#### **PART A** Electronic lodgment declaration (Form P, T, F, SMSF or EX)

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

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 However, you cannot lodge your tax return electronically if you do not quote your TFN.

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

The Australian Business Register

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

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

Electronic funds transfer - direct debit

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

| Tax file number   |              | Year 2  | 2020                            |           |
|---|--------------|---|---------------------------------|-----------|
| Name of partnership,<br>trust, fund or entity   | MORRIS SUPER | RANNUATION FUND                                   |                                 |           |
| 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:        |   |                                 |           |
| <ul><li>the information provided t</li><li>the agent is authorised to</li></ul>   |              | aration of this tax return, including any applica | able schedules is true and corr | rect, and |
| Signature of partne trustee or directo  |              |   | Date                            |           |

#### PART B

Agent's reference 51433004

#### 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.

| num                     | bei                 |                           |       |      |        |      |         |   |  |
|-------------------------|---------------------|---------------------------|-------|------|--------|------|---------|---|--|
| Account Nar             | me MORRIS           | SUPER FUND                |       | BSB: | 704640 | Acc: | 4160158 | 3 |  |
| authorise the refund to | be deposited direct | tly to the specified acco | ount. |      |        |      |         |   |  |
| Signature               |                     |                           |       |      | С      | Date |         |   |  |
|                         |                     |                           | ,     | ļ.   |        |      |         |   |  |

Client Ref: MORR0016 Agent: 51433-004

Page 1 of 11

# **Self-managed superannuation fund annual return**

2020

2020

TFN:

Return year

Who should complete this annual return?

Only self-managed superannuation funds (SMSFs) can complete this annual return. All other funds must complete the Fund income tax return 2020 (NAT 71287)

The Self-managed superannuation fund annual return instructions 2020 (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 (NAT3036).

| via ABR.gov.au or complete the Change of c<br>superannuation entities form (NAT3036). | letails for  |          |
|---|--|----------|
| ection A:Fund information   |  |          |
| Tax file number (TFN)   |  |          |
|   | est your TFN. You are not obliged to quote you annual return. See the Privacy note in the Decl |          |
| Name of self-managed superannual  | ion fund (SMSF)  |          |
|   | MORRIS SUPERANNUATION FUND   |          |
|   |  |          |
| Australian business number (ABN)  | 80 527 146 424   |          |
| Current postal address  | 216 KELSEY ROAD  |          |
|   | ZIO KEESEI KOM   |          |
|   | BOWEN  | QLD 4805 |
|   | Bonzin   | 222      |
| SMSF auditor Auditor's name   | MR   |          |
| Auditor's name Title Family name  | BOYS   |          |
| First given name  | ANTHONY  |          |
| Other given names   | WILLIAM  |          |
| SMSF Auditor Number   | 100 014 140  |          |
| Auditor's phone number  | 04 10712708  |          |
| Use Agent N Postal address  | BOX 3376   |          |
| address details?  |  |          |
|   | RUNDLE MALL  | SA 5000  |
|   |  |          |
|   | Date audit was completed A   |          |
|   | Was Part A of the audit report qualified?  | BN       |
|   | Was Part B of the audit report qualified ?   | CN       |
|   | If Part B of the audit report was qualified, have the reported issues been rectified?          | D        |

