Self-managed superannuation fund annual return

2022

Who should complete this annual return? To complete this annual return Only self-managed superannuation funds (SMSFs) can complete ■ Print clearly, using a BLACK pen only. this annual return. All other funds must complete the Fund ■ Use BLOCK LETTERS and print one character per box. income tax return 2022 (NAT 71287). 8 M T H 8 T The Self-managed superannuation fund annual return Place |X| in ALL applicable boxes. instructions 2022 (NAT 71606) (the instructions) can assist you to complete this annual return. Postal address for annual returns: The SMSF annual return cannot be used to notify us of a Australian Taxation Office change in fund membership. You must update fund details GPO Box 9845 via ABR.gov.au or complete the Change of details for [insert the name and postcode superannuation entities form (NAT 3036). of your capital city] For example; Australian Taxation Office GPO Box 9845 SYDNEY NSW 2001 Section A: Fund information To assist processing, write the fund's TFN at 1 Tax file number (TFN) 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 O 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) 3 Australian business number (ABN) (if applicable) **Current postal address** 4 Suburb/town State/territory Postcode

5	Annual return status Is this an amendment to the SMSF's 2022 return?	A No	Yes
	Is this the first required return for a newly registered SMSF?	B No	Yes

6 SMSF auditor Auditor's name		
Title: Mr Mrs Miss Ms Other Family name		
First given name	Other given names	
SMSF Auditor Number Auditor's	phone number	
Postal address		
Suburb/town		State/territory Postcode
Date audit was completed A /	th Year	
Was Part A of the audit report qualified?	B No Yes	
Was Part B of the audit report qualified?	C No Yes	
If Part B of 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 numberAccount numberAccount nameAccount number

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.

8	Status	s of SMSF	Australian superannuation	on fund	A No	Yes	Fund benefit structure B	Code
			e fund trust deed allow accepta vernment's Super Co-contributi Low Income Super Am	on and	C No	Yes		
9	Was tl No		bund up during the income If yes, provide the date on which the fund was wound up	e year? _{Day}	Month	Year	Have all tax lodgment and payment obligations been met? No Ye	s
10			pension income iirement phase superannuation	income s	stream be	nefits to one	or more members in the income year?	
			exemption for current pension pt current pension income at La		you must	pay at least	the minimum benefit payment under the	law.
	No	Go to Sec	otion B: Income.					
	Yes	Exempt c	urrent pension income amount	A \$				
		Which me	ethod did you use to calculate y	our exem	npt currer	t pension in	come?	
			Segregated assets method	В				
			Unsegregated assets method	c)	Was an a	octuarial cert	ificate obtained? D Yes	
	Did the	fund have a	ny other income that was asses	ssable?				
	E Yes	Go to	Section B: Income.					
	No		sing 'No' means that you do no Section C: Deductions and nor				, including no-TFN quoted contributions. t complete Section B: Income.)	
			tled to claim any tax offsets, you ion D: Income tax calculation st					

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.



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	S
Interest expenses within Australia	A1 \$	A2 \$	
Interest expenses overseas	B1 \$	B2 \$	
Capital works expenditure	D1 \$	D2 \$	
Decline in value of depreciating assets	E1 \$	E2 \$	
Insurance premiums – members	F1 \$	F2 \$	
SMSF auditor fee	H1 \$	H2 \$	
Investment expenses	l1 \$	12 \$	
Management and administration expenses	J1 \$	J2 \$	
Forestry managed investment scheme expense	U1 \$	U2 \$	Code
Other amounts	L1 \$	L2 \$	

Tax losses deducted M1 \$

TOTAL DEDUCTIONS	TOTAL NON-DEDUCTIBLE EXPENSES
N \$	Y \$
(Total A1 to M1)	(Total A2 to L2)
*TAXABLE INCOME OR LOSS	Loss TOTAL SMSF EXPENSES
0\$	Z \$
(TOTAL ASSESSABLE INCOME less TOTAL DEDUCTIONS)	(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.



