# Self-managed superannuation fund annual return 2022

To complete this annual return

■ Print clearly, using a BLACK pen only.

	annual return. All other funds must complete the <i>Fund</i> ome tax return 2022 (NAT 71287).	■ Use BLC	THERS	and print one charac	cter per box.
0	The Self-managed superannuation fund annual return instructions 2022 (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).	Posta  Austr GPO [inse	in ALL application and address for a ralian Taxation Box 9845 rt the name a nur capital city	nnual returns: n Office nd postcode	
		Austi GPO	xample; ralian Taxatio Box 9845 NEY NSW 200		
Se	ection A: Fund information		<b>♦</b> To assist p	rocessing, write the f	und's TFN at
1	Tax file number (TFN)			pages 3, 5, 7, 9 and	
	The ATO is suith arised by leve to require type. TENL Voy and	not obligad	to auoto vour	TEN but not quoting	it could increase
	The ATO is authorised by law to request your TFN. You are the chance of delay or error in processing your annual retu	rn. See the P	rivacy note in	the Declaration.	
2	the chance of delay or error in processing your annual returns of self-managed superannuation fund (SMSF)	ırn. See the P	rivacy note in	the Declaration.	
2 3	the chance of delay or error in processing your annual retu	ırn. See the P	rivacy note in	the Declaration.	
	Name of self-managed superannuation fund (SMSF	ırn. See the P	rivacy note in t	the Declaration.	
3	Name of self-managed superannuation fund (SMSF)  Australian business number (ABN) (if applicable)	ırn. See the P	rivacy note in	State/territory	Postcode
3	Name of self-managed superannuation fund (SMSF)  Australian business number (ABN) (if applicable)  Current postal address	ırn. See the P	Yes	the Declaration.	
34 4	Name of self-managed superannuation fund (SMSF  Australian business number (ABN) (if applicable)  Current postal address  urb/town	rn. See the P	rivacy note in t	the Declaration.	

Who should complete this annual return?

Only self-managed superannuation funds (SMSFs) can complete

### 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

### 7 Electronic funds transfer (EFT)

Was Part A of the audit report qualified?

Was Part B of the audit report qualified?

If Part B of the audit report was qualified,

have the reported issues been rectified?

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

Yes

Yes

Yes

### A Fund's financial institution account details

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

**B** No

C No

**D** No

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.

Status of SMSF Australian superannuation fund A No Fund benefit structure Yes В Code Does the fund trust deed allow acceptance of C No Yes the Government's Super Co-contribution and Low Income Super Amounts? Was the fund wound up during the income year? Have all tax lodgment Month If yes, provide the date on which the fund was wound up and payment No Yes obligations been met? 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\$ 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. Choosing 'No' means that you do not have any assessable income, including no-TFN quoted contributions. No Go to Section C: Deductions and non-deductible expenses. (Do **not** complete Section B: Income.) f 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?	complete and attach a Capital g	he transitional CGT relief in gain has been realised,
Have you applied ar exemption or rollover?		
	Net capital gain A\$	
Gross rent and other	r leasing and hiring income <b>B</b> \$	
	Gross interest <b>C</b> \$	
For	estry managed investment scheme income <b>X \$</b>	
Gross foreign income		Loss
D1 \$	Net foreign income <b>D</b> \$	
Australian franking credits fron	n a New Zealand company <b>E</b> \$	Number
	Transfers from foreign funds <b>F</b> \$	Number
	Gross payments where ABN not quoted	Loss
Calculation of assessable contribution  Assessable employer contributions	I Grace dietrini itian - +	2000
R1 \$	*Unfranked dividend amount	
plus Assessable personal contributions  R2 \$	*Franked dividend amount <b>K</b> \$	
plus #*No-TFN-quoted contributions	*Dividend franking credit L\$	
R3 \$ (an amount must be included even if it is	zero) *Gross trust M &	Code
less Transfer of liability to life insurance	distributions	
company or PST  R6 \$	Assessable contributions (R1 plus R2 plus R3 less R6)	
Calculation of non-arm's length incor *Net non-arm's length private company divid U1 \$		Code
plus*Net non-arm's length trust distribution	*Assessable income due to changed tax status of fund	
U2 \$	N	
plus *Net other non-arm's length income U3 \$	length income (subject to 45% tax rate) (U1 plus U2 plus U3)	
#This is a mandatory	CDOSS INCOME	Loss
label.  *If an amount is	(Sum of labels <b>A</b> to <b>U</b> ) <b>W</b> \$	
entered at this label, check the instructions	pt current pension income Y\$	Loop
to ensure the correct TOTA	AL ASSESSABLE NCOME (W less Y)	Loss

