PART A Electronic loagment declaration (Form P, T, F, SMSF or EX)

This declaration is to be completed where the tax return is to be lodged via an approved ATO electronic channel. It is the responsibility of the taxpayer to retain this declaration for a period of five years after the declaration is made, penalties may apply for failure to do so.

Privacy The ATO is authorised by the Taxation Administration Act 1953 to request the provision of tax file numbers (TFNs). The ATO will use the TFNs to identify each partner or beneficiary or entity in our records. It is not an offence not to provide the TFNs. However, you cannot lodge your tax return electronically if you do not quote your TFN.

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

The Australian Business Register

The Commissioner of Taxation, as Registrar of the Australian Business Register, may use the ABN and business details which you provide on this tax return to maintain the integrity of the register.

Please refer to the privacy statement on the Australian Business Register (ABR) website (www.abr.gov.au) for further information - it outlines our commitment to safeguarding your details.

Electronic funds transfer - direct debit

Where you have requested an EFT direct debit some of your details will be provided to your financial institution and the Tax Office's sponsor bank to facilitate the payment of your taxation liability from your nominated account.

Tax file number	98	74	47	62	29			Year	2022	
Name of partnership, trust, fund or entity	С	J	&	K	A	Roberts	Family	Superannu	ation	Fund

I authorise my tax agent to electronically transmit this tax return via an approved ATO electronic channel.

Important

Before making this declaration please check to ensure that all income has been disclosed and the tax return is true and correct in every detail. If you are in doubt about any aspect of the tax return, place all the facts before the Tax Office. The tax law provides heavy penalties for false or misleading statements on tax returns.

Declaration: I declare that:

• the information provided to the agent for the preparation of this tax return, including any applicable schedules is true and correct, and

·	the agent is	authorised	to lodge	this ta	ax return.
---	--------------	------------	----------	---------	------------

Signature of partner, trustee or director	Date	

PART B

Electronic funds transfer consent

This declaration is to be completed when an electronic funds transfer (EFT) of a refund is requested and the tax return is being lodged through an approved ATO electronic lodgment channel.

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

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

Agent's reference number	55610000
Account Name	CJ & KA ROBERTS FAM SF
I authorise the refund to be	deposited directly to the specified account.

Signature

Date

SMSF Return 2022		C J & K A Roberts Family Supe Fund	TFN: 98 747 629	Page 1 of	
		Self-managed	superann	uation	2022
		fund annual re	-		
	o should complete this annual return?			Return year	2022
con	y self-managed superannuation funds (S nplete this annual return. All other funds n nd income tax return 2022 (NAT 71287).			-	
in	ne Self-managed superannuation fund a structions 2022 (NAT 71606) (the instru ou to complete this annual return.				
cł vi	ne SMSF annual return cannot be used nange in fund membership. You must u a ABR.gov.au or complete the Change uperannuation entities form (NAT3036).	pdate fund details			
Se	ction A: Fund information				
1	Tax file number (TFN)	98 747 629			
	The ATO is authorised by law to requer chance of delay or error in processing				se the
2	Name of self-managed superann	uation fund (SMSF)			
		C J & K A Roberts H	Family		
		Superannuation Fund	1		
3	Australian business number (AB (if applicable)	N) 22 251 758 902			
4	Current postal address	C/- Walker Partners	s (Aust) Pty I	Jtd	
		P O Box 706			
		Heidelberg		VIC	3084
5	Annual return status Is this an amendment to the SMSF's 20 Is this the first required return for a net				
6	SMSF auditor Auditor's name Tit	e Mr	7		
	Familynam				
	First given nam	e Anthony			
	Other given name	es William			
	SMSF Auditor Numb	er 100 014 140			
	Auditor's phone numb	er 04 10712708			
	Use Agent Postal addre	ss Super Audits			
		P O Box 3376 Rundle	e Mall		
		ADELAIDE		SA	5000
		Date audit was completed	A		
		Was Part A of the audit report of	qualified ?	BN	
		Was Part B of the audit report of	qualified ?	C N	
		If Part B of the audit report was have the reported issues been	a qualified, rectified?	D	

12

Sensitive (when completed)

