Signature as prescribed in tax return

Self-managed superannuation 2019 fund annual return

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 2019 (NAT 71287). 8 М H ST 1 The Self-managed superannuation fund annual return ■ Place X in ALL applicable boxes. instructions 2019 (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 918170246 1 Tax file number (TFN) the top of pages 3, 5, 7 and 9. 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) Beale Superannuation Fund 64548126141 3 Australian business number (ABN) (if applicable) **Current postal address** 11 Banks-Smith Drive Suburb/town State/territory Postcode Gembrook VIC 3783 5 Annual return status Is this an amendment to the SMSF's 2019 return?

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

Sensitive (when completed)

B No

Tax File Number 918170246

6 SMSF auditor

Auditor's name	
Title: Mr Mrs Miss Ms Other	
Family name	
Boys	
First given name Othe	er given names
Tony	
SMSF Auditor Number Auditor's phone numb	Der
100014140 0410712708	
Postal address	
Box 3376	
Suburb/town	State/territory Postcode
Rundle Mall	SA 5000
Date audit was completed A A A A A A A A A A A A A A A A A A A	/ear
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?	9 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	063149	Fund account number 10450539	
Fund account nam	ie		
Beale Superann	uation Fund		
I would like my tax	refunds made to this a	account. X) Go to C.	
Financial institu	ition account detai	ils for tax refunds	
This account is use	ed 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.

В

0.	100017996MS
Sig	gnature as prescribed in tax return Tax File Number 918170246
8	Status of SMSF Australian superannuation fund A No Yes Yes Fund benefit structure B A Code Does the fund trust deed allow acceptance of the Government's Super Co-contribution and Low Income Super Amounts? C No Yes Yes X
9	Was the fund wound up during the income year? No X Yes If yes, provide the date on which the fund was wound up Volume / Volume / Vear Have all tax lodgment and payment obligations been met? No X
10	Exempt current pension income Did the fund pay retirement phase superannuation income stream benefits to one or more members in the income year?
	To claim a tax exemption for current pension income, you must pay at least the minimum benefit payment under the law. Record exempt current pension income at Label A.
	No Go to Section B: Income.
	Yes X Exempt current pension income amount A \$ 6,186
	Which method did you use to calculate your exempt current pension income?
	Segregated assets method B
	Unsegregated assets method $\mathbf{C}(\mathbf{X})$ Was an actuarial certificate obtained? \mathbf{D} Yes \mathbf{X}
	Did the fund have any other income that was assessable?
	E Yes X) 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.