### 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-DEDUCTIB	LE EXPENSES
Interest expenses within Australia	A1 \$	<b>A2</b> \$	
Interest expenses overseas	<b>B1</b> \$	<b>B2</b> \$	
Capital works expenditure	D1 \$	D2 \$	
Decline in value of depreciating assets	ΕIΦ	<b>E2</b> \$	
Insurance premiums – members	F1 \$	F2 \$	
SMSF auditor fee	H1 \$	H2 \$	
Investment expenses	I1 \$	<b>I2</b> \$	
Management and administration expenses	J1 \$	<b>J2</b> \$	
Forestry managed investment scheme expense	U1 \$	<b>U2</b> \$	Code
Other amounts	L1 \$	L2 \$	
Tax losses deducted	M1 \$		

TOTAL DEDUCTIONS

N \$

(Total A1 to M1)

TOTAL NON-DEDUCTIBLE EXPENSES

Y \$

(Total A2 to L2)

\*TAXABLE INCOME OR LOSS

0\$

#This is a mandatory

label.

(TOTAL ASSESSABLE INCOME less TOTAL DEDUCTIONS)

TOTAL SMSF EXPENSES **Z** \$

(N plus Y)

OFFICIAL: Sensitive (when completed)

### 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 2022 on how to complete the calculation statement. \*Taxable income **A**\$

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

\*Tax on taxable **T1** \$

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

\*Tax on no-TFN-quoted **J** ( contributions

(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 Non-refundable non-carry forward tax offsets

C2\$

(C1 plus C2)

SUBTOTAL 1

T2 \$

**C**\$

(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

Refundable tax offsets

E4\$

(E1 plus E2 plus E3 plus E4)

\*TAX PAYABLE **T5** \$

(T3 less E - cannot be less than zero)

Section 102AAM interest charge

**G**\$

**E**\$

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)

1\$

(unused amount from label **E** – an amount must be included even if it is zero)

PAYG instalments raised

**K**\$

Supervisory levy

Supervisory levy adjustment for wound up funds

Supervisory levy adjustment for new funds

**N**\$

### AMOUNT DUE OR REFUNDABLE

**S**\$

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

(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 2022.

Tax losses carried forward U \$ to later income years

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

**OFFICIAL: Sensitive** (when completed)

#### Section F: Member information **MEMBER 1** Mrs Other Title: Mr Miss Ms Family name First given name Other given names Day Month Member's TFN Date of birth 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 Month **A**\$ H1 Receipt date ABN of principal employer Assessable foreign superannuation fund amount 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 L\$ Personal injury election Contributions from non-complying funds and previously non-complying funds **E**\$ 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 0\$ Inward rollovers and transfers Accumulation phase account balance **P**\$ **S1**\$ Outward rollovers and transfers Retirement phase account balance **Q** \$ - Non CDBİS 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 \$

(S1 plus S2 plus S3)

Outstanding limited recourse borrowing arrangement amount

#### Title: Mr Mrs Miss Ms Other Family name First given name Other given names Day Month Member's TFN Date of birth 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 **A**\$ H1 Receipt date ABN of principal employer Assessable foreign superannuation fund amount 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 0\$ Inward rollovers and transfers Accumulation phase account balance **P**\$ **S1**\$ Outward rollovers and transfers Retirement phase account balance **Q** \$ - Non CDBİS Lump Sum payments Code **S2**\$ R1 \$ Retirement phase account balance - CDBIS Income stream payments Code **S3**\$ **R2** \$ TRIS Count CLOSING ACCOUNT BALANCE \$\$ (S1 plus S2 plus S3) Accumulation phase value X1 \$ Retirement phase value X2 \$ Outstanding limited recourse borrowing arrangement amount

