the f 9 inc	our-c	digit income year year, write 2019).	
If revoking or vand comp	rarying a family true plete and attach the	st election, print <b>R</b> for re e <i>Family trust election, re</i>	voke evoca	or pr	int <b>V</b> for variation, or variation 2019.	
erposed entity election stat						
or fund is make	ina one or more ele	n, write the earliest incon ections this year, write th I entity election or revoca	e earl	iest ir	ncome year being C	
	If revoking	an interposed entity election the Interposed entity	ction,	print	R, and complete	

Tax File Number	787 537 131

### Section K: Declarations



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

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 (If required) 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 Day / Month / Year
Preferred trustee or director contact details:
Title: Mr Mrs Miss Ms Other
Family name
GERRARD
First given name Other given names
TODD ANDREW
Phone number 04 18742747 Email address
todd.gerrard@outlook.com
Non-individual trustee name (if applicable)
T.J.M.G. INVESTMENTS PTY LTD
ABN of non-individual trustee
Time taken to prepare and complete this annual return 0 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 2019 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 Day / Month / Year
Tax agent's contact details
Title: Mr Mrs Miss Ms Other
Family name ANDERSON
First given name Other given names
GRAHAM Contemporaries
Tax agent's practice
GRAHAM ANDERSON
Tax agent's phone number Reference number Tax agent number
07 40511006 ODYSSEY 79720 004

#### 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

Tax File Number

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.

Year

Name of Partnership, Trust, Fund or Entity

787 537 131	B7 537 131 Odyssey 2022 Superannuation Fund 2019					
authorise my tax agent to electronically transmit this tax return via an approved ATO electronic channel.						
correct in every detail. If you are in d	portant fore making this declaration please check to ensure that all income has been disclosed and the tax return is true and rect in every detail. If you are in doubt about any aspect of the tax return, place all the facts before the Tax Office. It is at a law provides heavy penalties for false or misleading statements on tax returns.					
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.						
ignature of Partner, Trustee, or lirector						
PART B ELECTRONIC FUNDS TRANSFER CONSENT						
This declaration is to be complete lodged through an approved ATO		en an electronic funds transfer (EFT) of a refund is re ronic channel.	quested and the	tax return is bein	g	
	this declaration must be signed by the partner, trustee, director or public officer prior to the EFT details being transmitted to the Tax Office. you elect for an EFT, all details below must be completed.					
mportant: Care should be taken wh	nen co	ompleting EFT details as the payment of any refund will b	e made to the acc	count specified.		
Agent's reference number 797	20 0	04				
Account name Ody	ssey	2020 Superannuation Fund				
authorise the refund to be deposited	uthorise the refund to be deposited directly to the specified account					
Signature			Date	1 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
- 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	ANDERSON, GRAHAM	Client Referenc	ODYSSEY
Agent's Phone Nur	nber 07 40511006	Agent's Reference Number	79720 004

## Capital gains tax (CGT) schedule

2019

When completing this form  ■ Print clearly, using a black or dark blue pen only.  ■ Use BLOCK LETTERS and print one character in each box.  ■ Do not use correction fluid or covering stickers.  ■ Sign next to any corrections with your full signature (not initials).	<ul> <li>Use in conjunction with company, trust, fund income tax return or the self-managed superannuation fund annual return.</li> <li>Refer to the <i>Guide to capital gains tax 2019</i> available on our website at ato.gov.au for instructions on how to complete this schedule.</li> </ul>
<b>Tax file number (TFN)</b> 787 537 131	
We are authorised by law to request your TFN. You do not ha However, if you don't it could increase the chance of delay or	ve to quote your TFN. error in processing your form.
Australian business number (ABN) 73323766770	
Taxpayer's name	
Odyssey 2022 Superannuation Fund	
Current year capital gains and capital losses	Capital loss
Shares in companies listed on an Australian securities exchange	11,120 <b>K</b> \$
Other shares <b>B</b> \$	L \$
Units in unit trusts listed on an Australian csecurities exchange	M\$
Other units D\$	N \$
Real estate situated in Australia <b>E \$</b>	0\$
Other real estate <b>F \$</b>	P \$
Amount of capital gains from a trust (including a managed fund)	
Collectables <b>H \$</b>	Q \$
Other CGT assets and any other CGT events	R \$
Amount of capital gain previously deferred under transitional CGT relief for superannuation funds	Add the amounts at labels <b>K</b> to <b>R</b> and write the total in item <b>2</b> label <b>A – Total current year capital losses</b> .
Total current year capital gains   \$ \]	11,120

			Ta	x File Number	787 537 131	
2	Capital losses					
	Total current year capital losses	A	\$			
	Total current year capital losses applied	В	\$			
	Total prior year net capital losses applied	С	\$		11	,120
	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	Ε	\$		11	,120
		Ad	d a	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	\$			
	Other net capital losses carried forward to later income years	В	\$		20	),028
		to I	lab		3 and transfer the to losses carried forw on your tax return.	
ŀ	CGT discount					************
	Total CGT discount applied	A	\$			
;	CGT concessions for small business					
	Small business active asset reduction	A	\$			
	Small business retirement exemption	В	\$			
	Small business rollover	С	\$			
	Total small business concessions applied	D	\$			
·	Net capital gain	***********				
	Net capital gain	A	\$			
	Trot oupling guill	1J zer	le:		5D (cannot be less that at A to label A - It return.	