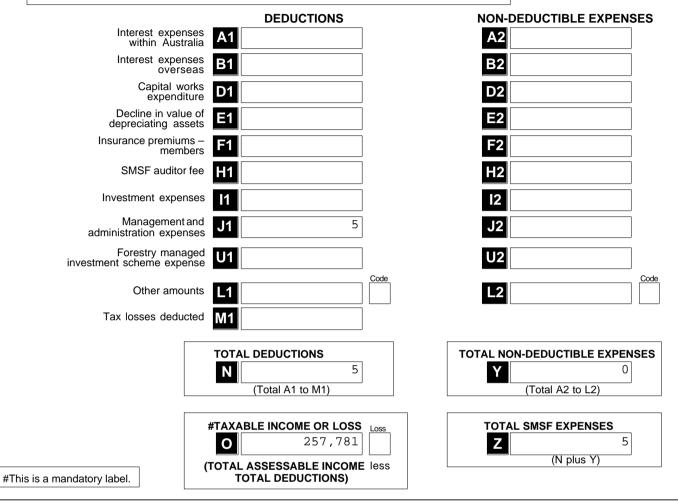
SMS	FR	eturn 2022	C J a Fun	& K A Robe d	rts Family S	Superannu	ation	TFN	: 98 747 629	Page 2 of 12
7	EI W	ectronic funds tran e need your self-mana	sfer (EFT) ged super fund's fir	nancial institu	ution details t	o pay any s	super payme	nts and tax r	efunds owing to y	/ou.
	Α	Fund's financial in This account is used			vers. Do not	provide a t	ax agent acc	ount here.		
		Fund BSB number	067167		account num		42573			
		Fund account name								
		CJ & KA ROBER	RTS FAM SF							
		I would like my tax re	funds made to this	account. Y	Print Y for or N for no		es, Go to C.			
	в	Financial institution	on account detai	Is for tax re	efunds			Use	Agent Trust Acco	ount?
		This account is used	for tax refunds. Yo	u can provide	e a tax agent	account h	ere.			
		BSB number			Account num	ber				
		Account name								
	С	Electronic service								
		Provide the electronic (For example, SMSF					saging provid	ler.		
-	_					37		tax file num		747 629
8	St	tatus of SMSF	Australian supera			Y	F	und benefit s	tructure	A Code
			rust deed allow acc iment's Super Co-c Low Income Su	ontribution ar	nd C	Y				
9	\٨/	as the fund wound	up during the in	como voor	2					
9	~~			-	Day Month	Year		Have all tax l	odament	
	N	Print Y for yes or N for no.	If yes, provide the which the fund w		D				payment	
10	F	xempt current pens	ion income							
	Di	d the fund pay retirement the income year?		uation incom	e stream ben	efits to one	or more me	mbers	N Print Y for year or N for no.	es
		o claim a tax exemptio ne law. Record exempt				t least the r	ninimum ben	efit payment	under	
	lf	No, Go to Section B: Ir	ncome							
	lf	Yes Exempt current	pension income am	ount A						
		Which method d	id you use to calcul	ate your exer	mpt current p	ension inco	ome?			
		Segi	regated assets met	hod B						
		Unseg	regated assets met	hod C	Was an	actuarial c	ertificate obt	ained? D	Print Y for ye	es
		Did the fund have any	other income that	was assessa	ble?	Print Y fo or N for r	no. If Yes,	go to Sectior	n B: Income	
						e any asse	ssable incom		no-TFN quoted co Section B: Income	
		you are entitled to cla nese at Section D: Inco								