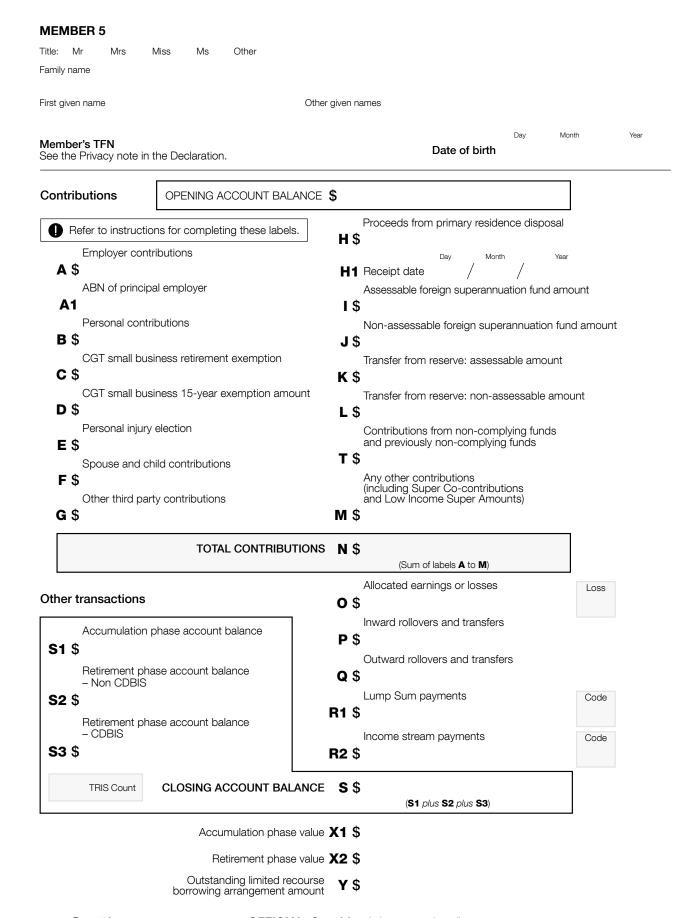
**MEMBER 2** 

#### **MEMBER 3** Mrs Miss Other Title: Mr Ms Family name First given name Other given names Day Month Member's TFN Date of birth 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 **A**\$ H1 Receipt date ABN of principal employer Assessable foreign superannuation fund amount 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 L\$ Personal injury election Contributions from non-complying funds and previously non-complying funds **E**\$ 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 0\$ Inward rollovers and transfers Accumulation phase account balance **P**\$ **S1**\$ Outward rollovers and transfers Retirement phase account balance **Q** \$ - Non CDBİS 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

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**MEMBER 4** 



#### Title: Mr Mrs Miss Ms Other Family name First given name Other given names Day Month Member's TFN Date of birth 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 **A**\$ H1 Receipt date ABN of principal employer Assessable foreign superannuation fund amount 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 0\$ Inward rollovers and transfers Accumulation phase account balance **P**\$ **S1**\$ Outward rollovers and transfers Retirement phase account balance **Q** \$ - Non CDBİS Lump Sum payments Code **S2**\$ R1 \$ Retirement phase account balance - CDBIS Income stream payments Code **S3**\$ **R2** \$ TRIS Count CLOSING ACCOUNT BALANCE \$\$ (S1 plus S2 plus S3) Accumulation phase value X1 \$ Retirement phase value X2 \$ Outstanding limited recourse borrowing arrangement amount