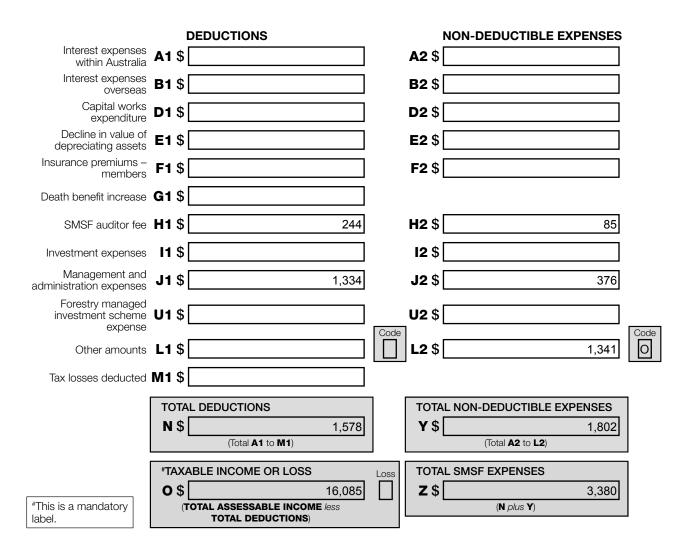
Signature as prescribed in tax return		Tax File Number	918170246		
Section B: Income					
Do not complete this section if all superative retirement phase for the entire year, the	 Do not complete this section if all superannuation interests in the SMSF were supporting superannuation income streams in 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 X) \$10 201 com	e total capital loss or total capit 000 or you elected to use the 7 and the deferred notional gai plete and attach a <i>Capital gain</i>	transitional CGT relief in n has been realised,		
Have you applied an exemption or rollover?	M No X Yes	le]			
	Net capital gain A	\$	4,815		
Gross rent and other lea	asing and hiring income B	\$			
	Gross interest	\$	15,480		
Forest	ry managed investment scheme income	\$			
Gross foreign income		<u>م</u>	Loss		
D1 \$	Net foreign income	\$			
Australian franking credits from a	New Zealand company	\$	Number		
	Transfers from foreign funds	\$	0		
	Gross payments where ABN not quoted	\$			
Calculation of assessable contributions Assessable employer contributions	Gross distribution	\$			
R1 \$	*Unfranked dividend	\$	49		
plus Assessable personal contributions R2 \$	amount *Franked dividend		2,454		
plus #*No-TFN-quoted contributions	amount ▲ *Dividend franking	¢			
+		\$	1,051		
(an amount must be included even if it is zero less Transfer of liability to life insurance	distributions M	\$			
company or PST	Assessable contributions (R1 plus R2 plus R3 less R6)	\$			
Calculation of non-arm's length income *Net non-arm's length private company dividen	da		Code		
U1 \$		\$			
plus *Net non-arm's length trust distributions	Assessable income due to changed tax status of fund	\$			
U2 \$ plus *Net other non-arm's length income	Net non-arm's				
U3 \$	U (subject to 45% tax rate) (U1 plus U2 plus U3)	\$			
"This is a mandatory label.	GROSS INCOME (Sum of labels A to U) W	\$	23,849		
entered at this label,	current pension income	\$	6,186		
	ASSESSABLE OME (W less Y) V \$		17,663		

Tax File Number 918170246

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).