		Tax File Number 787 537 131
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 X
	If you are a party to more than one earnout arrangement, copy and details requested here for each additional earnout arrangement.	d attach a separate sheet to this schedule providing the
	How many years does the earnout arrangement run for?	В
	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?	D \$
	Amount of any capital gain or loss you made under your non-qualifying arrangement in the income year.	E \$/ 📋
	Request for amendment  If you received or provided a financial benefit under a look-through earn to seek an amendment to that earlier income year, complete the following  Income year earnout right created  Amended net capital gain or capital losses carried forward	F 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	В\$
	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	Num	ner

787 537 131

### Taxpayer's declaration

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

Important

**Privacy** 

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.

declare that the information on this form is true and correct.	
Signature	
	Date
	Day Month Year
Contact name	

# 2019

#### Losses schedule

Companies and trusts that do not join consolidated groups should complete and attach this schedule to their 2019 tax return. Superannuation funds should complete and attach this schedule to their 2019 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 X in all applicable boxes.

Refer to Losses schedule instruction for instructions on how to complete	ns 2019, available on our website <b>ato.gov.au</b> this schedule.		
Tax file number (TFN)			
787 537 131			
Name of entity			
Odyssey 2022 Superannuation	n Fund		
Australian business number			
73323766770			
Part A – Losses car	ried forward to the 2019-	20	income year – excludes film losses
1 Tax losses carried forward to	o later income years Year of loss		
	2018–19	В	
	2017–18	С	1,335
	2016–17	D	
	2015–16	E	
	2014–15	F	
	2013–14 and earlier income years	G	
	Total	U	1,335
	Transfer the amount at <b>U</b> to the <b>Tax losses carried</b>	forw	ard to later income years label on your tax return.
2 Net capital losses carried fo	rward to later income years Year of loss		
	2018–19	н	
	2017–18	ı	20,028
	2016–17	J	
	2015–16	K	
	2014–15	L	
	2013–14 and earlier income years	M	

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

Total V

Tax File Number	787 537 131

### Part B - Ownership and business continuity 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 business continuity test has to be satisfied in relation to that loss.

Do not complete items 1 or 2 of Part B if, in the 2018–19 income year, no loss has been claimed as a deduction, applied

ag	gainst a net capital gain or, in the case of c	ompanies, losses have not been	tran	sferred in or out.
1	Whether continuity of majority	Year of loss		
	ownership test passed	2018–19	A	Yes No
	Note: If the entity has deducted, applied, transferred in or transferred out (as applicable) in the 2018–19 income year a loss incurred in	2017–18	В	Yes No
	any of the listed years, print <b>X</b> in the <b>Yes</b> or <b>No</b> box to indicate whether the entity has satisfied the continuity of majority ownership test in	2016–17	С	Yes No
	respect of that loss.	2015–16	D	Yes No
		2014–15	E	Yes No
		2013–14 and earlier income years	F	Yes No
0	Amount of leases deducted/applied f	or which the continuity of mai	orit	y ownership test is not passed but the
2	business continuity test is satisfied -	excludes film losses	OIIL	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 loss		be	satisfied before they can be deducted/
		Tax losses	1	
		1ax 105565	•	
		Net capital losses	J	
4	Do current year loss provisions apply Is the company required to calculate its tax; the year under Subdivision 165-B or its net ca for the year under Subdivision 165-CB of the 1997 (ITAA 1997)?	able income or tax loss for pital gain or net capital loss	K	Yes No
P	art C - Unrealised losses -	company only		
	Note: These questions relate to the operation of	f 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 X in the No box at L, do not comp	olete M, N or O.		
	At the changeover time did the company satisfied asset value test under section 152-15 of I		M	Yes No
	If you printed ${\bf X}$ in the ${\bf No}$ box at ${\bf M}$ , has the coit had an unrealised net loss at the changeove		N	Yes No
	If you printed <b>X</b> in the <b>Yes</b> box at <b>N</b> , what was unrealised net loss calculated under section 1		0	

	Tax File Number		787 537 131
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		3,746
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		2,411
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	J		1,335
Transfer the amount at <b>J</b> to the <b>Tax losses carried fo</b>	rwar	rd to later income ye	ears label on your tax return.

	<b>Tax File Number</b> 787 537 131
If the schedule is not lodged with the income tax return you are required	d to sign and date the schedule.
Important Before making this declaration check to ensure that all the information require to this form, and that the information provided is true and correct in every deliplace all the facts before the ATO. The income tax law imposes heavy penalti	tail. If you are in doubt about any aspect of the tax return,
Privacy Taxation law authorises the ATO to collect information and disclose it to other information of the person authorised to sign the declaration. For information a	
Taxpayer's declaration	
I declare that the information on this form is true and correct.	
Signature	
	Date/ Month / Year
Contact person	Daytime contact number (include area code)