**MEMBER 6** 

### Section G: Supplementary member information

IEMBER 7 tle: Mr Mrs Miss Ms Other amily name		ount atus
st given name	Other given names	
ember's TFN Date of bigger the Privacy note in the Declaration.	Month Year If deceased, da  Month Year Day Month	te of death Year
ontributions OPENING ACCOUNT BA	LANCE \$	
Refer to instructions for completing these labels.  Employer contributions	Proceeds from primary residence dispo	sal <sub>Year</sub>
A \$ ABN of principal employer A1	H1 Receipt date / / Assessable foreign superannuation fund	amount
Personal contributions <b>B</b> \$  CGT small business retirement exemption	Non-assessable foreign superannuation	fund amount
CGT small business 15-year exemption amoun	Transfer from reserve: assessable amount  K \$  Transfer from reserve: non-assessable amount  Transfer from reserve	
Personal injury election  E \$	Contributions from non-complying fund and previously non-complying funds	S
Spouse and child contributions  F \$  Other third party contributions  G \$	T \$ Any other contributions (including Supe Co-contributions and Low Income Supe M \$	r er Amounts)
TOTAL CONTRIB	JTIONS N \$	
her transactions	Allocated earnings or losses  • \$	Loss
Accumulation phase account balance	Inward rollovers and transfers <b>P</b> \$	
Retirement phase account balance - Non CDBIS	Outward rollovers and transfers  Q \$	
Retirement phase account balance – CDBIS	Lump Sum payments  R1 \$  Income stream payments	Code
S3 \$	R2 \$	Code
TRIS Count CLOSING ACCOUNT BA	LANCE <b>S</b> \$ (S1 plus S2 plus S3)	
Accumulation pha		

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

#### **MEMBER 8** Code Account Other Title: Mr Mrs Miss Ms status Family name First given name Other given names Member's TFN Date of birth If deceased, date of death See the Privacy note in the Declaration. Month Day Month Contributions OPENING ACCOUNT BALANCE \$ Proceeds from primary residence disposal Refer to instructions for completing these labels. **H**\$ Employer contributions **A** \$ H1 Receipt date ABN of principal employer Assessable foreign superannuation fund amount 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 Spouse and child contributions **T**\$ **F**\$ Any other contributions (including Super Co-contributions and Low Income Super Amounts) Other third party contributions **M**\$ **G**\$ TOTAL CONTRIBUTIONS N \$ (Sum of labels A to M) Allocated earnings or losses Loss Other transactions 0\$ Inward rollovers and transfers Accumulation phase account balance **S1**\$ Outward rollovers and transfers Retirement phase account balance **Q**\$ - Non CDBİS Lump Sum payments Code **S2** \$ **R1**\$ Retirement phase account balance - CDBIS Income stream payments Code **S3**\$ **R2** \$ TRIS Count CLOSING ACCOUNT BALANCE \$\$ (S1 plus S2 plus S3) Accumulation phase value X1 \$

**OFFICIAL: Sensitive** (when completed)

Retirement phase value X2 \$

Outstanding limited recourse borrowing arrangement amount

**MEMBER 9** Code Account Mrs Miss Other Title: Mr Ms status Family name First given name Other given names Member's TFN Date of birth If deceased, date of death See the Privacy note in the Declaration. Day Month Contributions OPENING ACCOUNT BALANCE \$ Proceeds from primary residence disposal Refer to instructions for completing these labels. **H**\$ Employer contributions **A** \$ **H1** Receipt date ABN of principal employer Assessable foreign superannuation fund amount 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 Spouse and child contributions **T** \$ **F**\$ Any other contributions (including Super Co-contributions and Low Income Super Amounts) Other third party contributions **M**\$ **G** \$ TOTAL CONTRIBUTIONS N \$ (Sum of labels A to M) Allocated earnings or losses Loss Other transactions 0\$ Inward rollovers and transfers Accumulation phase account balance **S1**\$ Outward rollovers and transfers Retirement phase account balance **Q**\$ - Non CDBİS Lump Sum payments Code **S2**\$ R1 \$ Retirement phase account balance - CDBIS Income stream payments Code **S3**\$ **R2** \$ TRIS Count CLOSING ACCOUNT BALANCE \$\$ (S1 plus S2 plus S3)

