

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 However, you cannot lodge your tax return electronically if you do not quote your TFN.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 (TFN)	<input type="text"/>	Year	<input type="text" value="2019"/>
Name of partnership, trust, fund or entity	<input type="text" value="AA Fox Superannuation Fund"/>		
Total income or loss	<input type="text" value="8218"/>	Total deductions	<input type="text" value="12778"/>
		Taxable income or loss	<input type="text" value="-4560"/>

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.

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 channel.

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

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

Agent's Reference Number

Account Name

I authorise the refund to be deposited directly to the specified account.

Signature

Date

PART C(a) ~~Interposed entity election and revocation~~ (Section not required for this Return)

I/We declare 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,
- and that the trustee(s)/company/partners is/are making or revoking an interposed entity election, the details of which are set out above, for the purposes of section 272-85 of Schedule 2F to ITAA 1936 and that
- the trustee(s)/company/partners is/are able to make or revoke the election in accordance with that section.

Signature of partner, trustee or public officer

Date

PART C(b)-----**Family trust election, revocation or variation** (Section not required for this Return)

I/We declare that

- all the information required has been provided in this form and any attachments to this form,
- and that the information provided is true and correct in every detail,
- and that the trustee(s)/partners is/are making, varying or revoking a family trust election, the details of which are set out above, for the purposes of section 272-80 of Schedule 2F to ITAA 1936 and that
- the trustee(s) or, if the trustee is a company, the public officer of the corporate trustee is/are able to make, vary or revoke the election in accordance with that section.

Signature of trustee or
if the trustee is a company,
the public officer of
the corporate trustee

Date

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

Client reference

1007050

Contact name

TTO CHARTERED ACCOUNTANTS

Agent's phone number

08 82119426

Agent's reference number

25809482

Amended Self-managed superannuation fund annual return

2019

WHO SHOULD COMPLETE THIS ANNUAL RETURN?

Only self-managed superannuation funds (SMSFs) can complete this annual return. All other funds must complete the *Fund income tax return 2019* (NAT 71287).

! The *Self-managed superannuation fund annual return instructions 2019* (NAT 71606) (the instructions) can assist you to complete this annual return.

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).

Section A: Fund information

1 Tax file number (TFN)

> To assist processing, write the fund's TFN at the top of pages 3, 5, 7, 9 and 11

! The ATO is authorised by law to request your TFN. You are not obliged to quote your TFN but not quoting it could increase the chance of delay or error in processing your annual return. See the Privacy note in the Declaration.

2 Name of self-managed superannuation fund (SMSF)

AA Fox Superannuation Fund

3 Australian business number (ABN) (if applicable)

18 466 149 420

4 Current postal address

PO BOX 10243

Suburb/town

ADELAIDE BC

State/territory

SA

Postcode

5000

5 Annual return status

Is this an amendment to the SMSF's 2019 return?

A No ☐ Yes ☒

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

B No ☒ Yes ☐

AMENDED Self managed superannuation fund return 2019

RN :100017882MS

Taxpayer/entity name: AA Fox Superannuation Fund

TFN

6 SMSF auditor

Auditor's name

Title: Mr ☒ Mrs ☐ Miss ☐ Ms ☐ Other

Family name

Boys

First given name

Tony

Other given names

SMSF Auditor Number

100 014 140

Auditor's phone number

08 0410712708

Postal address

PO Box 3376

Suburb/town

RUNDLE MALL

State/territory

SA

Postcode

5000

Date audit was completed **A**

Day	Month	Year
10	09	2019

Was Part A of the audit report qualified? **B** No ☒ Yes ☐Was Part B of the audit report qualified? **C** No ☒ Yes ☐If the audit report was qualified, have the reported issues been rectified? **D** No ☒ Yes ☐

7 Electronic funds transfer (EFT)

We need your self-managed super fund's financial institution details to pay any super payments and tax refunds owing to you.

A Fund's financial institution account details

This account is used for super contributions and rollovers. Do not provide a tax agent account here.

Fund BSB number Fund account number

Fund account name

I would like my tax refunds made to this account. ☐ 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..

Taxpayer/entity name: AA Fox Superannuation Fund

Fund's tax file number (TFN)

8 Status of SMSF

Australian superannuation fund

A No ☐ Yes ☒

Fund benefit structure **B** Code

Does the fund trust deed allow acceptance of the Government's Super Co-contribution and Low Income Super Amounts?

C No ☐ Yes ☒

9 Was the fund wound up during the income year?

No ☒

Yes ☐

If yes, provide the date on which the fund was wound up

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Have all tax lodgment and payment obligations been met?

No ☐

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 ☐

Exempt current pension income amount **A** \$.00

Which method did you use to calculate your exempt current pension income?

Segregated assets method **B** ☐

Unsegregated assets method **C** ☐ Was an actuarial certificate obtained? **D** Yes ☐

Did the fund have any other income that was assessable?