		(H1 plus H2 plus H3 plus H5 plus H6 plus H8)
-18 \$		Н\$
	Credit for foreign resident capital gains withholding amounts	Eligible credits
H6 \$		
	Credit for interest on no-TFN tax offset	
H5\$		
	Credit for TFN amounts withheld from payments from closely held trusts	
Н3\$		
	Credit for tax withheld – where ABN or TFN not quoted (non-individual)	
H2\$		
	Credit for tax withheld – foreign resident withholding (excluding capital gains)	
H1 \$		
	Credit for interest on early payments – amount of interest	



Section E: Losses

14 Losses

If total loss is greater than \$100,000, complete and attach a *Losses schedule 2022*.

Tax losses carried forward to later income years **U** \$

Net capital losses carried forward to later income years **V** \$

Section F	: Member information	on		
MEMBER 1				
ītle: Mr Mrs āmily name	Miss Ms Other			
irst given name	Othe	r given n	ames	
/lember's TFN See the Privacy note in	the Declaration.		Day Mo Date of birth	onth Year
Contributions	OPENING ACCOUNT BALANCE	\$]
Refer to instruction	ons for completing these labels.	Н\$	Proceeds from primary residence disposal	
C \$ CGT small bus D \$ Personal injury E \$ Spouse and ch F \$	oal employer ributions siness retirement exemption siness 15-year exemption amount	H1 I\$ J\$ K\$ L\$ T\$	Non-assessable foreign superannuation fur Transfer from reserve: assessable amount Transfer from reserve: non-assessable amo Contributions from non-complying funds and previously non-complying funds Any other contributions (including Super Co-contributions and Low Income Super Amounts)	nd amount
	TOTAL CONTRIBUTIONS	N \$	(Sum of labels A to M)	
Other transactions		0\$	Allocated earnings or losses	Loss
Accumulation S1 \$	phase account balance	Р\$	Inward rollovers and transfers	
	ase account balance	Q \$		
S2 \$ Retirement ph	ase account balance	R1 \$	Lump Sum payments	Code
- CDBIS S3 \$		R2 \$	Income stream payments	Code
TRIS Count	CLOSING ACCOUNT BALANCE	S \$	(S1 plus S2 plus S3)	
	Accumulation phase value	X1 \$		
	Retirement phase value	X2 \$		
	Outstanding limited recourse borrowing arrangement amount	Y \$		

Title: Mr Mrs Miss Ms Other

Family name

First given name

Other given names

Day

Date of birth

Month

Year

Member's TFN

See the Privacy note in the Declaration.

TRIS Count

OPENING ACCOUNT BALANCE \$ Contributions Proceeds from primary residence disposal Refer to instructions for completing these labels. **H**\$ Employer contributions Day Month Year **A**\$ H1 Receipt date ABN of principal employer Assessable foreign superannuation fund amount A1 1\$ Personal contributions Non-assessable foreign superannuation fund amount **B**\$ J \$ CGT small business retirement exemption Transfer from reserve: assessable amount **C** \$ **K**\$ CGT small business 15-year exemption amount Transfer from reserve: non-assessable amount **D**\$ L \$ Personal injury election Contributions from non-complying funds and previously non-complying funds **E**\$ **T**\$ Spouse and child contributions **F**\$ Any other contributions (including Super Co-contributions Other third party contributions and Low Income Super Amounts) **G** \$ **M**\$ TOTAL CONTRIBUTIONS N \$ (Sum of labels A to M) Allocated earnings or losses Loss Other transactions **O**\$ Inward rollovers and transfers Accumulation phase account balance **P**\$ **S1**\$ Outward rollovers and transfers Retirement phase account balance **Q** \$ - Non CDBIS Lump Sum payments Code **S2**\$ R1 \$ Retirement phase account balance - CDBIS Income stream payments Code **S3**\$ **R2** \$

Accumulation phase value X1 \$

CLOSING ACCOUNT BALANCE **S**\$

Retirement phase value X2 \$

Outstanding limited recourse **Y**\$

borrowing arrangement amount

(S1 plus S2 plus S3)