BF Return 2022 ction B: Income	C J & K A Roberts Family Superannuati	ion Tf	FN: 98 747 629	Page 3 of 12
Oo not complete this section if all supera etirement phase for the entire year, the	nuation interests in the SMSF were supportin e was no other income that was assessable, any tax offsets, you can record these at Sectio	and you have not re	alised a deferred	
Income Did you have a cap (CGT) event duri Have yo	al gains tax G N Print Y for yes or N for no. applied an or rollover? M Print Y for yes or N for no.	\$10,000 or you elect and the deferred not	ss or total capital gain is g ted to use the transitional C ional gain has been realise gains tax (CGT) schedule	CGT relief in 201 d, complete
exemption		Net capital gain	A	
	Gross rent and other leasing a	and hiring income	3	
		Gross interest		15
	Forestry mar	naged investment scheme income	ĸ	
Gross foreign income				Loss
D1	N	et foreign income	D	
	Australian franking credits from a New Z	Zealand company		
		Transfers from foreign funds	F	Number
r	Gross	payments where ABN not guoted	1	
Calculation of assessable contribut Assessable employer contribut		Gross distribution rom partnerships		Loss
R1 3,535	* Ur	nfranked dividend amount	J	395
plus Assessable personal contribu		Franked dividend amount	K 177,	689
plus #*No-TFN-quoted contributions	*	Dividend franking credit	76,	152
(an amount must be included even if i	is zero)	* Gross trust distributions	Л	Code
less Transfer of liability to life insurance company or PST				
R6 0		ble contributions plus R3 less R6)	R 3,	535
Calculation of non-arm's length inc	ome			
* Net non-arm's length private				
company dividends		* Other income	5	Code
plus * Net non-arm's length trust dis	ibutions *As du	sessable income le to changed tax		
U2		status of fund		
plus * Net other non-arm's length inc	(subject	ength income to 45% tax rate) plus U2 plus U3)	J	
#This is a mandatory label. * If an amount is entered at this label instructions to ensure the correct tax treatment has been applied.	· · · · · · · · · · · · · · · · · · ·	GROSS INCOME of labels A to U)	N	Loss
	Exempt curren	at pension income	Y	
	TOTAL ASSES	(W less Y)	257,	786

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).



Section D: Income tax calculation statement

#Important:

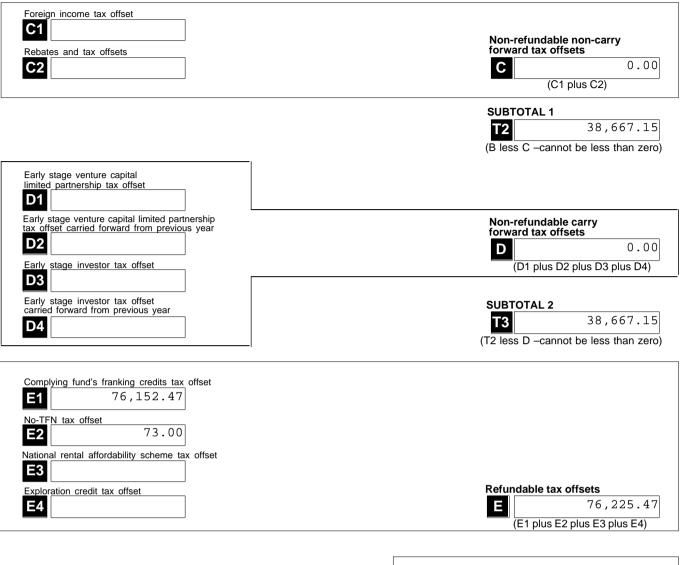
Section B label R3, Section C label O and Section D labels A,T1, J, T5 and I are mandatory. If you leave these labels blank, you will have specified a zero amount.

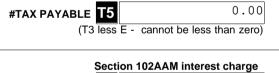
13 Calculation statement

Please refer to the Self-managed superannuation fund annual return instructions 2022 on how to complete the calculation statement.

#Taxable income A	257,781
(an amount mus	st be included even if it is zero)
#Tax on taxable income T1	38,667.15
(an amount mus	st be included even if it is zero)
#Tax on no-TFN- quoted contributions	0.00
(an amount mus	st be included even if it is zero)
Gross tax B	38,667.15
	(T1 plus J)

C J & K A Roberts Family Superannuation Fund





G

C J & K A Roberts Family Superannuation Fund

Fund's tax file number (TFN) 98 747 629

[
Credit for interest amount of interest	on early payments -				
H1					
Credit for tax with	neld – foreign g (excluding capital gains)				
H2					
Credit for tax withh or TFN not quoted	neld – where ABN				
H3					
Credit for TFN ampayments from clo	ounts withheld from osely held trusts				
H5					
	on no-TFN tax offset				
H6 Credit for foreign r	esident capital gains				
withholding amoun	esident capital gains			Eligible credits	
H8				H 0.00	
			(H1 pl	lus H2 plus H3 plus H5 plus H6 plus H8)	
			#Tax offset refund		
			(Remainder of refundable tax offse		
			an	amount must be included even if it is zero	o)
				PAYG instalments raised	
				Supervisory levy	
				L 259.00	
				Supervisory levy adjustment for wound up funds	
				M	
				Supervisory levy adjustment for new funds	
				N	
			Total amount of tax refundable	e S 37,299.32	
#This is a mandatory	/ label.		(T5 plus G	less H less I less K plus L less M plus N)	
]
Section E: Losses	S				
14 Losses		_	_		
If total loss is gro complete and at	eater than \$100,000,		Tax losses carried forv to later income ye	ward U	
schedule 2022.			Net capital losses car forward to later income ye	rried V 32,407	
			·		_
Net capital lo	sses brought forward	Ne	t capital losses carried forward		
r	from prior years		to later income years		
Non-Collectables	32,407		32,407		
Collectables	0		0		