E Yes ☐

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.

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.

11 Income

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 2019*.

Have you applied an exemption or rollover?

M No ☒ Yes ☐ Code

Net capital gain **A** \$ -00

Gross rent and other leasing and hiring income **B** \$ -00

Gross interest **C** \$ 488 -00

Forestry managed investment scheme income **X** \$ -00

Gross foreign income	D1 \$ <input type="text"/> -00	Net foreign income	D \$ <input type="text"/> -00	Loss <input type="checkbox"/>
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Australian franking credits from a New Zealand company **E** \$ -00

Transfers from foreign funds **F** \$ -00

Number

Gross payments where ABN not quoted **H** \$ -00

Gross distribution from partnerships **I** \$ -00

Loss ☐

*Unfranked dividend amount **J** \$ -00

*Franked dividend amount **K** \$ -00

*Dividend franking credit **L** \$ -00

*Gross trust distributions **M** \$ -00

Code

Calculation of assessable contributions	
Assessable employer contributions	R1 \$ <input type="text"/> -00
plus Assessable personal contributions	R2 \$ <input type="text"/> 7730 -00
plus **No-TFN-quoted contributions	R3 \$ <input type="text"/> 0 -00
(an amount must be included even if it is zero)	
less Transfer of liability to life insurance company or PST	R6 \$ <input type="text"/> -00

Assessable contributions
(**R1** plus **R2** plus **R3** less **R6**)
R \$ 7730 -00

Calculation of non-arm's length income	
*Net non-arm's length private company dividends	U1 \$ <input type="text"/> -00
plus *Net non-arm's length trust distributions	U2 \$ <input type="text"/> -00
plus *Net other non-arm's length income	U3 \$ <input type="text"/> -00

*Other income **S** \$ -00

Code

*Assessable income due to changed tax status of fund **T** \$ -00

Net non-arm's length income
(subject to 45% tax rate)
(**U1** plus **U2** plus **U3**)
U \$ -00

*This is a mandatory label.

*If an amount is entered at this label, check the instructions to ensure the correct tax treatment has been applied.

GROSS INCOME (Sum of labels A to U)	W \$ <input type="text"/> 8218 -00	Loss <input type="checkbox"/>
Exempt current pension income	Y \$ <input type="text"/> -00	
TOTAL ASSESSABLE INCOME (W less Y)	V \$ <input type="text"/> 8218 -00	Loss <input type="checkbox"/>

Taxpayer/entity name: AA Fox Superannuation Fund

Fund's tax file number (TFN)

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

Interest expenses within Australia	A1	\$		-00
Interest expenses overseas	B1	\$		-00
Capital works expenditure	D1	\$		-00
Decline in value of depreciating assets	E1	\$		-00
Insurance premiums – members	F1	\$	5714	-00
Death benefit increase	G1	\$		-00
SMSF auditor fee	H1	\$	2464	-00
Investment expenses	I1	\$		-00
Management and administration expenses	J1	\$	3828	-00
Forestry managed investment scheme expense	U1	\$		-00
Other amounts	L1	\$	772	-00
Tax losses deducted	M1	\$		-00

NON-DEDUCTIBLE EXPENSES

A2	\$		-00
B2	\$		-00
D2	\$		-00
E2	\$		-00
F2	\$		-00
H2	\$		-00
I2	\$		-00
J2	\$		-00
U2	\$		-00
L2	\$		-00

Code

☐ O

Code

☐

TOTAL DEDUCTIONS

N \$ 12778 -00
(Total **A1** to **M1**)

TOTAL NON-DEDUCTIBLE EXPENSES

Y \$ -00
(Total **A2** to **L2**)

#TAXABLE INCOME OR LOSS

O \$ 4560 -00
(**TOTAL ASSESSABLE INCOME** less **TOTAL DEDUCTIONS**)

Loss

☐ L

TOTAL SMSF EXPENSES

Z \$ 12778 -00
(**N** plus **Y**)

#This is a mandatory 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 Calculation statement

Please refer to the *Self-managed superannuation fund annual return instructions 2019* on how to complete the calculation statement.

#Taxable income **A** \$ ~~00~~

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

#Tax on taxable income **T1** \$

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

#Tax on no-TFN-quoted contributions **J** \$

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

Gross tax **B** \$

(T1 plus J)

Foreign income tax offset
C1 \$

Rebates and tax offsets
C2 \$

Non-refundable non-carry forward tax offsets

C \$

(C1 plus C2)

SUBTOTAL 1

T2 \$

(B less C – cannot be less than zero)

Early stage venture capital limited partnership tax offset
D1 \$

Early stage venture capital limited partnership tax offset carried forward from previous year
D2 \$

Early stage investor tax offset
D3 \$

Early stage investor tax offset carried forward from previous year
D4 \$

Non-refundable carry forward tax offsets

D \$

(D1 plus D2 plus D3 plus D4)