| 7  | Ele<br>We  | ectronic funds tran<br>e need your self-manaç         | <b>isfer (EFT)</b><br>ged super fund's fina | ancial institutior             | n details to pa                            | / any super p                              | ayments and tax  | refunds owi               | ng to you.           |
|----|------------|---|---|--------------------------------|--|--|------------------|---------------------------|----------------------|
|    | Α          | Fund's financial in<br>This account is used to        |   |                                | s. Do not provi                            | de a tay agei                              | at account here  |                           |                      |
|    |            | Fund BSB number (must be six digits)                  | 704640                                      | _                              | count number                               |  |                  |                           |                      |
|    |            | Fund account name (                                   | for example, J&Q Ci                         | <sup>_</sup><br>itizen ATF J&Q | Family SF)                                 |  |                  |                           |                      |
|    |            | MORRIS SUPER  |   |                                |  |  |                  |                           |                      |
|    |            | I would like my tax re                                | funds made to this a                        | account. Y                     | Print <b>Y</b> for yes or <b>N</b> for no. | If Yes, G                                  | o to C.          |                           |                      |
|    | В          | Financial institution                                 | on account detail                           | ls for tay rofi                | ınde                                       |  |                  | Use Agent T               | rust Account?        |
|    |            | This account is used to                               |   |                                |  | unt here.                                  |                  |                           |                      |
|    |            | BSB number  |   | _ ·                            | count number                               |  |                  |                           |                      |
|    |            |   |   |                                |  |  |                  |                           |                      |
|    |            | Fund account name (                                   | for example, J&Q Ci                         | itizen ATF J&Q                 | Family SF)                                 |  |                  |                           |                      |
|    | С          | Electronic service                                    | address alias                               |                                |  |  |                  |                           |                      |
|    |            | Provide the electronic                                | service address (ES                         | SA) issued by y                | our SMSF me                                | essaging prov                              | rider            |                           |                      |
|    |            | (For example, SMSFo                                   | dataESAAlias). See                          | instructions for               | more informa                               | tion.                                      |                  |                           |                      |
|    |            |   |   |                                |  |  |                  |                           |                      |
|    |            |   |   |                                |  |  |                  |                           |                      |
| 8  | <b>C</b> + | atus of SMSF  | Australian supera                           | annuation fund                 | АУ   | 7  | Fund benef       | fit etructure             | B A Code             |
| 0  | Sι         |   | trust deed allow acc                        |                                |  | ]  | runa benei       | iii siructure             | La Code              |
|    |            |   | nment's Super Co-co                         | ontribution and                | С  |  |                  |                           |                      |
|    |            |   | Low Income Super                            | r Contribution?                |  |  |                  |                           |                      |
| 9  | W          | as the fund wound                                     | up during the inc                           | come year?                     |  |  |                  |                           |                      |
|    | N          | Print <b>Y</b> for yes                                | If yes, provide t                           | · [                            | Day Month Ye                               | ar   |                  | ix lodgment<br>nd payment |                      |
|    | IN         | or <b>N</b> for no.                                   | which fund was                              |                                |  |  | obligations      |                           |                      |
|    |            |   |   |                                |  |  |                  |                           |                      |
| 10 |            | <b>cempt current pens</b><br>If the fund pay retireme |   | ation income s                 | troom bonofite                             | to one or me                               | aro mombors      | NT Pri                    | nt <b>Y</b> for yes  |
|    |            | the income year?                                      | ent phase superannu                         | iation income s                | dieam benend                               | s to one or mi                             | ore members      |                           | N for no.            |
|    |            | o claim a tax exemptio<br>le law. Record exempt       |   |                                |  | ast the minim                              | um benefit paym  | nent under                |                      |
|    | If         | No, Go to Section B: I                                | ncome                                       |                                |  |  |                  |                           |                      |
|    | If         | Yes Exempt current                                    | pension income amo                          | ount A                         |  |  |                  |                           |                      |
|    |            | Which method of                                       | did you use to calcul                       | ate your exemp                 | ot current pens                            | ion income?                                |                  |                           |                      |
|    |            | Seg   | regated assets meth                         | nod B                          |  |  |                  |                           |                      |
|    |            | Unseg   | regated assets meth                         | nod C                          | Was an ac                                  | uarial certific                            | ate obtained?    | D Pri                     | nt <b>Y</b> for yes  |
|    | ı          | Did the fund have any                                 | other income that wa                        | as assessable?                 |  | Print <b>Y</b> for yes or <b>N</b> for no. | If Yes, go to Se | ection B: Inco            | me                   |
|    |            |   |   |                                |  |  |                  |                           | uoted contributions. |
|    |            |   |   |                                |  |  | . ,              | •                         | •                    |
|    |            | you are entitled to clai<br>lese at Section D: Inco   |   |                                |  |  |                  |                           |                      |