Title: Mr Mrs Miss Ms Other

Family name

First given name

Other given names

Day

Date of birth

Month

Year

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OPENING ACCOUNT BALANCE \$ Contributions Proceeds from primary residence disposal Refer to instructions for completing these labels. **H**\$ Employer contributions Day Month Year **A**\$ H1 Receipt date ABN of principal employer Assessable foreign superannuation fund amount A1 1\$ Personal contributions Non-assessable foreign superannuation fund amount **B**\$ J \$ CGT small business retirement exemption Transfer from reserve: assessable amount **C** \$ **K**\$ CGT small business 15-year exemption amount Transfer from reserve: non-assessable amount **D**\$ L \$ Personal injury election Contributions from non-complying funds and previously non-complying funds **E**\$ **T**\$ Spouse and child contributions Any other contributions **F**\$ (including Super Co-contributions Other third party contributions and Low Income Super Amounts) **G** \$ **M**\$ TOTAL CONTRIBUTIONS N \$ (Sum of labels A to M) Allocated earnings or losses Loss Other transactions **O**\$ Inward rollovers and transfers Accumulation phase account balance **P**\$

S1\$ Outward rollovers and transfers Retirement phase account balance **Q** \$ - Non CDBIS Lump Sum payments Code S2 \$ R1 \$ Retirement phase account balance - CDBIS Income stream payments Code **S3**\$ **R2**\$ TRIS Count CLOSING ACCOUNT BALANCE **S** \$ (S1 plus S2 plus S3) Accumulation phase value X1 \$

Retirement phase value X2 \$

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

Title: Mr Mrs Miss Ms Other

Family name

First given name

Other given names

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TRIS Count

Accumulation phase value X1 \$

Retirement phase value X2 \$

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

CLOSING ACCOUNT BALANCE **S**\$

OFFICIAL: Sensitive (when completed)

(S1 plus S2 plus S3)

Title: Mr Mrs Miss Ms Other

Family name

First given name

Other given names

Day

Date of birth

Month

Code

Code

Year

Member's TFN

See the Privacy note in the Declaration.

OPENING ACCOUNT BALANCE \$ Contributions Proceeds from primary residence disposal Refer to instructions for completing these labels. **H**\$ Employer contributions Day Month Year **A**\$ H1 Receipt date ABN of principal employer Assessable foreign superannuation fund amount A1 1\$ Personal contributions Non-assessable foreign superannuation fund amount **B**\$ J \$ CGT small business retirement exemption Transfer from reserve: assessable amount **C** \$ **K**\$ CGT small business 15-year exemption amount Transfer from reserve: non-assessable amount **D**\$ L \$ Personal injury election Contributions from non-complying funds **E** \$ and previously non-complying funds **T**\$ Spouse and child contributions Any other contributions **F**\$ (including Super Co-contributions Other third party contributions and Low Income Super Amounts) **G** \$ **M**\$ TOTAL CONTRIBUTIONS N \$ (Sum of labels A to M) Allocated earnings or losses Loss Other transactions **O**\$ Inward rollovers and transfers Accumulation phase account balance **P**\$ **S1**\$

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Retirement phase value X2 \$

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

Title: Mr Mrs Miss Ms Other

Family name

First given name

Other given names

Day

Date of birth

Month

Year

Member's TFN

See the Privacy note in the Declaration.

OPENING ACCOUNT BALANCE \$ Contributions Proceeds from primary residence disposal Refer to instructions for completing these labels. **H**\$ Employer contributions Day Month Year **A**\$ H1 Receipt date ABN of principal employer Assessable foreign superannuation fund amount A1 1\$ Personal contributions Non-assessable foreign superannuation fund amount **B**\$ J \$ CGT small business retirement exemption Transfer from reserve: assessable amount **C** \$ **K**\$ CGT small business 15-year exemption amount Transfer from reserve: non-assessable amount **D**\$ L \$ Personal injury election Contributions from non-complying funds and previously non-complying funds **E**\$ **T**\$ Spouse and child contributions **F**\$ Any other contributions (including Super Co-contributions Other third party contributions and Low Income Super Amounts) **G** \$ **M**\$ TOTAL CONTRIBUTIONS N \$ (Sum of labels A to M) Allocated earnings or losses Loss Other transactions **O**\$ Inward rollovers and transfers Accumulation phase account balance **P**\$ **S1**\$ Outward rollovers and transfers Retirement phase account balance **Q** \$ - Non CDBIS Lump Sum payments Code **S2**\$ R1 \$ Retirement phase account balance - CDBIS Income stream payments Code **S3**\$ **R2** \$

TRIS Count CLOSING ACCOUNT BALANCE \$\$

Accumulation phase value X1 \$

Retirement phase value X2 \$

Outstanding limited recourse **Y**\$

borrowing arrangement amount

OFFICIAL: Sensitive (when completed)