SUBTOTAL 2

T3 \$

(T2 less D – cannot be less than zero)

Complying fund's franking credits tax offset
E1 \$

No-TFN tax offset
E2 \$

National rental affordability scheme tax offset
E3 \$

Exploration credit tax offset
E4 \$

Refundable tax offsets

E \$

(E1 plus E2 plus E3 plus E4)

#TAX PAYABLE **T5** \$

(T3 less E – cannot be less than zero)

Section 102AAM interest charge

G \$

Taxpayer/entity name:AA Fox Superannuation Fund

Fund's tax file number (TFN)

Credit for interest on early payments –
amount of interest

H1 \$

Credit for tax withheld – foreign resident
withholding (excluding capital gains)

H2 \$

Credit for tax withheld – where ABN
or TFN not quoted (non-individual)

H3 \$

Credit for TFN amounts withheld from
payments from closely held trusts

H5 \$

Credit for interest on no-TFN tax offset

H6 \$

Credit for foreign resident capital gains
withholding amounts

H8 \$

Eligible credits

H \$

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

#Tax offset refunds

(Remainder of refundable tax offsets)

I \$ 0.00

(unused amount from label **E** –
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 REFUNDABLE

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

S \$ 259.00

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

#This is a mandatory label.

Section E: Losses

14 Losses

! If total loss is greater than \$100,000,
complete and attach a *Losses schedule*
2019.

Tax losses carried forward
to later income years

U \$ 45750 -00

Net capital losses carried
forward to later income years

V \$ 38977 -00

AMENDED Self managed superannuation fund return 2019

Taxpayer/entity name: AA Fox Superannuation Fund

RN :100017882MS

TFN

Section F: Member information

MEMBER 1

Title: Mr ☒ Mrs ☐ Miss ☐ Ms ☐ Other

Family name

Fox

First given name

Andrew

Other given names

Member's TFN

See the Privacy note in the Declaration.

Date of birth

Day Month Year

02/08/1967

Contributions

! Refer to instructions for completing these labels.

OPENING ACCOUNT BALANCE \$ 51111.50

Employer contributions

A \$

ABN of principal employer

A1 \$

Personal contributions

B \$ 7730.92

CGT small business retirement exemption

C \$

CGT small business 15-year exemption amount

D \$

Personal injury election

E \$

Spouse and child contributions

F \$

Other third party contributions

G \$

Proceeds from primary residence disposal

H \$

Receipt date

Day Month Year

H1

Assessable foreign superannuation fund amount

I \$

Non-assessable foreign superannuation fund amount

J \$

Transfer from reserve: assessable amount

K \$

Transfer from reserve: non-assessable amount

L \$

Contributions from non-complying funds and previously non-complying funds

T \$

Any other contributions (including Super Co-contributions and Low Income Super Amounts)

M \$

TOTAL CONTRIBUTIONS **N** \$ 7730.92

(Sum of labels **A** to **M**)

Other transactions

Allocated earnings or losses

O \$ 11061.21

Loss

L

Inward rollovers and transfers

P \$

Outward rollovers and transfers

Q \$

Lump Sum payment

R1 \$

Income stream payments

R2 \$

Code

Code

Accumulation phase account balance

S1 \$ 47781.21

Retirement phase account balance - Non CDBIS

S2 \$ 0.00

Retirement phase account balance - CDBIS

S3 \$ 0.00

TRIS Count

CLOSING ACCOUNT BALANCE **S** \$ 47781.21

(S1 plus S2 plus S3)

Accumulation phase value **X1** \$

Retirement phase value **X2** \$

Outstanding limited recourse borrowing arrangement amount **Y** \$

AMENDED Self managed superannuation fund return 2019

RN:100017882MS

Taxpayer/entity name: AA Fox Superannuation Fund

Fund's tax file number (TFN)

MEMBER 2

Title: Mr ☐ Mrs ☒ Miss ☐ Ms ☐ Other

Family name

Fox

First given name

Marina

Other given names

Jean

Member's TFN

See the Privacy note in the Declaration.

Date of birth

Day Month Year

24/10/1973

Contributions

! Refer to instructions for completing these labels.

OPENING ACCOUNT BALANCE \$ **3292.36**

Employer contributions

A \$

ABN of principal employer

A1 \$

Personal contributions

B \$

CGT small business retirement exemption

C \$

CGT small business 15-year exemption amount

D \$

Personal injury election

E \$

Spouse and child contributions

F \$

Other third party contributions

G \$

Proceeds from primary residence disposal

H \$

Receipt date

Day Month Year

H1

Assessable foreign superannuation fund amount

I \$

Non-assessable foreign superannuation fund amount

J \$

Transfer from reserve: assessable amount

K \$

Transfer from reserve: non-assessable amount

L \$

Contributions from non-complying funds and previously non-complying funds

T \$

Any other contributions (including Super Co-contributions and Low Income Super Amounts)