## 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.

| Income                   | Did you have a capital gains ta<br>(CGT) event during the year<br>Have you applied a                             | X G N Print Y for yes or N for no. Scode \$10,000 or you el the deferred notice and attach a Cap | l loss or total capital gain is greater than lected to use the CGT relief in 2017 and onal gain has been realised, complete ital Gains Tax (CGT) schedule 2020 |
|--------------------------|--|--|--|
|                          | exemption or rollover  | ? or <b>N</b> for no.  |  |
|                          |  | Net capital gain   | A  |
|                          |  | Gross rent and other leasing and hiring income   | B 8,569  |
|                          |  | Gross interest   | C 919  |
|                          |  | Forestry managed investment scheme income  |  |
|                          | s foreign income   |  | Loss   |
| D1                       |  | Net foreign income   | D  |
|                          | Aus  | tralian franking credits from a New Zealand company  |  |
|                          |  | Transfers from foreign funds   |  |
|                          |  | Gross payments where<br>ABN not quoted   | Н  |
| 1                        | tion of assessable contributions essable employer contributions  | Gross distribution from partnerships   | Loss   |
| R1                       | 0  | * Unfranked dividend<br>amount   | J  |
| plus Ass                 | sessable personal contributions  | * Franked dividend   | K  |
| plus#*No-                | TFN-quoted contributions   | amount<br>* Dividend franking  |  |
| R3                       | must be included even if it is zero)   | credit * Gross trust   | Code   |
| less Trai                | nsfer of liability to life rance company or PST  | distributions  |  |
| R6                       | 0  | Assessable contributions (R1 plus R2 plus R3 less R6)  |  |
| Calculat                 | tion of non-arm's length income  |  | <u>.</u>   |
| * Net i                  | non-arm's length private   |  |  |
| U1                       | company dividends  | * Other income   | S  |
| plus * Net               | non-arm's length trust distributions   | *Assessable income<br>due to changed tax   |  |
| U2                       |  | status of fund   |  |
| plus * Net               | other non-arm's length income  | Net non-arm's length income (subject to 45% tax rate)  | П  |
| U3                       |  | (U1 plus U2 plus U3)   |  |
| * If an amo instructions | mandatory label<br>ount is entered at this label, check the<br>is to ensure the correct tax<br>has been applied. | GROSS INCOME<br>(Sum of labels A to U)   | W  |
|                          |  | Exempt current pension income  | Υ  |
|                          |  | TOTAL ASSESSABLE INCOME (W less Y)   | 3/100  |

# Section C: Deductions and non-deductible expenses

#### 12 Deductions and non-deductible expenses

Under 'Deductions' list all expenses and allowances you are entitled to claim a deduction for. Under 'Non-deductible expenses', list all other expenses or normally allowable deductions that you cannot claim as a deduction (for example, all expenses related to exempt current pension income should be recorded in the 'Non-deductible expenses' column).

|  | DEDUCTIONS                                       | NON-DEDUCTIBLE EXPENSES                  |
|--|--|--|
| Interest expenses<br>within Australia      | A1   | A2                                       |
| Interest expenses overseas                 | B1   | B2                                       |
| Capital works<br>expenditure               | 5 D1 1,202                                       | D2                                       |
| Decline in value o<br>depreciating assets  |  | E2                                       |
| Insurance premiums -<br>members            | F1 4,145   | F2                                       |
| SMSF auditor fee                           | 9 H1 330   | H2                                       |
| Investment expenses                        | 5 11   | 12                                       |
| Management and administration expenses     | J1 259   | J2                                       |
| Forestry manager investment scheme expense |  | U2                                       |
| Other amounts                              |  | ode Code                                 |
| Tax losses deducted                        | M1   |  |
|  | TOTAL DEDUCTIONS                                 | TOTAL NON-DEDUCTIBLE EXPENSES            |
|  | N 6,487  | Y 0                                      |
|  | (Total A1 to M1)                                 | (Total A2 to L2)                         |
|  | 3,001  | TOTAL SMSF EXPENSES  Z 6,487  (N plus Y) |
| #This is a mandatory label.                | (TOTAL ASSESSABLE INCOME le<br>TOTAL DEDUCTIONS) | 255                                      |