(S1 plus S2 plus S3)

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S3 \$ R2 \$	
TRIS Count CLOSING ACCOUNT BALANCE \$\$ (S1 plus S2 plus S3)	
Accumulation phase value X1 \$	

Outstanding limited recourse borrowing arrangement amount ~~ Y \$

IEMBER 8 tle: Mr Mrs Miss Ms Other		count tatus
mily name	-	
st given name Other give	en names	
ember's TFN Date of birth e the Privacy note in the Declaration. Day Month	Year Day Month	te of death _{Year}
OPENING ACCOUNT BALANCE	\$	
Refer to instructions for completing these labels.	Proceeds from primary residence dispo	osal
Employer contributions	H\$ Day Month	Year
A \$	H1 Receipt date / /	real
ABN of principal employer	Assessable foreign superannuation fund	lamount
A1 Personal contributions	I \$	
B \$	Non-assessable foreign superannuatior J \$	n fund amount
CGT small business retirement exemption	Transfer from reserve: assessable amou	unt
C \$	К\$	
CGT small business 15-year exemption amount	Transfer from reserve: non-assessable a	amount
Personal injury election	Φ Contributions from non-complying fund	ls
	and previously non-complying funds	
Spouse and child contributions F \$	Any other contributions (including Supe	r
Other third party contributions G \$	Co-contributions and Low Income Sup M \$	er Amounts)
TOTAL CONTRIBUTIONS	N \$	
	(Sum of labels A to M)	
ther transactions	Allocated earnings or losses	Loss
	O \$ Inward rollovers and transfers	
Accumulation phase account balance	P \$	
S1 \$	Outward rollovers and transfers	
Retirement phase account balance – Non CDBIS	Q \$	
S2 \$	Lump Sum payments R1 \$	Code
Retirement phase account balance – CDBIS	Income stream payments	Code
S3 \$	R2 \$	Code
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TRIS Count CLOSING ACCOUNT BALANCE	S \$ (S1 plus S2 plus S3)	
Accumulation phase value	X1 \$	
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Outstanding limited recourse borrowing arrangement amount

EMBER 9 le: Mr Mrs Miss Ms Other mily name	Acco sta	Code atus
st given name Other gi	iven names	
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C \$ CGT small business 15-year exemption amount D \$	K \$ Transfer from reserve: non-assessable a L \$	mount
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F \$Other third party contributionsG \$	Any other contributions (including Super Co-contributions and Low Income Supe M \$	r Amounts)
TOTAL CONTRIBUTIONS	S N \$ (Sum of labels A to M)	
ner transactions	Allocated earnings or losses O \$	Loss
Accumulation phase account balance	Inward rollovers and transfers P \$	
Retirement phase account balance – Non CDBIS	Outward rollovers and transfers Q \$ Lump Sum payments	Code
2 \$ Retirement phase account balance – CDBIS	R1 \$	Code
	R2 \$	
	- e ¢	
TRIS Count CLOSING ACCOUNT BALANCE	E S \$ (S1 plus S2 plus S3)	

Outstanding limited recourse borrowing arrangement amount ~~ Y \$

IEMBER 10 tle: Mr Mrs Miss Ms Other imily name	Accou stat	
rst given name Other given	names	
Date of birth bee the Privacy note in the Declaration. Day Month	If deceased, date Year Day / /	of death _{Year}
ontributions OPENING ACCOUNT BALANCE \$	\$	
CGT small business 15-year exemption amount D\$ Personal injury election E\$ Spouse and child contributions F\$ Other third party contributions	Proceeds from primary residence disposal H \$ Day Month Ye H1 Receipt date / / / Assessable foreign superannuation fund and I \$ Non-assessable foreign superannuation fund J \$ Non-assessable foreign superannuation fund J \$ Transfer from reserve: assessable amount K \$ Transfer from reserve: non-assessable amount K \$ Contributions from non-complying funds and previously non-complying funds T \$ Any other contributions (including Super Co-contributions and Low Income Super.	^{ar} nount und amount ount
TOTAL CONTRIBUTIONS	N \$ (Sum of labels A to M)	1
ther transactions Accumulation phase account balance S1 \$	Allocated earnings or losses O \$ Inward rollovers and transfers P \$	Loss
Retirement phase account balance – Non CDBIS	Outward rollovers and transfers Q \$	
S2 \$ Retirement phase account balance - CDBIS	Lump Sum payments R1 \$ Income stream payments	Code
	R2 \$ S \$ (S1 plus S2 plus S3)	