C J & K A Roberts Family Superannuation SMSF Return 2022

Section F /	Section G:	Member	Information

			See the Priva	acy note in the	Declaration.		Member	
Title	Mr		Member'sTF	N 333 89	93 893		1	
Familyname	Roberts	I					Account	status
First given name	Christopher						O _{Code}	
her given names	John							
-								
	Date of birth 17/2	10/1961	lf dece					
						2 688	105.51	1
ontributions			OPENING ACCOUNT	BALANCE		2,000,	103.31	
Refer to instructio	ins for completing the	ese labels.		Pro	ceeds from	n primary re	esidence c	lisposal
Employer contribu					ceipt date			
Α				H				
ABN of principal e	emplover			Ass	essable fo	reign supe	rannuatior] 1
A1				fun	d amount]
Personal contribu	itions			No	n-assessab	le foreign	superannu	lation
В				fun J	d amount]
	ess retirement exemp	tion			ansfer from	reserve:		J
C				ass	sessable ar]
CGT small busin exemption amount	ess 15-year nt			K				
D					nsfer from n-assessab			1
Personal injury el	ection			L				
Е				Cor and	ntributions f	rom non-comp	omplying fund:	unds s
Spouse and child	l contributions			Т				
F				Any Sup	other cont oer Co-cont	tributions (i ributions a	including nd low	
Other third party	contributions			Inc	ome Super	Amounts)		ן
G				Μ				
	TOTAL C	ONTRIBUTI	ONS N	0.	00			
				bels A to M)				
her transactior	าร			A 11.	ocated earr	ingo or los		Loss
	ase account balance	e				U	119.76	
·	,464,338.65				ard rollove	are and tra	nefore	
Retirement phase	e account balance			P			1131613]
- Non CDBIS	0.00			Qu	tward rollo	vers and t	ransfers]
	e account balance			Q				
-CDBIS					np Sum pay	vments		Code
S3	0.00			R1		,		
				Inc	ome strean	n payments	3	Code
				R2			597.10	0
		<u> </u>				2 4 6 4	200 65	1
1 TR	RISCount		CLOSING ACCOUNT BA		-		388.65	
						S2 plus S3)]
			Accumulation phase]
			Retirement phas		2			
			Outstanding limited re borrowing arrangement a					

SMSF Return 2022		C J & K A Roberts Family Superannuation Fund Fur	TFN: 98 747 629 Page 8 o nd's tax file number (TFN)
		See the Privacy note in the Declar	
Title	Mrs	Member'sTFN 161 092 8	99 2 98 747 629
Familyname	Roberts		Account status
First given name	Kym		O _{Code}
Other given names	Arlene		
	Date of birth 07/04	/1971 If deceased, date of death	
Contributions		OPENING ACCOUNT BALANCE	277,489.80
Pofor to instructio	ons for completing these		from primary residence disposal
Employer contrib	3,535.45	Receipt d	
ABN of principal	employer	Assessabl	e foreign superannuation
A1		fund amo	unt
Personal contribu	utions	Non-asse	ssable foreign superannuation
B		fund amo	unt
CGT small busine	ess retirement exemptior	n J	
С			from reserve: le amount
CGT small busin exemption amou	ness 15-year	K	
D			from reserve: ssable amount
Personal injury el	lection	L	
E		Contributio	ons from non-complying funds busly non-complying funds
Spouse and child	d contributions		
E		Any other	contributions (including contributions and low
Other third party	contributions	Income S	-contributions and low uper Amounts)
G		М	
	TOTAL CO	NTRIBUTIONS N 3,535.45 (Sum of labels A to M)	
Other transaction	ns	Allocated	earnings or losses Loss
	hase account balance	Ο	19,227.09 L
S1	261,798.16	Inward ro	ollovers and transfers
Retirement phas - Non CDBIS	e account balance	Р	
S 2	0.00	Outward	rollovers and transfers
Retirement phas	e account balance	Q	
S3	0.00		n payments Code
		R1	
			tream payments Code
		R2	
0 TR	RISCount	CLOSING ACCOUNT BALANCE S	261,798.16
		(S1 p	blus S2 plus S3)
		Accumulation phase value X1	
		Accumulation phase value X1 Retirement phase value X2 Outstanding limited recourse V	