## 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 2020 on how to complete the calculation statement.

| #Taxable income A                       | 3,001                               |
|---|-------------------------------------|
| (an amount mu                           | ist be included even if it is zero) |
| #Tax on taxable income T1               | 450.15                              |
| (an amount mu                           | st be included even if it is zero)  |
| #Tax on no-TFN-<br>quoted contributions | 0.00                                |
| (an amount mu                           | ist be included even if it is zero) |
| Gross tax B                             | 450.15                              |
|   | (T1 plus J)                         |

| Foreign income tax offset   |  |
|---|--|
| 31  | Non-refundable non-carry               |
| Rebates and tax offsets   | forward tax offsets                    |
| C2  | (C1 plus C2)                           |
|   | (C1 plus C2)                           |
|   | SUBTOTAL 1                             |
|   | T2 450.15                              |
|   | (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 | Non-refundable carry                   |
| D2  | forward tax offsets                    |
|   | 0.00                                   |
| Early stage investor tax offset   | (D1 plus D2 plus D3 plus D4)           |
|   |  |
| Early stage investor tax offset carried forward from previous year                            | SUBTOTAL 2                             |
| D4  | T3 450.15                              |
|   | (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  | E 0.00                                 |
|   | (E1 plus E2 plus E3 plus E4)           |
|   | , , , , , , ,                          |
|   |  |
|   | #TAX PAYABLE T5 450.15                 |
|   | (T3 less E - cannot be less than zero) |
|   |  |
|   | Section 102AAM interest charge         |

## Fund's tax file number (TFN)

TFN:

| Credit for interest on early payments – amount of interest  H1  Credit for tax withheld – foreign resident withholding (excluding capital gains)  H2  Credit for tax withheld – where ABN or TFN not quoted (non-individual) |   |
|--|---|
| Credit for TFN amounts withheld from payments from closely held trusts  H5  Credit for interest on no-TFN tax offset   |   |
| Credit for foreign resident capital gains withholding amounts  | Eligible credits  H 0.00  (H1 plus H2 plus H3 plus H5 plus H6 plus H8)  |
|  | #Tax offset refunds (Remainder of refundable tax offsets).  (unused amount from label Ean amount must be included even if it is zero) |
|  | PAYG instalments raised  K 798.00  Supervisory levy  L 259.00   |
|  | Supervisory levy adjustment for wound up funds  M  Supervisory levy adjustment for new funds  |
|  | N N   |
| #This is a mandatory label.  | Total amount of tax refundable S 88.85  (T5 plus G less H less I less K plus L less M plus N)   |
| Section E: Losses 14 Losses  |   |
| If total loss is greater than \$100,000, complete and attach a Losses schedule 2020.   | Tax losses carried forward to later income years  Net capital losses carried forward to later income years                            |
| Net capital losses brought forward from prior years  Non-Collectables  Collectables  | Net capital losses carried forward to later income years  |

## Section F / Section G: Member Information

In Section F / G report all current members in the fund at 30 June.
Use Section F / G to report any former members or deceased members who held an interest in the fund at any time during the income year.