Outstanding limited recourse borrowing arrangement amount

nily name	ss Ms Other		count tatus
given name	Other	er given names	
ember's TFN 9 the Privacy note in the De	eclaration. Date of birth	th Year Day Month	ate of death _{Year}
ontributions	OPENING ACCOUNT BALANG	ICE \$	
Refer to instructions	o for completing these labels.	Proceeds from primary residence dispo H \$	osal
A \$ ABN of principal e		Bay Month Month Assessable foreign superannuation func I \$	Year d amount
Personal contribu B CGT small busine	utions ess retirement exemption	Non-assessable foreign superannuation	
C \$	ess 15-year exemption amount	Transfer from reserve: assessable amo K \$ Transfer from reserve: non-assessable L \$	
Personal injury ele	ection	Contributions from non-complying func	ds
Spouse and child	l contributions	and previously non-complying funds T \$	
			er ver Amounts)
Spouse and child F \$ Other third party of		T \$ Any other contributions (including Super Co-contributions and Low Income Sup M \$ DNS N \$	er ber Amounts)
Spouse and child F \$ Other third party of G \$	contributions	T \$ Any other contributions (including Super Co-contributions and Low Income Sup M \$	er ber Amounts)
Spouse and child F \$ Other third party of G \$ ther transactions Accumulation pha	contributions	T \$ Any other contributions (including Super Co-contributions and Low Income Sup M \$ ONS N \$ (Sum of labels A to M) Allocated earnings or losses	
Spouse and child F \$ Other third party of G \$ (ther transactions Accumulation phase - Non CDBIS	contributions TOTAL CONTRIBUTIO	T \$ Any other contributions (including Super Co-contributions and Low Income Sup M \$ ONS N \$ (Sum of labels A to M) Allocated earnings or losses O \$ Inward rollovers and transfers P \$ Outward rollovers and transfers Q \$	Loss
Spouse and child F \$ Other third party of G \$ ther transactions Accumulation phase Accumulation phase Non CDBIS S2 \$ Retirement phase	contributions TOTAL CONTRIBUTIO ase account balance	T \$ Any other contributions (including Super Co-contributions and Low Income Sup M \$ ONS N \$ (Sum of labels A to M) Allocated earnings or losses O \$ Inward rollovers and transfers P \$ Outward rollovers and transfers Q \$ Lump Sum payments R1 \$	Loss
Spouse and child F \$ Other third party of G \$ wher transactions Accumulation phase Accumulation phase Non CDBIS S2 \$	contributions TOTAL CONTRIBUTIO ase account balance	T \$ Any other contributions (including Super Co-contributions and Low Income Sup M \$ DNS N \$ (Sum of labels A to M) Allocated earnings or losses O \$ Inward rollovers and transfers P \$ Outward rollovers and transfers Q \$ Lump Sum payments	Loss

Outstanding limited recourse borrowing arrangement amount $~~ \Upsilon \$

Γitle: Mr Mrs Miss Family name	s Ms Other		Account status
rst given name		Other given names	
lember's TFN ee the Privacy note in the De	Date c claration. Day	of birth Month Year	If deceased, date of death Day Month Year
ontributions	OPENING ACCOUNT	BALANCE \$	
Employer contribut A \$ ABN of principal e A1 Personal contribut B \$ CGT small busines C \$	employer tions ss retirement exemption ss 15-year exemption an action contributions	H \$ H1 Rec Asse I \$ Non J \$ Tran K \$ Tran K \$ Con and T \$ Any	Day Month Year relipt date / / / essable foreign superannuation fund amount n-assessable foreign superannuation fund amount n-assessable foreign superannuation fund amount n-assessable foreign superannuation fund amount nsfer from reserve: assessable amount nsfer from reserve: non-assessable amount ntributions from non-complying funds previously non-complying funds r other contributions (including Super contributions and Low Income Super Amounts)
	TOTAL CONTR	RIBUTIONS N \$	(Sum of labels A to M)
			ested earnings or losses
Accumulation pha Accumulation pha S1 \$ Retirement phase – Non CDBIS S2 \$	account balance	O \$ Inwa P \$ Outv Q \$	cated earnings or losses Loss ard rollovers and transfers ward rollovers and transfers np Sum payments Code