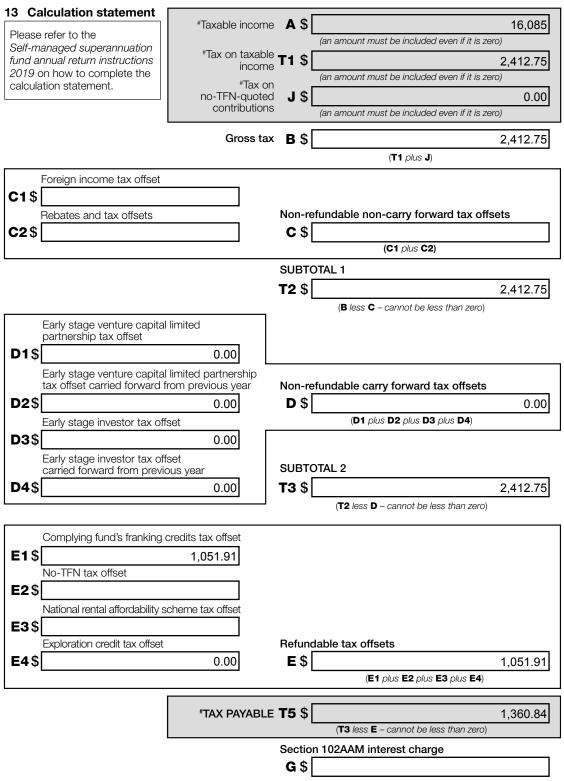
Signature as prescribed in tax return

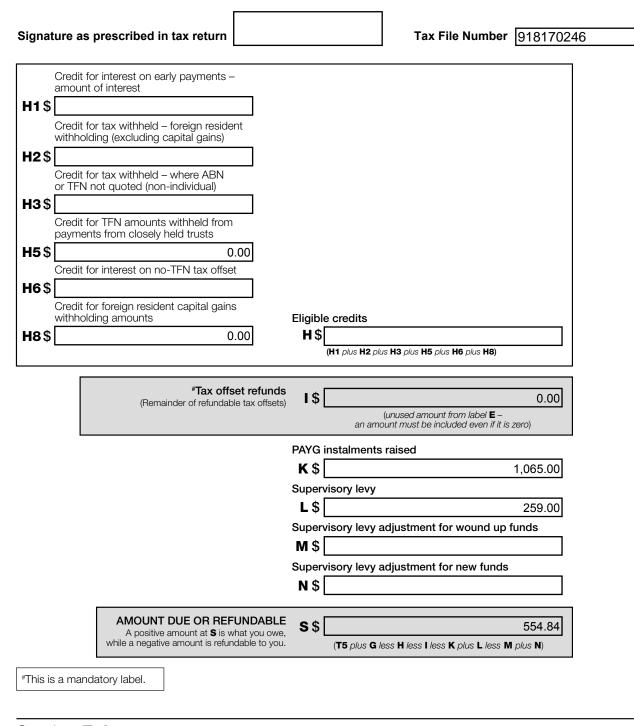
Tax File Number 918170246

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.





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** \$

Net capital losses carried forward to later income years

\$

]
Signature as prescribed in tax return		Tax File Number 918170246
Section F: Member informa	tion	
Title: Mr Mrs Miss Ms Other		
Beale		
First given name	Other given names	
Gary		Day Month Year
Member's TFN See the Privacy note in the Declaration. 312036	6018	Date of birth 21 / 12 / 1951
Contributions OPENING ACCO	DUNT BALANCE	204,251.89
Refer to instructions for completing these la		from primary residence disposal
Employer contributions	H\$	210
A \$	H1	Day Month Year
ABN of principal employer		le foreign superannuation fund amount
A1 Personal contributions	I \$_	
B \$	Non-asse	ssable foreign superannuation fund amount
CGT small business retirement exemption		rom reserve: assessable amount
C \$ CGT small business 15-year exemption a	K \$	
D \$	Transfer fr	rom reserve: non-assessable amount
Personal injury election	Contributi	ons from non-complying funds
	and previo	ously non-complying funds
Spouse and child contributions F \$	Any other	contributions
Other third party contributions	Low Inc <u>or</u>	Super Co-contributions and me Super Amounts)
G \$	M \$	
TOTAL CONTRIBUTION	NS N\$	
	(Sum of labels A to	,,
Other transactions	Allocated earnings 0 \$	6,022.71
Accumulation phase account balance	Inward rollovers and P \$	
S1 \$ 0.00		
Retirement phase account balance	Outward rollovers and Q \$	
– Non CDBiS	transfers	Code
S2 \$ 63,059.60	Lump Sum R1 \$	29,000.00 A
Retirement phase account balance – CDBIS		
\$3 \$ 0.00	b stream R2 \$	118,215.00 M
	COUNT BALANCE S \$	63,059.60
		(S1 plus S2 plus S3)
Accumul	ation phase value X1 \$	
	ment phase value X2 \$	
Outstanding	g limited recourse VC	0.00
borrowing arra Page 8	Ingement amount ■ ♥ L Sensitive (when compl	

Signature as prescribed in tax return		Tax File Number 918170246
MEMBER 2 Title: Mr Mrs X Miss Ms Other		
Beale		
First given name	Other given names	
Denise		Day Month Year
Member's TFN See the Privacy note in the Declaration. 45034536	61	Date of birth $14 / 12 / 1953$
Contributions OPENING ACCOU	NT BALANCE	470,736.78
Refer to instructions for completing these labe	Proceeds fro H \$	om primary residence disposal
Employer contributions A \$ ABN of principal employer A1	Receipt date H1 Assessable	e Day Month Year foreign superannuation fund amount
Personal contributions B\$ CGT small business retirement exemption	Non-assess J	able foreign superannuation fund amount n reserve: assessable amount
C \$ CGT small business 15-year exemption am D \$	Dunt Transfer from	n reserve: non-assessable amount
Personal injury election E \$ Spouse and child contributions F \$	Contribution and previous T \$ Any other co	ns from non-complying funds sly non-complying funds
Other third party contributions G \$	(inćluding St Low Income M\$	uper Co-contributions and Super Amounts)
TOTAL CONTRIBUTIONS	N \$ (Sum of labels A to N	n)
Other transactions Allo	cated earnings or losses O \$	14,764.49
Accumulation phase account balance S1 \$ 485,501.27	Inward rollovers and transfers	
Retirement phase account balance – Non CDBIS	Outward rollovers and transfers	Code
S2 \$ 0.00 Retirement phase account balance	Lump Sum R1 \$	
- CDBIS 0.00	Income stream R2 \$	
0 TRIS Count CLOSING ACCO	JNT BALANCE S \$	485,501.27 (S1 plus S2 plus S3)
Accumulati	on phase value X1 \$	
Outstanding li	Int phase value X2 \$	
borrowing arrang	ement amount Y 5	0.00 ed) Page 9