| Title                             | MRS                          |           | See the Privacy note in   | i the Declaration.     | Member Number                               |
|-----------------------------------|------------------------------|-----------|---------------------------|------------------------|---|
| Family name                       | MORRIS                       |           |                           |                        |   |
| First given name                  | LORI                         |           |                           |                        | Account status                              |
| Other given names                 | JANE                         |           |                           |                        | Code  |
| Other given hames                 |                              | 1.0.60    | lf deceased, □            |                        |   |
|                                   | Date of birth 17/04/1        | 1969      | date of death             |                        |   |
| Contributions                     |                              | OPENI     | NG ACCOUNT BALAN          | NCE                    | 83,466.25                                   |
| Refer to instruction              | ons for completing these lal | bels      |                           | Proceeds from pri      | imary residence disposal                    |
| Employer contrib                  |                              |           |                           | Receipt date           |   |
| A                                 |                              |           |                           | Н                      |   |
| ABN of principal                  | employer                     |           |                           | Assessable foreig      | gn superannuation                           |
| A1                                |                              |           |                           | iund amount            |   |
| Personal contribu                 | utions                       |           |                           |                        | oreign superannuation                       |
| В                                 |                              |           |                           | fund amount            |   |
| CGT small busine                  | ess retirement exemption     |           |                           | Transfer from res      |   |
| C                                 |                              |           |                           | assessable amou        | <u>int</u>                                  |
| CGT small busin<br>exemption amou | ness 15-year<br>ınt          |           |                           | Transfer from res      | erve.                                       |
| D                                 |                              |           |                           | non-assessable a       |   |
| Personal injury e                 | lection                      |           |                           | Contributions from     | a nan aamphing funda                        |
| E                                 |                              |           |                           | and previously no      | n non-complying funds<br>on-complying funds |
| Spouse and child                  | d contributions              |           |                           | Т                      |   |
| F L                               |                              |           |                           | Any other contribution | utions and low                              |
| Other third party                 | contributions                |           |                           | Income Super Cor       | ntributions)                                |
|                                   |                              |           |                           | ***                    |   |
|                                   | TOTAL CONTI                  | RIBUTIONS | 1                         | 0.00                   |   |
|                                   |                              |           | (Sum of labels A to       | o M)                   |   |
| Other transaction                 |                              | Ì         |                           |                        | Loss  |
| Accumulation ph                   | 75,450.80                    | Allo      | cated earnings or losses  | 0                      | 1,984.55                                    |
| Potiroment phase                  | se account balance           | Inward    | rollovers and transfers   | Р                      |   |
| - Non CDBIS                       |                              | Outward   | I rollovers and transfers | Q                      |   |
| S2                                | 0.00                         |           | Lump Sum payment          | R1                     | 10,000.00 F                                 |
| Retirement phas - CDBIS           | se account balance           |           | Lump Jum paymem           |                        | Code  |
| <b>S</b> 3                        | 0.00                         |           | Income stream payment     | R2                     |   |
| O TF                              | RIS Count                    | CLOSIN    | G ACCOUNT BALANCE         | S                      | 75,450.80                                   |
|                                   |                              |           |                           | S1 plus S2 p           | lus S3                                      |
|                                   |                              | Ac        | ccumulation phase value   | X1                     |   |
|                                   |                              |           | Retirement phase value    | X2                     |   |
|                                   |                              | Outs      | standing limited recourse | Υ                      |   |
|                                   |                              | borrowi   | ing arrangement amount    |                        |   |