Outstanding limited recourse borrowing arrangement amount

5	Section H: Assets and liab	oilities		
5a	Australian managed investments	Listed trusts	A \$	
		Unlisted trusts	B \$	
		Insurance policy	C \$	
	Othe	r managed investments	D \$	
b	Australian direct investments	Cash and term deposits	E \$	
	Limited recourse borrowing arrangements Australian residential real property	Debt securities	F \$	
	J1 \$	Loans	G \$	
	Australian non-residential real property J2 \$	Listed shares	H \$	
	Overseas real property	Unlisted shares	1\$	
	J3 \$ Australian shares	Limited recourse porrowing arrangements		
	J4 \$	Non-residential	K \$	
	Overseas shares	real property		
	J5 \$	Residential real property		
	Other	Collectables and	мф	
	J6 \$	personal use assets		
	Property count	Other assets	• O \$	
	J7			
с	Other investments	Crypto-Currency	⁷ N \$	
ōd	Overseas direct investments	Overseas shares	P \$	
	Overseas non-	residential real property	Q \$	
	Overseas	residential real property	r R \$	
	Oversea	s managed investments	S \$	
		Other overseas assets	т\$	
	TOTAL AUSTRALIAN AND (Sum of labels		U \$	

(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 borrowings from a licensed financial institution? Did the members or related parties of the fund upp percent quarteriation or other		No	-	/es			
	fund use personal guarantees or other security for the LRBA?	D	NO	1	65			
16	LIABILITIES	_						
	Borrowings for limited recourse borrowing arrangements							
	V1 \$							
	Permissible temporary borrowings							
	V2 \$							
	Other borrowings							7
	V3 \$			Borrow	vings	V	\$	
	Total member clos total of all CLOSING ACCOUNT BALANCEs fr					w	\$	
			Reser	ve acco	unts	X	\$	
			Ot	ther liabi	lities	Y	\$ 	
			ΓΟΤΑΙ	L LIABII	LITIES	z	\$	

Section I: Taxation of financial arrangements

17 Taxation of financial arrangements (TOFA)

- Total TOFA gains H\$
- 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 specified** of the election (for example, for the 2021–22 income year, write **2022**).

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 2022.* **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 2022* for each election.
 - If revoking an interposed entity election, print **R**, and complete and attach the *Interposed entity election or revocation 2022*.

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 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		/		/	

Day

Month

/

/

Year

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 2022 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		, ,
Tax agent's contact details				
Title: Mr Mrs Miss Ms Other Family name	r			
First given name	Other given names			
Tax agent's practice				
Tax agent's phone number	Reference number	Tax a	agent number	

Capital gains tax (CGT) schedule



- When completing this form
- Print clearly, using a black or dark blue pen only.



- Do not use correction fluid or covering stickers.
- Sign next to any corrections with your full signature (not initials).
- 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 2022 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)

Taxpayer's name

1 Current year capital gains and capital losses

		-		
Shares in companies listed on an Australian securities exchange	A \$	Capital gain	Capital loss K \$	
Other shares	В\$		L \$	
Units in unit trusts listed on an Australian securities exchange	C \$		M\$	
Other units	D \$		N \$	
Real estate situated in Australia	Е\$		O \$	
Other real estate	F \$		Р\$	
Amount of capital gains from a trust (including a managed fund)	G \$			
Collectables	Н\$		Q \$	
Other CGT assets and any other CGT events			R \$	
Amount of capital gain previously deferred under transitional CGT relief for superannuation funds	S \$		Add the amounts at labels K to R and v the total in item 2 label A – Total currer capital losses .	
Total current year capital gains	J \$			

2022

2	Capital losses	
	Total current year capital losses	A \$
	Total current year capital losses applied	В\$
	Total prior year net capital losses applied	C \$
	Total capital losses transferred in applied (only for transfers involving a foreign bank branch or permanent establishment of a foreign financial entity)	D \$
	Total capital losses applied	E \$
		Add 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 \$
	Other net capital losses carried forward to later income years	в\$
		Add 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 \$
5	CGT concessions for small business	
-	Small business active asset reduction	A \$
	Small business retirement exemption	В\$
	Small business rollover	C \$
	Total small business concessions applied	D \$
6	Net capital gain	
	Net capital gain	A \$
		1.1 less 2E less 44 less 5D (cannot be less than

1J 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.