M \$

TOTAL CONTRIBUTIONS N \$

(Sum of labels A to M)

Other transactions

Allocated earnings or losses

O \$ **1227.69**

Loss

L

Accumulation phase account balance

S1 \$ **2064.67**

Retirement phase account balance - Non CDBIS

S2 \$ **0.00**

Retirement phase account balance - CDBIS

S3 \$ **0.00**

Inward rollovers and transfers

P \$

Outward rollovers and transfers

Q \$

Lump Sum payment

R1 \$

Income stream payments

R2 \$

Code

Code

0 TRIS Count

CLOSING ACCOUNT BALANCE S \$ **2064.67**

(S1 plus S2 plus S3)

Accumulation phase value **X1** \$

Retirement phase value **X2** \$

Outstanding limited recourse borrowing arrangement amount **Y** \$

AMENDED Self managed superannuation fund return 2019

Taxpayer/entity name: AA Fox Superannuation Fund

RN:100017882MS

TFN

MEMBER 3

Title: Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Family name

First given name

Other given names

Member's TFN

See the Privacy note in the Declaration.

Date of birth

Day Month Year

Contributions

! Refer to instructions for completing these labels.

OPENING ACCOUNT BALANCE \$

Employer contributions

A \$

ABN of principal employer

A1 \$

Personal contributions

B \$

CGT small business retirement exemption

C \$

CGT small business 15-year exemption amount

D \$

Personal injury election

E \$

Spouse and child contributions

F \$

Other third party contributions

G \$

Proceeds from primary residence disposal

H \$

Receipt date

Day Month Year

H1

Assessable foreign superannuation fund amount

I \$

Non-assessable foreign superannuation fund amount

J \$

Transfer from reserve: assessable amount

K \$

Transfer from reserve: non-assessable amount

L \$

Contributions from non-complying funds and previously non-complying funds

T \$

Any other contributions (including Super Co-contributions and Low Income Super Amounts)

M \$

TOTAL CONTRIBUTIONS N \$

(Sum of labels **A** to **M**)

Other transactions

Accumulation phase account balance

S1 \$

Retirement phase account balance – Non CDBIS

S2 \$

Retirement phase account balance – CDBIS

S3 \$

☐ TRIS Count

Allocated earnings or losses

O \$

Inward rollovers and transfers

P \$

Outward rollovers and transfers

Q \$

Lump Sum payment

R1 \$

Income stream payments

R2 \$

Loss

☐

Code

☐

Code

☐

CLOSING ACCOUNT BALANCE S \$

(S1 plus S2 plus S3)

Accumulation phase value **X1** \$

Retirement phase value **X2** \$

Outstanding limited recourse borrowing arrangement amount **Y** \$

AMENDED Self managed superannuation fund return 2019

Taxpayer/entity name: AA Fox Superannuation Fund

RN :100017882MS

TFN

MEMBER 4

Title: Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Family name

First given name

Other given names

Member's TFN

See the Privacy note in the Declaration.

Date of birth

Day Month Year

Contributions

! Refer to instructions for completing these labels.

OPENING ACCOUNT BALANCE \$

Employer contributions

A \$

ABN of principal employer

A1 \$

Personal contributions

B \$

CGT small business retirement exemption

C \$

CGT small business 15-year exemption amount

D \$

Personal injury election

E \$

Spouse and child contributions

F \$

Other third party contributions

G \$

Proceeds from primary residence disposal

H \$

Receipt date

Day Month Year

H1

Assessable foreign superannuation fund amount

I \$

Non-assessable foreign superannuation fund amount

J \$

Transfer from reserve: assessable amount

K \$

Transfer from reserve: non-assessable amount

L \$

Contributions from non-complying funds and previously non-complying funds

T \$

Any other contributions (including Super Co-contributions and Low Income Super Amounts)

M \$

TOTAL CONTRIBUTIONS N \$

(Sum of labels **A** to **M**)

Other transactions

Accumulation phase account balance

S1 \$

Retirement phase account balance – Non CDBIS

S2 \$

Retirement phase account balance – CDBIS

S3 \$

☐ TRIS Count

Allocated earnings or losses

O \$

Inward rollovers and transfers

P \$

Outward rollovers and transfers

Q \$

Lump Sum payment

R1 \$

Income stream payments

R2 \$

Loss

Code

Code

CLOSING ACCOUNT BALANCE S \$

(S1 plus S2 plus S3)

Accumulation phase value **X1** \$

Retirement phase value **X2** \$

Outstanding limited recourse borrowing arrangement amount **Y** \$

AMENDED Self managed superannuation fund return 2019

Taxpayer/entity name: AA Fox Superannuation Fund

RN:100017882MS

TFN

Section G: Supplementary member information

MEMBER 5

Title: Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Account status ☐ Code

Family name

First given name

Other given names

Member's TFN

See the Privacy note in the Declaration.