|   |                                  |   | Fund's tax file ni                                | · ,                              |
|---|----------------------------------|---|---|----------------------------------|
| Title                                       | MR                               | See the Privacy note in                                   | the Declaration.                                  | Member Number                    |
| Title<br>Family name                        | MORRIS                           | MICHIDE 311 IV  |   |                                  |
| •   | LAWRENCE                         | Account status  |   |                                  |
| First given name Other given names          | MERVYN                           |   |   | Code                             |
| Other given hames                           |                                  | If deceased [   |   |                                  |
|   | Date of birth 01/11/1962         | If deceased, date of death                                |   |                                  |
| Contributions                               |                                  | OPENING ACCOUNT BALAN                                     | NCE 83  | ,466.26                          |
| Refer to instructio                         | ns for completing these labels   |   | Proceeds from primary                             | residence disposal               |
| Employer contribu                           | utions                           |   | Receipt date                                      |                                  |
| A   |                                  |   | Н   |                                  |
| ABN of principal                            | employer                         |   | Assessable foreign sup fund amount                | erannuation                      |
| Personal contribu                           | utions                           |   | Non-assessable foreign                            | superannuation                   |
| В   | auono                            |   | fund amount                                       | Superamination                   |
| CGT small busine                            | ess retirement exemption         |   | Transfer from reserve:                            |                                  |
| C   |                                  |   | assessable amount                                 |                                  |
| CGT small business 15-year exemption amount |                                  |   | Transfer from recenter                            |                                  |
| D   |                                  |   | Transfer from reserve: non-assessable amoun       | t                                |
| Personal injury el                          | ection                           |   | L   |                                  |
| E   |                                  |   | Contributions from non-<br>and previously non-com | complying funds<br>oplying funds |
| Spouse and child                            | contributions                    |   | Т   |                                  |
| F   |                                  |   | Any other contributions<br>Super Co-contributions | (including and low               |
| Other third party                           | contributions                    |   | Income Super Contributi                           | ons)                             |
| G   |                                  |   | IVI   |                                  |
|   | TOTAL CONTRIBU                   | TIONS N   | 0.00  |                                  |
|   |                                  | (Sum of labels A to                                       | o M)  |                                  |
| Other transaction                           | าร                               |   |   |                                  |
| Accumulation ph                             | ase account balance<br>85,450.81 | Allocated earnings or losses                              | 0 1   | ,984.55                          |
| S1  |                                  | Inward rollovers and transfers                            | Р   |                                  |
| - Non CDBIS                                 | e account balance                | Outward rollovers and transfers                           | Q   |                                  |
| S2 Retirement phase                         | e account balance                | Lump Sum paymen   | R1  | Code                             |
| - CDBIS                                     |                                  |   |   | Code                             |
| S3  | 0.00                             | Income stream payment                                     | KZ  |                                  |
| 0 TR  | RIS Count                        | CLOSING ACCOUNT BALANCE                                   | S 85  | ,450.81                          |
|   |                                  |   | S1 plus S2 plus S3                                |                                  |
|   |                                  | Accumulation phase value                                  | X1  |                                  |
|   |                                  | Retirement phase value                                    | X2  |                                  |
|   |                                  | Outstanding limited recourse borrowing arrangement amount | Υ   |                                  |

# ies

| Sec | tion H: <b>Assets and liabiliti</b> |
|-----|-------------------------------------|
| 15  | ASSETS                              |
| 15a | Australian managed investment       |

| 15a  | Australian managed investments  | Listed trusts  | Α  |         |   |  |
|--|---|--|--|---------|---|--|
|  |   | Unlisted trusts  | В  |         |   |  |
|  |   | Insurance policy   | С  |         |   |  |
|  |   | Other managed investments  | D  |         |   |  |
| 15b  | Australian direct investments   | Cash and term deposits   | Е  | 73,281  | _ |  |
| _  |   | Debt securities  | F  |         |   |  |
|  | Limited recourse borrowing arrangements  Australian residential real property | Loans  | G  |         |   |  |
|  | J1  | Listed shares  | Н  |         |   |  |
|  | Australian non-residential real property  J2                                  | Unlisted shares  | 1  |         |   |  |
|  | Overseas real property  J3  | Limited recourse borrowing arrangements  | J  | 0       |   |  |
|  | Australian shares   | Non-residential real property  | K  | 87,272  |   |  |
|  | Overseas shares   | Residential real property  | L  |         |   |  |
|  | J5  | Collectables and personal use assets   | M  |         |   |  |
|  | Other J6  | Other assets   | 0  | 348     |   |  |
|  | Property count  |  |  |         |   |  |
|  | 37  |  |  |         |   |  |
| 15c  | Other investments   | Crypto-Currency  | N  |         |   |  |
| 15d  | Overseas direct investments   | Overseas shares  | Р  |         |   |  |
|  |   | Overseas non-residential real property   | Q  |         |   |  |
|  |   | Overseas residential real property   | R  |         |   |  |
|  |   | Overseas managed investments   | S  |         |   |  |
|  |   | Other overseas assets  | Т  |         |   |  |
|  |   | TOTAL AUSTRALIAN AND OVERSEAS ASSETS (Sum of labels A to T)  | U  | 160,901 |   |  |
| 15e  | In-house assets   |  |  |         | _ |  |
| Did the fund have a loan to, lease to or investment in, related parties (known as in-house assets) at the end of the income year |   |  |  |         |   |  |
| 15f  | Limited recourse borrowing arrangements                                       |  |  |         |   |  |
|  |   | Print <b>Y</b> for yes or <b>N</b> for no.   |  |         |   |  |
|  |   | Did the members or related parties of the fund use personal guarantees or other security for the LRBA? | Print <b>Y</b> for yes or <b>N</b> for no. |         |   |  |