Are you a party to an earnout arrangement? A Yes, as a buyer Yes, as a seller No (Pint []] 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. No 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 run for? B What year of that arrangement are you in? C If you are the seller, what is the total estimated capital proceeds p \$ D \$ Amount of any capital gain or loss you made under E \$ /	7	Earnout arrangements		
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 \$ Amount of any capital gain or loss you made under your non-qualifying arrangement in the income year. Request for amendment If you received or provided a financial benefit under a look-through earnout right created in an earlier income year and you wish to seek an amendment to that earlier income year, complete the following: Income year earnout right created F Amended net capital gain or capital losses carried forward G \$ Mended net capital gain or capital losses carried forward G \$ Mended net capital gain or capital losses carried forward G \$ Capital gains disregarded by a foreign resident B \$ Capital gains disregarded as a result of an inter-company asset rollover D \$			Yes, as a seller	No
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 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\$ () Method (If applicable) Small business 15 year exemption – exempt capital gains Capital gains disregarded by a foreign resident B\$ Capital gains disregarded as a result of an inter-company asset rollover C\$			d attach a separate sheet to this schedule provic	ling the
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 \$ // ^{Loss} Pequest for amendment If you received or provided a financial benefit under a look-through earnout right created in an earlier income year and you wish to seek an amendment to that earlier income year, complete the following: Income year earnout right created F Amended net capital gain or capital losses carried forward G \$ // 8 Other CGT information required (if applicable) Small business 15 year exemption – exempt capital gains A \$ Capital gains disregarded by a foreign resident B \$ Capital gains disregarded as a result of a scrip for scrip rollover C \$ Capital gains disregarded as a result of an inter-company asset rollover D \$		How many years does the earnout arrangement run for?	В	
from the earnout arrangement? D \$ Amount of any capital gain or loss you made under your non-qualifying arrangement in the income year. E \$ Amount of any capital gain or loss you made under your non-qualifying arrangement in the income year. E \$ Amount of amount of any capital 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 \$ Amount of a gains disregarded (if applicable) Small business 15 year exemption – exempt capital gains A \$ Capital gains disregarded by a foreign resident B \$ Capital gains disregarded as a result of a scrip for scrip rollover C \$ Capital gains disregarded as a result of an inter-company asset rollover D \$		What year of that arrangement are you in?	C	
Amount of any capital gain or loss you made under estimation of the series of the seri		If you are the seller, what is the total estimated capital proceeds from the earnout arrangement?	D \$	
If you received or provided a financial benefit under a look-through earnout right created in an earlier income year and you wish to seek an amendment to that earlier income year, complete the following: Income year earnout right created F Amended net capital gain or capital losses carried forward G \$ 8 Other CGT information required (if applicable) Small business 15 year exemption – exempt capital gains A \$ Capital gains disregarded by a foreign resident B \$ Capital gains disregarded as a result of a scrip for scrip rollover C \$ Capital gains disregarded as a result of an inter-company asset rollover D \$		Amount of any capital gain or loss you made under your non-qualifying arrangement in the income year.	E \$	LOSS
Amended net capital gain or capital losses carried forward G \$ 8 Other CGT information required (if applicable) Small business 15 year exemption – exempt capital gains A \$ Capital gains disregarded by a foreign resident B \$ Capital gains disregarded as a result of a scrip for scrip rollover C \$ Capital gains disregarded as a result of an inter-company asset rollover D \$		If you received or provided a financial benefit under a look-through earr		′ou wish
Amended net capital gain or capital losses carried forward G \$ / 8 Other CGT information required (if applicable) Small business 15 year exemption – exempt capital gains A \$ / Capital gains disregarded by a foreign resident B \$ Capital gains disregarded as a result of a scrip for scrip rollover C \$ Capital gains disregarded as a result of an inter-company asset rollover D \$		Income year earnout right created	F	
Small business 15 year exemption – exempt capital gains A \$ / Capital gains disregarded by a foreign resident B \$ Capital gains disregarded as a result of a scrip for scrip rollover C \$ Capital gains disregarded as a result of an inter-company asset rollover D \$		Amended net capital gain or capital losses carried forward	G \$	LOSS
Capital gains disregarded by a foreign resident B \$ Capital gains disregarded as a result of a scrip for scrip rollover C \$ Capital gains disregarded as a result of an inter-company asset rollover D \$	8	Other CGT information required (if applicable)		CODE
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 \$		Small business 15 year exemption - exempt capital gains	A \$	/
Capital gains disregarded as a result of an inter-company asset rollover D \$		Capital gains disregarded by a foreign resident	В\$	
		Capital gains disregarded as a result of a scrip for scrip rollover	C \$	
Capital gains disregarded by a demerging entity E \$		Capital gains disregarded as a result of an inter-company asset rollover	D \$	
		Capital gains disregarded by a demerging entity	E \$	