Accumulation phase value X1 \$

Retirement phase value X2 \$

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

#### **MEMBER 10** Code Account Other Title: Mr Mrs Miss Ms status Family name First given name Other given names Member's TFN Date of birth If deceased, date of death See the Privacy note in the Declaration. Month Day Month Contributions OPENING ACCOUNT BALANCE \$ Proceeds from primary residence disposal Refer to instructions for completing these labels. **H**\$ Employer contributions **A** \$ H1 Receipt date ABN of principal employer Assessable foreign superannuation fund amount 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 Spouse and child contributions **T**\$ **F**\$ Any other contributions (including Super Co-contributions and Low Income Super Amounts) Other third party contributions **M**\$ **G**\$ TOTAL CONTRIBUTIONS N \$ (Sum of labels A to M) Allocated earnings or losses Loss Other transactions 0\$ Inward rollovers and transfers Accumulation phase account balance **S1**\$ Outward rollovers and transfers Retirement phase account balance **Q**\$ - Non CDBİS Lump Sum payments Code **S2** \$ R1 \$ Retirement phase account balance - CDBIS Income stream payments Code **S3**\$ **R2** \$ TRIS Count CLOSING ACCOUNT BALANCE \$\$ (S1 plus S2 plus S3) Accumulation phase value X1 \$

Retirement phase value X2 \$

Outstanding limited recourse borrowing arrangement amount

#### **MEMBER 11** Code Account Miss Other Title: Mr Mrs Ms status Family name First given name Other given names Member's TFN If deceased, date of death Date of birth See the Privacy note in the Declaration. Day Month Contributions OPENING ACCOUNT BALANCE \$ Proceeds from primary residence disposal Refer to instructions for completing these labels. **H**\$ Employer contributions **A** \$ **H1** Receipt date ABN of principal employer Assessable foreign superannuation fund amount 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 Spouse and child contributions **T** \$ **F**\$ Any other contributions (including Super Co-contributions and Low Income Super Amounts) Other third party contributions **M**\$ **G** \$ TOTAL CONTRIBUTIONS N \$ (Sum of labels A to M) Allocated earnings or losses Loss Other transactions 0\$ Inward rollovers and transfers Accumulation phase account balance **S1**\$ Outward rollovers and transfers Retirement phase account balance **Q**\$ - Non CDBİS 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 \$

(S1 plus S2 plus S3)

Retirement phase value X2 \$

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

#### **MEMBER 12** Code Account Title: Mr Mrs Miss Ms Other status Family name First given name Other given names Member's TFN Date of birth If deceased, date of death See the Privacy note in the Declaration. Day Month Contributions OPENING ACCOUNT BALANCE \$ Proceeds from primary residence disposal Refer to instructions for completing these labels. **H**\$ Employer contributions **A** \$ **H1** Receipt date ABN of principal employer Assessable foreign superannuation fund amount 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 Spouse and child contributions **T** \$ **F**\$ Any other contributions (including Super Co-contributions and Low Income Super Amounts) Other third party contributions **M**\$ **G** \$ TOTAL CONTRIBUTIONS N \$ (Sum of labels A to M) Allocated earnings or losses Loss Other transactions 0\$ Inward rollovers and transfers Accumulation phase account balance **S1**\$ Outward rollovers and transfers Retirement phase account balance **Q**\$ - Non CDBİS Lump Sum payments Code **S2**\$ R1 \$ Retirement phase account balance - CDBIS Income stream payments Code **S3**\$ **R2** \$ CLOSING ACCOUNT BALANCE \$ \$ TRIS Count (S1 plus S2 plus S3) Accumulation phase value X1 \$