SMSF	Return 2022	C J & K A Roberts Family Superannuation	TFN:	98 747 629	Page 9 of 12
Sect 15	tion H: Assets and liabilities ASSETS	Fund			
15a	Australian managed investments	Listed trusts	Α	4	,513
		Unlisted trusts	В		
		Insurance policy	С		
		Other managed investments	D		
15b	Australian direct investments	Cash and term deposits	E	18	,242
		Debt securities	F		
	Limited recourse borrowing arrangements Australian residential real property	Loans	G		
	J1	Listed shares	Η	2,694	,908
	Australian non-residential real property	Unlisted shares			
	Overseas real property J3	Limited recourse borrowing arrangements	J		0
	Australian shares	Non-residential real property	K		
	J4 Overseas shares	Residential real property	L		
	J5	Collectables and personal use assets	Μ		
	Other J6	Other assets	0	8	,523
	Property count				
15c	Other investments	Crypto-Currency	Ν		
15d	Overseas direct investments	Overseas shares	Ρ		
		Overseas non-residential real property	Q		
		Overseas residential real property	R		
		Overseas managed investments	S		
		Other overseas assets	Τ		
		TOTAL AUSTRALIAN AND OVERSEAS ASSETS (Sum of labels A to T)	U	2,726	,186
15e	In-house assets Did the fund have a related pa	Ioan to, lease to or investment in, rties (known as in-house assets) at the end of the income year?			
15f		und had an LRBA were the LRBA borrowings from a licensed financial institution?			
	Did the fund	members or related parties of the use personal guarantees or other security for the LRBA?			

Sensitive (when completed)

SMSF Return 2022

16 LIABILITIES

Borrowings for limited recourse borrowing arrangements		
Permissible temporary borrowings		
Other borrowings	Borro	owings V
(total of all	Total member closing account ba CLOSING ACCOUNT BALANCEs from Sections F	alances W 2,726,186 and G)
	Reserve ac	counts X
	Other lia	abilities Y
	TOTAL LIABI	LITIES Z 2,726,186
ection I: Taxation of financial arra	•	

Taxation of mancial arrangements (TOFA)
Total TOFA gains H
Total TOFA losses
ection J: Other information amily 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.
terposed 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		
Preferred trustee or director con	tact detail	s:					
	Title	Mr]			
Fa	milyname	Roberts					
First g	iven name	Christophe	r				
Other giv	en names	John					
Pho	nenumber	Area code	Number 84146700				
Ema	ail address						
Non-individual trustee name (if a	pplicable)						
ABN of non-individu	ual trustee						
		Time taken to p	repare and cor	nplete this annual retu	urn	Hrs	
The Commissioner of Taxation, as F provide on this annual return to main							you
TAX AGENT'S DECLARATION:	JST) PTY	LTD					
declare that the Self-managed sup by the trustees, that the trustees h the trustees have authorised me to	ave given m	ne a declaration st			o me is true		nd that
Tax agent's signature					Date		
Tax agent's contact details							
Title	Mr						
Familyname	Lorient	e]
First given name	Pablo						1
Other given names]
Tax agent's practice	WALKER	PARTNERS (AUST) PTY	LTD]
Tax agent's phone number	Area code 0 3	Number 8414670	0				1
Tax agent number	5561000)0]	Reference number	CKR001		

C J & K A Roberts Family Superannuation Fund

TFN: 98 747 629 Page 12 of 12

2	Λ	2	9	

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.

Losses schedule

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)

98 747 629	
Name of entity	
C J & K A Roberts Family	<i>!</i>
Superannuation Fund	

Australian business number (ABN) 22 251 758 902

2 Net capital losses carried forward to later income years

2021–22	Н
2020–21	1
2019 –20	J
2018–19	Κ
2017–18	L
2016–17 and earlier income years	M 32,407
Total	V 32,407

. ..

Transfer the amount at **V** to the Net capital 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.

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

Contact person

Daytime contact number

Area code Number