Taxpayer's declaration

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

Important

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

Privacy

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

I declare that the information on this form is true and correct.			
Signature			
	Date		
	Day	Month	Year
		/ /	
Contact name			
Daytime contact number (include area code)			

Losses schedule

Companies and trusts that do not join consolidated groups should complete and attach this schedule to their 2022 tax return. Superannuation funds should complete and attach this schedule to their 2022 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 \overline{X} in all applicable boxes.

Refer to *Losses schedule instructions 2022*, available on our website **ato.gov.au** for instructions on how to complete this schedule.

Tax file number (TFN)

Name of entity

Australian business number

1 Tax losses carried forward to later income years

Part A - Losses carried forward to the 2022-23 income year - excludes film losses

Year of loss	
G021–22	В
2020–G1	С
2019–20	D
2018–19	Е
2017–18	F
2016–17 and earlier income years	G
Total	U

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

	Net capital losses carried forward to later income years	2
	Year of loss	2
Н	2021–22	
I	2020–21	
J	2019–20	
Κ	2018–19	
L	2017–18	
Μ	2016–17 and earlier income years	
V	Total	
orwar	Transfer the amount at V to the Net capital losses carried for	

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

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 satis ied in relation to that loss.

Do not complete items **1** or **2** of **Part B** if, in the 2021–22 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.

Whether continuity of majority	Year of loss			
ownership test passed	2021–22	A	Yes	No
Note: If the entity has deducted, applied, transferred in or transferred out (as applicable) in the 2021–22 income year a loss incurred in	2020–21	в	Yes	No
any of the listed years, print X in the Yes or No box to indicate whether the entity has satis ied	2019–20	С	Yes	No
the continuity of majority ownership test in respect of that loss.	2018–19	D	Yes	No
	2017–18	Е	Yes	No
	2016–17 and earlier income years	F	Yes	No

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 losses

Tax losses	G
Net capital losses	н

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		
	Net capital losses	J		
4	Do current year loss provisions apply? Is the company required to calculate its taxable income or tax loss for the year under Subdivision 165-B or its net capital gain or net capital loss for the year under Subdivision 165-CB of the <i>Income Tax Assessment Act</i> <i>1997</i> (ITAA 1997)?	K	Yes	No

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
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?	М	Yes	No
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
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?	ο		

Part D – Life insurance companies

olying superannuation class tax losses carried forward to later income years	כ
ying superannuation net capital losses carried forward to later income years	כ

Part E – Controlled foreign company losses

- Current year CFC losses
 - CFC losses deducted N
- CFC losses carried forward **O**

Part F – Tax losses reconciliation statement

 Balance of tax losses brought forward from the prior income year
 A

 ADD Uplift of tax losses of designated infrastructure project entities
 B

 SUBTRACT Net forgiven amount of debt
 C

 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
 H

 SUBTRACT Tax losses deducted
 I

 Conly for transfers involving a foreign bank branch or a PE of a foreign financial entity)
 I

 Total tax losses carried forward to later income years
 J

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

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.

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Taxpayer's declaration

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

Signature

	Day	Month		Year
Date	/	1	/	

Contact person

Daytime contact number (include area code)

Other Attachments Schedule

2022

Tax file No

Taxpayer name

Signature.....

SENSITIVE (when completed) -