Retirement phase value X2 \$

Outstanding limited recourse borrowing arrangement amount

### Section H: Assets and liabilities 15 ASSETS Listed trusts A \$ 15a Australian managed investments Unlisted trusts **B** \$ Insurance policy C\$ Other managed investments **D** \$ 15b Australian direct investments Cash and term deposits **E**\$ Limited recourse borrowing arrangements Debt securities **F**\$ Australian residential real property Loans G \$ **J1**\$ Australian non-residential real property Listed shares **H** \$ **J2**\$ Unlisted shares | | \$ Overseas real property **J3**\$ Limited recourse J \$ borrowing arrangements Australian shares **J4**\$ Non-residential **K**\$ real property Overseas shares Residential **J5**\$ real property Collectables and personal use assets **M** \$ Other **J6**\$ Other assets **O** \$ Property count **J7** Crypto-Currency N \$ 15c Other investments 15d Overseas direct investments Overseas shares **P**\$ Overseas non-residential real property Q \$ Overseas residential real property **R** \$ Overseas managed investments **\$**\$ Other overseas assets **T** \$ TOTAL AUSTRALIAN AND OVERSEAS ASSETS U\$ (Sum of labels A to T) 15e In-house assets Did the fund have a loan to, lease to A No \$ Yes or investment in, related parties (known as in-house assets)

at the end of the income year?

### 15f Limited recourse borrowing arrangements

If the fund had an LRBA were the LRBA borrowings from a licensed

A No Yes financial institution?

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

**B** No Yes

### 16 LIABILITIES

Borrowings for limited recourse borrowing arrangements

V1 \$

Permissible temporary borrowings

**V2**\$

Other borrowings

**V3**\$ **V** \$ Borrowings

> Total member closing account balances **W** \$

(total of all CLOSING ACCOUNT BALANCEs from Sections F and G)

Reserve accounts

Other liabilities

TOTAL LIABILITIES 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  ${\bf R}$  for revoke or print  ${\bf V}$  for variation, and complete and attach the Family trust election, revocation or variation 2022.

### 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.

OFFICIAL: Sensitive (when completed)

Section I	<b>&lt;</b> :	Dec	larations
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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.

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, dire	ctor's or public officer's signature			
		Day Day	Month /	Year
Preferred trustee or	director contact details:			
Title: Mr Mrs M Family name	fliss Ms Other			
First given name	Other given names			
Phone number Email address				
Non-individual trustee na	me (if applicable)			
ABN of non-individual tru	istee			
	Time taken to prepare and complete this annual return	Hrs		
	of Taxation, as Registrar of the Australian Business Register, may u al return to maintain the integrity of the register. For further informa			s which you
provided by the trustees	ARATION:  naged superannuation fund annual return 2022 has been prepared that the trustees have given me a declaration stating that the interest have authorized me to lodge this annual return.			

correct, and that the trustees have authorised me to lodge this annual return.

Tax agent's signature

Tax agont 3 signature										
					Date	Day	/	Month	/	Year
Tax agent's contac	t details	S								
Title: Mr Mrs	Miss	Ms	Other							
Family name										
First given name				Other given names						
Tax agent's practice										
Tax agent's phone num	nber			Reference number		Tax age	ent nu	ımber		

### Capital gains tax (CGT) schedule

2022

### 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 cap	pital ga	ins and capital losses	
Shares in companies listed on an Australian securities exchange	<b>A</b> \$	Capital gain	Capital loss
Other shares	В\$		L \$
Units in unit trusts listed on an Australian securities exchange	<b>C</b> \$		M\$
Other units	<b>D</b> \$		N \$
Real estate situated in Australia	<b>E</b> \$		<b>o</b> \$
Other real estate	F \$		P \$
Amount of capital gains from a trust (including a managed fund)	G\$		
Collectables	Н\$		<b>Q</b> \$
Other CGT assets and any other CGT events	I \$		R \$
Amount of capital gain previously deferred under transitional CGT relief for superannuation funds	<b>s</b> \$		Add the amounts at labels <b>K</b> to <b>R</b> and write the total in item <b>2</b> label <b>A – Total current year capital losses</b> .
Total current year capital gains	J \$		