Date of birth

Day Month Year

If deceased, date of death

Day Month Year

Contributions

! Refer to instructions for completing these labels.

OPENING ACCOUNT BALANCE \$

Proceeds from primary residence disposal

H \$

Receipt date Day Month Year

H1

Assessable foreign superannuation fund amount

I \$

Non-assessable foreign superannuation fund amount

J \$

Transfer from reserve: assessable amount

K \$

Transfer from reserve: non-assessable amount

L \$

Contributions from non-complying funds and previously non-complying funds

T \$

Any other contributions (including Super Co-contributions and Low Income Super Amounts)

M \$

TOTAL CONTRIBUTIONS N \$

(Sum of labels **A** to **M**)

Other transactions

Accumulation phase account balance

S1 \$

Retirement phase account balance – Non CDBIS

S2 \$

Retirement phase account balance – CDBIS

S3 \$

☐ TRIS Count

Allocated earnings or losses

O \$

Inward rollovers and transfers

P \$

Outward rollovers and transfers

Q \$

Lump Sum payment

R1 \$

Income stream payments

R2 \$

Loss

☐

Code

☐

Code

☐

CLOSING ACCOUNT BALANCE S \$

(S1 plus S2 plus S3)

Accumulation phase value **X1** \$

Retirement phase value **X2** \$

Outstanding limited recourse borrowing arrangement amount **Y** \$

AMENDED Self managed superannuation fund return 2019

Taxpayer/entity name: AA Fox Superannuation Fund

RN :100017882MS

TFN

MEMBER 6

Title: Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

Code

Account status

Family name

First given name

Other given names

Member's TFN

See the Privacy note in the Declaration.

Date of birth

Day Month Year

If deceased, date of death

Day Month Year

Contributions

! Refer to instructions for completing these labels.

OPENING ACCOUNT BALANCE \$

Employer contributions

A \$

ABN of principal employer

A1 \$

Personal contributions

B \$

CGT small business retirement exemption

C \$

CGT small business 15-year exemption amount

D \$

Personal injury election

E \$

Spouse and child contributions

F \$

Other third party contributions

G \$

Proceeds from primary residence disposal

H \$

Receipt date

Day Month Year

H1

Assessable foreign superannuation fund amount

I \$

Non-assessable foreign superannuation fund amount

J \$

Transfer from reserve: assessable amount

K \$

Transfer from reserve: non-assessable amount

L \$

Contributions from non-complying funds and previously non-complying funds

T \$

Any other contributions (including Super Co-contributions and Low Income Super Amounts)

M \$

TOTAL CONTRIBUTIONS N \$

(Sum of labels **A** to **M**)

Other transactions

Accumulation phase account balance

S1 \$

Retirement phase account balance – Non CDBIS

S2 \$

Retirement phase account balance – CDBIS

S3 \$

☐ TRIS Count

Allocated earnings or losses

O \$

Inward rollovers and transfers

P \$

Outward rollovers and transfers

Q \$

Lump Sum payment

R1 \$

Income stream payments

R2 \$

Loss

☐

Code

☐

Code

☐

CLOSING ACCOUNT BALANCE S \$

(S1 plus S2 plus S3)

Accumulation phase value **X1** \$

Retirement phase value **X2** \$

Outstanding limited recourse borrowing arrangement **Y** \$

AMENDED Self managed superannuation fund return 2019

Taxpayer/entity name: AA Fox Superannuation Fund

RN :100017882MS

TFN

MEMBER 7

Title: Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

Code

Account status

Family name

First given name

Other given names

Member's TFN

See the Privacy note in the Declaration.

Date of birth

Day Month Year

If deceased, date of death

Day Month Year

Contributions

! Refer to instructions for completing these labels.

OPENING ACCOUNT BALANCE \$

Employer contributions

A \$

ABN of principal employer

A1 \$

Personal contributions

B \$

CGT small business retirement exemption

C \$

CGT small business 15-year exemption amount

D \$

Personal injury election

E \$

Spouse and child contributions

F \$

Other third party contributions

G \$

Proceeds from primary residence disposal

H \$

Receipt date

Day Month Year

H1

Assessable foreign superannuation fund amount

I \$

Non-assessable foreign superannuation fund amount

J \$

Transfer from reserve: assessable amount

K \$

Transfer from reserve: non-assessable amount

L \$

Contributions from non-complying funds and previously non-complying funds

T \$

Any other contributions (including Super Co-contributions and Low Income Super Amounts)

M \$

TOTAL CONTRIBUTIONS N \$

(Sum of labels **A** to **M**)

Other transactions

Accumulation phase account balance

S1 \$

Retirement phase account balance – Non CDBIS

S2 \$

Retirement phase account balance – CDBIS

S3 \$

☐ TRIS Count

Allocated earnings or losses

O \$

Inward rollovers and transfers

P \$

Outward rollovers and transfers

Q \$

Lump Sum payment

R1 \$

Income stream payments

R2 \$

Loss

☐

Code

☐

Code

☐

CLOSING ACCOUNT BALANCE S \$

(S1 plus S2 plus S3)

Accumulation phase value **X1** \$

Retirement phase value **X2** \$

Outstanding limited recourse borrowing arrangement **Y** \$

AMENDED Self managed superannuation fund return 2019

Taxpayer/entity name: AA Fox Superannuation Fund

RN:100017882MS

TFN

MEMBER 8

Title: Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

Code

Account status

Family name

First given name

Other given names

Member's TFN

See the Privacy note in the Declaration.