Sig	nature as prescribed in tax return			Tax File Number 918170246
	ction H: Assets and liak	oilities		
	Australian managed investments	Listed trusts	A \$	12,948
		Unlisted trusts	в\$	
		Insurance policy	c \$	
		Other managed investments	D \$	
15b	Australian direct investments	Cash and term deposits	E \$	508,246
	Limited recourse borrowing arranger	Debt securities	F \$	
	Australian residential real property J1 \$	Loans	G \$	
	Australian non-residential real property	Listed shares	Н\$	28,276
	J2 \$ Overseas real property	Unlisted shares	I\$	
	J3 \$	Limited recourse	J \$	
	J4 \$	Non-residential	К\$	
	Overseas shares	real property Residential	L\$	
	J5 \$ Other	Collectables and personal use assets	+	
	J6 \$	personal use assets Other assets		
			U J	
15c	Other investments	Crypto-Currency	N \$	
15d	Overseas direct investments	Overseas shares	Р\$	
	Overse	as non-residential real property	Q \$	
	Ov	verseas residential real property	R \$	
	C	overseas managed investments	S \$	
		Other overseas assets	Т\$	
		N AND OVERSEAS ASSETS of labels A to T)	U \$	549,470
15e	In-house assets Did the fund have a loan to, lea or investment in, related pa (known as in-house as at the end of the income y	arties A NO A Pes ssets)	\$	
15f	Limited recourse borrowing arrangem If the fund had an LRBA were the L borrowings from a lice financial institu	LRBA A No Yes insed Yes		
	Did the members or related parties or fund use personal guarantees or security for the LF	other B NO Fes		

Page 16

Sig	nature as prescribed in tax return		Tax File Number	918170246
16	LIABILITIES			
	Borrowings for limited recourse borrowing arrangements			
	V1 \$			
	Permissible temporary borrowings			
	V2 \$			
	Other borrowings			
	V3 \$	Borrowings	V \$	

●♥∟	Derrowings		
w \$[Total member closing account balances CLOSING ACCOUNT BALANCE s from Sections F and G) W	548,561
X \$[Reserve accounts	Reserve accounts X \$	
Y \$	Other liabilities	Other liabilities Y\$	909
s z \$[TOTAL LIABILITIES	TOTAL LIABILITIES Z \$	549,470

Section I: Taxation of financial arrangements

17	Taxation	of financial	arrangements	(TOFA)
----	----------	--------------	--------------	--------

Total TOFA gains	Н\$	
Total TOFA losses	I \$	

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 <i>Family trust election, revocation or variation 2019.</i>	в
nterposed 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 <i>Interposed entity election or revocation 2019</i> for each election.	c
If revoking an interposed entity election, print R , and complete and attach the <i>Interposed entity election or revocation 2019</i> .	D 🗌

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	7
	Day Month Year
	Date / / /
Preferred trustee or director contact details:	
Title: Mr Mrs Miss Ms Other	
Family name	
Beale	
First given name Other given names	
Denise	
Phone number 0438883134	
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 u provide on this annual return to maintain the integrity of the register. For further informa	se the ABN and business details which you tion, refer to the instructions.
TAX AGENT'S DECLARATION: I declare that the Self-managed superannuation fund annual return 2019 has been prepa	ared in accordance with information
provided by the trustees, that the trustees have given me a declaration stating that the ir	
correct, and that the trustees have authorised me to lodge this annual return.	
Tax agent's signature	1
	Day Month Year
	Date 17 / 02 / 2020
Tax agent's contact details	
Title: Mr Miss Ms Other	
Family name	
Morrison	
First given name Other given names	
Angus	
Tax agent's practice	
Morrison, Angus	
Tax agent's phone number Reference number	Tax agent number
0395846422 BEALESUP0271	24756885

2019

Capital gains tax (CGT) schedule

When completing this form

Print clearly, using a black or dark blue pen only.