2	Total current year capital losses  Total current year capital losses applied  Total prior year net capital losses applied  Total capital losses transferred in applied  (only for transfers involving a foreign bank branch or permanent establishment of a foreign financial entity)	B \$ C \$
	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	<b>B</b> \$
		Add amounts at <b>A</b> and <b>B</b> and transfer the total to label <b>V</b> – <b>Net capital losses carried forward to later income years</b> 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	B \$
	Small business rollover	<b>C</b> \$
	Total small business concessions applied	<b>D</b> \$
6	Net capital gain	
-	Net capital gain	A \$
	. sa sapital gain	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.

1	Earnout arrangements		
	Are you a party to an earnout arrangement? $\mathbf{A}$ Yes, as a buyer (Print $\overline{\mathcal{X}}$ in the appropriate box.)	Yes, as a seller	No
	If you are a party to more than one earnout arrangement, copy an details requested here for each additional earnout arrangement.	d attach a separate sheet to this schedule pro	viding the
	How many years does the earnout arrangement run for?	В	
	What year of that arrangement are you in?	C	
	If you are the seller, what is the total estimated capital proceeds from the earnout arrangement?	D \$	
	Amount of any capital gain or loss you made under your non-qualifying arrangement in the income year.	E \$	LOSS
	Request for amendment		
	If you received or provided a financial benefit under a look-through earn to seek an amendment to that earlier income year, complete the follow	,	d you wish
	Income year earnout right created	F	
	Amended net capital gain or capital losses carried forward	<b>G</b> \$	LOSS
8	Other CGT information required (if applicable)		CODE
	Small business 15 year exemption - exempt capital gains	A \$	/
	Capital gains disregarded by a foreign resident	В\$	
	Capital gains disregarded as a result of a scrip for scrip rollover	<b>C</b> \$	
	Capital gains disregarded as a result of an inter-company asset rollover	<b>D</b> \$	
	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	Montl	1 /	Year	
Contact name					

Daytime contact number (include area code)

Losses schedule

2022

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 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

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

1 Tax losses carried forward to later income years

#### Year of loss

G021-22 **B** 

2020-G1 **C** 

2019–20 **D** 

2018–19 **E** 

2017–18 **F** 

2016–17 and earlier income years

Total **U** 

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

2021–22 **H** 

2020–21

2019–20 **J** 

2018–19 **K** 

2017–18 **L** 

2016–17 and earlier income years **M** 

Total V

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.

## 1 Whether continuity of majority ownership test passed

Note: If the entity has deducted, applied, transferred in or transferred out (as applicable) in the 2021–22 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 satis ied the continuity of majority ownership test in respect of that loss.

2021–22	A	,

Year of loss

2020–21 **B** Yes No

No

2019–20 **C** Yes No

2018-19 **D** Yes No

2017–18 **E** Yes No

2016–17 and earlier 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 H

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

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 *Income Tax Assessment Act* 1997 (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?

. 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?

M Yes No

If you printed  ${\bf X}$  in the  ${\bf No}$  box at  ${\bf M}$ , 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?

0

### Part D - Life insurance companies

- Complying superannuation class tax losses carried forward to later income years
- Complying superannuation net capital losses carried forward to later income years

### Part E - Controlled foreign company losses

- Current year CFC losses M
  - 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
    - SUBTRACT Net exempt income | |
    - SUBTRACT Tax losses forgone **G**
    - SUBTRACT Tax losses deducted
- SUBTRACT Tax losses transferred out under Subdivision 170-A (only for transfers involving a foreign bank branch or a PE of a foreign financial entity)
  - Total tax losses carried forward to later income years **J**

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

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#### Taxpayer's declaration

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

Signature		-				
			Day	Month		Year
		Date	/	/	/	
Contact person	Dayti	me contact	number (	include a	area coc	de)

**SCHEDULE** 

A

## Other Attachments Schedule

2022

	Tax file No
Taxpayer name	
Signature	

SENSITIVE (when completed)