Date of birth

Day Month Year

If deceased, date of death

Day Month Year

Contributions

! Refer to instructions for completing these labels.

OPENING ACCOUNT BALANCE \$

Employer contributions

A \$

ABN of principal employer

A1 \$

Personal contributions

B \$

CGT small business retirement exemption

C \$

CGT small business 15-year exemption amount

D \$

Personal injury election

E \$

Spouse and child contributions

F \$

Other third party contributions

G \$

Proceeds from primary residence disposal

H \$

Receipt date

Day Month Year

H1

Assessable foreign superannuation fund amount

I \$

Non-assessable foreign superannuation fund amount

J \$

Transfer from reserve: assessable amount

K \$

Transfer from reserve: non-assessable amount

L \$

Contributions from non-complying funds and previously non-complying funds

T \$

Any other contributions (including Super Co-contributions and Low Income Super Amounts)

M \$

TOTAL CONTRIBUTIONS N \$

(Sum of labels **A** to **M**)

Other transactions

Accumulation phase account balance

S1 \$

Retirement phase account balance - Non CDBIS

S2 \$

Retirement phase account balance - CDBIS

S3 \$

☐ TRIS Count

Allocated earnings or losses

O \$

Inward rollovers and transfers

P \$

Outward rollovers and transfers

Q \$

Lump Sum payment

R1 \$

Income stream payments

R2 \$

Loss

☐

Code

☐

Code

☐

CLOSING ACCOUNT BALANCE S \$

(S1 plus S2 plus S3)

Accumulation phase value **X1** \$

Retirement phase value **X2** \$

Outstanding limited recourse borrowing arrangement amount **Y** \$

Section H: Assets and liabilities

15 ASSETS

15a Australian managed investments

Listed trusts **A** \$ -00

Unlisted trusts **B** \$ -00

Insurance policy **C** \$ -00

Other managed investments **D** \$ -00

15b Australian direct investments

Cash and term deposits **E** \$ 49846 -00

Limited recourse borrowing arrangements

Australian residential real property

J1 \$ -00

Australian non-residential real property

J2 \$ -00

Overseas real property

J3 \$ -00

Australian shares

J4 \$ -00

Overseas shares

J5 \$ -00

Other

J6 \$ -00

Debt securities **F** \$ -00

Loans **G** \$ -00

Listed shares **H** \$ -00

Unlisted shares **I** \$ -00

Limited recourse borrowing arrangements **J** \$ -00

Non-residential real property **K** \$ -00

Residential real property **L** \$ -00

Collectables and personal use assets **M** \$ -00

Other assets **O** \$ -00

15c Other investments

Crypto-Currency **N** \$ -00

15d Overseas direct investments

Overseas shares **P** \$ -00

Overseas non-residential real property **Q** \$ -00

Overseas residential real property **R** \$ -00

Overseas managed investments **S** \$ -00

Other overseas assets **T** \$ -00

TOTAL AUSTRALIAN AND OVERSEAS ASSETS U \$ 49846 -00

(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?

A No ☒

Yes ☐

\$ -00

15f Limited recourse borrowing arrangements

If the fund had an LRBA were the LRBA borrowings from a licensed financial institution?

A No ☐

Yes ☐

Did the members or related parties of the fund use personal guarantees or other security for the LRBA?

B No ☐

Yes ☐

AMENDED Self managed superannuation fund return 2019

Taxpayer/entity name: AA Fox Superannuation Fund

RN :100017882MS

TFN

16 LIABILITIESBorrowings for limited recourse
borrowing arrangements**V1** \$ -00

Permissible temporary borrowings

V2 \$ -00

Other borrowings

V3 \$ -00Borrowings **V** \$ -00Total member closing account balances
(total of all **CLOSING ACCOUNT BALANCES** from Sections F and G)**W** \$ 49846 -00Reserve accounts **X** \$ -00Other liabilities **Y** \$ -00**TOTAL LIABILITIES Z** \$ 49846 -00**Section I: Taxation of financial arrangements****17 Taxation of financial arrangements (TOFA)**Total TOFA gains **H** \$ -00Total TOFA losses **I** \$ -00**Section J: Other information****Family trust election status**If the trust or fund has made, or is making, a family trust election, write the four-digit **income year specified** of the election (for example, for the 2018–19 income year, write **2019**).**A** If revoking or varying a family trust election, print **R** for revoke or print **V** for variation, and complete and attach the *Family trust election, revocation or variation 2019*.**B** **Interposed entity election status**If the trust or fund has an existing election, write the earliest income year specified. If the trust or fund is making one or more elections this year, write the earliest income year being specified and complete an *Interposed entity election or revocation 2019* for each election.**C** If revoking an interposed entity election, print **R**, and complete and attach the *Interposed entity election or revocation 2019*.**D**

AMENDED Self managed superannuation fund return 2019

RN :100017882MS

Taxpayer/entity name: AA Fox Superannuation Fund

TFN

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.