Use BLOCK LETTERS and print one characteristic	racter in each box.
SMITHST	

- 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 2019 available on our website at ato.gov.au for instructions on how to complete this schedule.

Tax file number (TFN) 918170246

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) 64548126141

Taxpayer's name

Beale Superannuation Fund

1 Current year capital gains and capital losses

Shares in companies		Capital gain	
listed on an Australian securities exchange	A	\$ 14,672	К\$
Other shares	В	\$	L \$
Units in unit trusts listed on an Australian securities exchange	С	\$	М\$
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	Η	\$	Q \$
Other CGT assets and any other CGT events	I	\$	R \$
Amount of capital gain previously deferred under transitional CGT relief for superannuation funds	S	\$ 0	Add the amounts the total in item 2 capital losses.
Total current year capital gains	J	\$ 14,672	

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

100017996BW

Si	gnature as prescribed in tax return		Т	ax File Number	918170246	
2	Capital losses					
	Total current year capital loss	ses	4\$			3,452
	Total current year capital losses appl	ied I	в\$			3,452
	Total prior year net capital losses appl	ied (C \$			3,998
	Total capital losses transferred in appl (only for transfers involving a foreign bank branch permanent establishment of a foreign financial ent	or	D \$			
	Total capital losses applie	ed 🛛	E \$			7,450
		4	Add	amounts at B , C ar	nd D .	
3	Unapplied net capital losses carried forward					
-	Net capital losses from collectables carried forward to later income year	ars	4\$			
	Other net capital losses carried forward to later income year	ars	в\$			
		4 t	Add o lab		B and transfer the to losses carried for on your tax return.	
4	CGT discount					
	Total CGT discount applie	ed 🚺	4\$			2,407
5	CGT concessions for small business					
	Small business active asset reduct	ion 🌡	4\$			
	Small business retirement exempt	ion I	в\$			
	Small business rollo	ver (C \$			
	Total small business concessions applie	ed 🛛	D \$			
6	Net capital gain					
	Net capital ga	in 🚺	A \$			4,815
		Z	zero)		5D (cannot be less int at A to label A – < return.	

100017996BW

s	ignature as prescribed in tax return		Tax File Number	918170246
7	Earnout arrangements			
	Are you a party to an earnout arrangement? A Ye (Print \overrightarrow{X} in the appropriate box.)	es, as a buyer	Yes, as a seller	No
	If you are a party to more than one earnout a details requested here for each additional earnout		h a separate sheet to th	nis schedule providing the
	How many years does the earnout a	arrangement run for?		
	What year of that arra	ngement are you in?		
	If you are the seller, what is the total estima from the ea	ted capital proceeds D \$		
	Amount of any capital gain or I your non-qualifying arrangemer			/
	Request for amendment			
	If you received or provided a financial benefit under to seek an amendment to that earlier income year		ht created in an earlier i	income year and you wish
	Income year e	earnout right created F		
	Amended net capital gain or capital lo	osses carried forward G\$		
8	Other CGT information required (if applic	cable)		COD
	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 s	scrip for scrip rollover C\$		
	Capital gains disregarded as a result of an inter-co	mpany asset rollover D\$		
	Capital gains disregarded b	by a demerging entity E \$		

Signature as prescribed in tax return	Tax File Number	918170246

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	
Denise Beale	
Daytime contact number (include area code) 0438883134	

100017996BP

2019

Losses schedule

Companies and trusts that do not join consolidated groups should complete and attach this schedule to their 2019 tax return. Superannuation funds should complete and attach this schedule to their 2019 tax return. Print neatly in BLOCK LETTERS with a black or blue ballpoint pen only. Print one letter or number in each box. Do not use correction fluid or tape. Place \swarrow in all applicable boxes. 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) 918170246 Name of entity Beale Superannuation Fund

Australian business number

64548126141

Part A - Losses carried forward to the 2019-20 income year - excludes film losses