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, 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

Day	Month	Year
Date		

Preferred trustee or director contact details:

Title: Mr ☒ Mrs ☐ Miss ☐ Ms ☐ Other

Family name

First given name

Other given names

Phone number

Email address

Non-individual trustee name (if applicable)

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 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

Day	Month	Year
Date		

Tax agent's contact details

Title: Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Family name

First given name

Other given names

Tax agent's practice

Tax agent's phone number

Reference number

Tax agent number



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

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.

Refer to *Losses schedule instructions 2019*, available on our website ato.gov.au for instructions on how to complete this schedule.

Tax file number (TFN)

Name of entity

AA Fox Superannuation Fund

Australian business number (ABN)

18 466 149 420

Part A Losses carried forward to the 2019–20 income year – excludes film losses**1 Tax losses carried forward to later income years****Year of loss**

2018–19	B	<input type="text" value="4560"/>	<input type="text" value="00"/>
2017–18	C	<input type="text" value="4941"/>	<input type="text" value="00"/>
2016–17	D	<input type="text" value="4475"/>	<input type="text" value="00"/>
2015–16	E	<input type="text" value="6489"/>	<input type="text" value="00"/>
2014–15	F	<input type="text"/>	<input type="text" value="00"/>
2013–14 and earlier income years	G	<input type="text" value="25285"/>	<input type="text" value="00"/>
Total	U	<input type="text" value="45750"/>	<input type="text" value="00"/>

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

2 Net capital losses carried forward to later income years**Year of loss**

2018–19	H	<input type="text"/>	<input type="text" value="00"/>
2017–18	I	<input type="text"/>	<input type="text" value="00"/>
2016–17	J	<input type="text"/>	<input type="text" value="00"/>
2015–16	K	<input type="text"/>	<input type="text" value="00"/>
2014–15	L	<input type="text"/>	<input type="text" value="00"/>
2013–14 and earlier income years	M	<input type="text" value="25927"/>	<input type="text" value="00"/>
Total	V	<input type="text" value="25927"/>	<input type="text" value="00"/>

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

Taxpayer/entity name: AA Fox Superannuation Fund

TFN

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 2017–18 income year, no loss has been claimed as a deduction, applied against a net capital gain or, in the case of companies, losses have not been transferred in or out.

1 Whether continuity of majority ownership test passed

Note: If the entity has deducted, applied, transferred in or transferred out (as applicable) in the 2018–19 income year a loss incurred in any of the listed years, print **X** in the **Yes** or **No** box to indicate whether the entity has satisfied the continuity of majority ownership test in respect of that loss.

Year of loss

2018–19	A Yes <input type="checkbox"/>	No <input type="checkbox"/>	Print X in the appropriate box.
2017–18	B Yes <input type="checkbox"/>	No <input type="checkbox"/>	Print X in the appropriate box.
2016–17	C Yes <input type="checkbox"/>	No <input type="checkbox"/>	Print X in the appropriate box.
2015–16	D Yes <input type="checkbox"/>	No <input type="checkbox"/>	Print X in the appropriate box.
2014–15	E Yes <input type="checkbox"/>	No <input type="checkbox"/>	Print X in the appropriate box.
2013–14 and earlier income years	F Yes <input type="checkbox"/>	No <input type="checkbox"/>	Print X in the appropriate box.

2 Amount of losses deducted/applied for which the continuity of majority ownership test is not passed but the business continuity test is satisfied – excludes film lossesTax losses **G** .00Net capital losses **H** .00**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 **I** .00Net capital losses **J** .00**4 Do current year loss provisions apply?**

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

K Yes ☐ No ☐ Print **X** in the appropriate box.**Part C Unrealised losses – company only**

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

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

L Yes ☐ No ☐ Print **X** in the appropriate box.

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

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

M Yes ☐ No ☐ Print **X** in the appropriate box.

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

N Yes ☐ No ☐ Print **X** in the appropriate box.