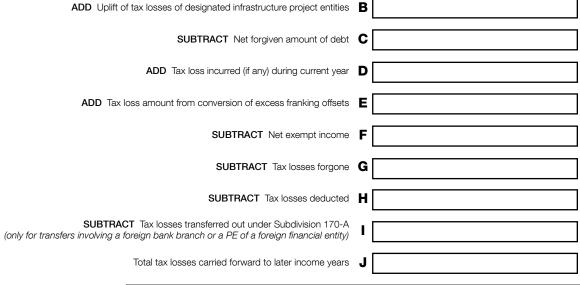
1	Tax losses carried forward to later income years			
•	Year of loss	;		
	2018–15	E	3	
	2017–18			
	2016–17	, C		
	2015–16	6 E		
	2014–15	F		
	2013–14 and earlie income years		à	
	Tota	L	J	
	Transfer the amount at U to the Tax losses carried	d for	ward to later income years label on your tax ref	urn.

2 Net capital losses carried forward to later income years

tear of loss	
2018–19	н
2017–18	I
2016–17	J
2015–16	κ
2014–15	L
2013–14 and earlier income years	М
Total	v
Transfer the amount at V to the Net capital losses carried for	orward to later income years label on your tax return.

			1	
S	gnature as prescribed in tax return		-	Fax File Number918170246
Ρ	art B – Ownership and b	ousiness continuity	te	est – company and listed widely held trust only
sa D	omplete item 3 of Part B if a loss is being c atisfied in relation to that loss. o not complete items 1 or 2 of Part B if, in gainst a net capital gain or, in the case of co	the 2018–19 income year, no loss	s ha	as been claimed as a deduction, applied
		Year of loss		
1	Whether continuity of majority ownership test passed	2018–19	Α	Yes No
	Note : If the entity has deducted, applied, transferred in or transferred out (as applicable)	2017–18	в	Yes No
	in the 2018–19 income year a loss incurred in any of the listed years, print X in the Yes or No	2016–17	c	Yes No
	box to indicate whether the entity has satisfied the continuity of majority ownership test in respect of that loss.	2015–16	D	Yes No
			E	Yes No
		2013–14 and earlier	-	
		income years	Г	Yes No
2	Amount of losses deducted/applied for business continuity test is satisfied – e		orit	y ownership test is not passed but the
	······································		G	
		Net capital losses	н	
_				
3	Losses carried forward for which the l applied in later years – excludes film losse		be	satisfied before they can be deducted/
		Tax losses	I	
		Net capital losses	J	
4	Do current year loss provisions apply Is the company required to calculate its taxa the year under Subdivision 165-B or its net cap for the year under Subdivision 165-CB of the <i>In</i> 1997 (ITAA 1997)?	ble income or tax loss for bital gain or net capital loss	K	Yes No
Ρ	art C – Unrealised losses - a	ompany only		
	Note: These questions relate to the operation of	Subdivision 165-CC of ITAA 1997.		
	Has a changeover time occurred in relation to a fter 1.00pm by legal time in the Australian Ca 11 November 1999?		L	Yes No
	If you printed X in the No box at L , do not compl	ete M , N or O .		
	At the changeover time did the company satisf net asset value test under section 152-15 of IT.		М	Yes No
	If you printed X in the No box at M , has the cor it had an unrealised net loss at the changeover	mpany determined	N	Yes No
	If you printed X in the Yes box at N , what was unrealised net loss calculated under section 16		0	

Signature as prescribed in tax return		Та	x File Number	918170246
Part D – Life insurance comp	anies			
Complying superanr	nuation class tax losses carried forward to later income years			
Complying superannu	uation net capital losses carried forward to later income years			
Part E – Controlled foreign co	ompany losses			
	Current year CFC losses	М		
	CFC losses deducted	Ν		
	CFC losses carried forward	0		
Part F – Tax losses reconcilia	tion statement			
Balance of tax losses brou	ught forward from the prior income year	A		
ADD Uplift of tax losses of c	designated infrastructure project entities	B		



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

	Tax File Number 918170246			
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	Daytime contact number (include area code)			
Denise Beale	0438883134			

A

Other Attachments Schedule

Tax file No 918170246

Taxpayer name Beale Superannuation Fund

Signature.....

SENSITIVE (when completed) -