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

O .00**Part D Life insurance companies**Complying superannuation class tax losses carried forward to later income years **P** .00Complying superannuation net capital losses carried forward to later income years **Q** .00

Taxpayer/entity name: AA Fox Superannuation Fund

TFN

Part E Controlled foreign company lossesCurrent year CFC losses **M** .00CFC losses deducted **N** .00CFC losses carried forward **O** .00**Part F Tax losses reconciliation statement**Balance of tax losses brought forward from the prior income year **A** .00**ADD** Uplift of tax losses of designated infrastructure project entities **B** .00**SUBTRACT** Net forgiven amount of debt **C** .00**ADD** Tax loss incurred (if any) during current year **D** .00**ADD** Tax loss amount from conversion of excess franking offsets **E** .00**SUBTRACT** Net exempt income **F** .00**SUBTRACT** Tax losses forgone **G** .00**SUBTRACT** Tax losses deducted **H** .00**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) **I** .00Total tax losses carried forward to later income years **J** .00Transfer the amount at **J** to the **Tax losses carried forward to later income years** label on your tax return.

Taxpayer/entity name: AA Fox Superannuation Fund

TFN

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

Day	Month	Year

Contact person

TTO CHARTERED ACCOUNTANTS

Daytime contact number (include area code)

08 82119426

Capital gains tax (CGT) schedule 2019

- Use in conjunction with company, trust, fund income tax return or the self-managed superannuation fund annual return.
- Refer to the *Guide to capital gains tax 2019* available on our website at ato.gov.au for instructions on how to complete this schedule.

Tax file number (TFN)



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

Australian business number (ABN)

18 466 149 420

Taxpayer's name

AA Fox Superannuation Fund

1 Current year capital gains and capital losses

	Capital gain	Capital loss
Shares in companies listed on an Australian securities exchange A	\$ <input type="text"/> -00	K \$ <input type="text"/> -00
Other shares B	\$ <input type="text"/> -00	L \$ <input type="text"/> -00
Units in unit trusts listed on an Australian securities exchange C	\$ <input type="text"/> -00	M \$ <input type="text"/> -00
Other units D	\$ <input type="text"/> -00	N \$ <input type="text"/> -00
Real estate situated in Australia E	\$ <input type="text"/> -00	O \$ <input type="text"/> -00
Other real estate F	\$ <input type="text"/> -00	P \$ <input type="text"/> -00
Amount of capital gains from a trust (including a managed fund) G	\$ <input type="text"/> -00	
Collectables H	\$ <input type="text"/> -00	Q \$ <input type="text"/> -00
Other CGT assets and any other CGT events I	\$ <input type="text"/> -00	R \$ <input type="text"/> -00
Amount of capital gain previously deferred under transitional CGT relief for superannuation funds S	\$ <input type="text"/> -00	
Total current year capital gains J	\$ <input type="text"/> -00	

Add the amounts at labels **K** to **R** and write the total in item 2 label **A – Total current year capital losses**.

Taxpayer/entity name: AA Fox Superannuation Fund

TFN

2 Capital lossesTotal current year capital losses **A \$** -00Total current year capital losses applied **B \$** -00Total prior year net capital losses applied **C \$** -00Total capital losses transferred in applied
(only for transfers involving a foreign bank branch or
permanent establishment of a foreign financial entity) **D \$** -00Total capital losses applied **E \$** -00Add amounts at **B**, **C** and **D**.**3 Unapplied net capital losses carried forward**Net capital losses from collectables carried forward to later income years **A \$** 13050 -00Other net capital losses carried forward to later income years **B \$** 25927 -00Add amounts at **A** and **B** and transfer the total
to label **V – Net capital losses carried forward**
to later income years on your tax return.**4 CGT discount**Total CGT discount applied **A \$** -00**5 CGT concessions for small business**Small business active asset reduction **A \$** -00Small business retirement exemption **B \$** -00Small business rollover **C \$** -00Total small business concessions applied **D \$** -00**6 Net capital gain**Net capital gain **A \$** -001J less 2E less 4A less 5D (cannot be less than
zero). Transfer the amount at **A** to label **A – Net**
capital gain on your tax return.

Taxpayer/entity name: AA Fox Superannuation Fund

TFN

7 Earnout arrangements

Are you a party to an earnout arrangement? **A** Yes, as a buyer ☐ Yes, as a seller ☐ No ☐
 (Print ☐ 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? **D** \$.00

Amount of any capital gain or loss you made under your non-qualifying arrangement in the income year. **E** \$.00 / ^{LOSS}

! 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** \$.00 / ^{LOSS}

8 Other CGT information required (if applicable)

Small business 15 year exemption – exempt capital gains **A** \$.00 / ^{CODE}

Capital gains disregarded by a foreign resident **B** \$.00

Capital gains disregarded as a result of a scrip for scrip rollover **C** \$.00

Capital gains disregarded as a result of an inter-company asset rollover **D** \$.00

Capital gains disregarded by a demerging entity **E** \$.00

Taxpayer/entity name: AA Fox Superannuation Fund

TFN

Taxpayer's declaration

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

Important

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

Signature

Date

Day

Month

Year

Contact name

TTO CHARTERED ACCOUNTANTS

Daytime contact number (include area code)

08 82119426