## 16 LIABILITIES

| Borrowings for limited recourse borrowing arrangements  V1  Permissible temporary borrowings  V2  Other borrowings  V3   | Borrowings        | V         |
|--|-------------------|-----------|
| (total of all CLOSIN   | W 160,901<br>X    |           |
|  | Υ                 |           |
|  | TOTAL LIABILITIES | Z 160,901 |
| Section I: Taxation of financial arrangem 17 Taxation of financial arrangements (TOFA)   |                   |           |
|  | Н                 |           |
|  | Total TOFA losses | 1         |
| Section J: Other information Family trust election status  |                   |           |
| If the trust or fund has made, or is making, a fa specified of the election (for ex  | A                 |           |
| If revoking or varying a family trust and complete and attach the l  | В                 |           |
| Interposed entity election status  If the trust or fund has an existing election, we or fund is making one or more election specified and complete an Interposed of the specified and complete and If revoking a mand attach | <b>D</b>          |           |

#### Section K: Declarations

Penalties may be imposed for false or misleading information in addition to penalties relating to any tax shortfalls.

#### Important

SMSF Return 2020

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 publi                                 | c officer's si | gnature    |                |            |             |        |                   |        |
|---|----------------|------------|----------------|------------|-------------|--------|-------------------|--------|
|   |                |            |                |            |             | Date   | Day Month 10/03/2 |        |
| referred trustee or director con  | tact detai     | ls:        |                |            |             |        |                   |        |
|   | Title          | MR         |                |            |             |        |                   |        |
| Fa  | mily name      | MORRIS     |                |            |             |        |                   |        |
| First g   | LAWRENCE       |            |                |            |             |        |                   |        |
| Other given names   |                | MERVYN     |                |            |             |        |                   |        |
|   |                | Area code  | Number         |            | 1           |        |                   |        |
| Pho   | ne number      | 07         | 47852685       |            |             |        |                   |        |
| Ema   | il address     |            |                |            |             |        |                   |        |
| Non-individual trustee name (if a   | applicable)    |            |                |            |             |        |                   |        |
|   |                |            |                |            |             |        |                   |        |
| ABN of non-individ  | ual trustee    |            |                |            | ]           |        |                   |        |
|   |                |            |                |            |             |        | Hrs               | 7      |
|   |                | Time taken | to prepare and | d complete | this annual | return | 1115              |        |
|   |                |            |                |            |             |        |                   |        |
| The Commissioner of Taxation, as which you provide on this annual         |                |            |                |            |             |        |                   |        |
|   |                |            |                |            |             |        |                   |        |
| AX AGENT'S DECLARATION:   |                |            |                |            |             |        |                   |        |
| I, RICHARDSONS TAXATIO  | ON SERV        | ICES       |                |            |             |        |                   |        |
| declare that the Self-managed sup<br>by the trustees, that the trustees h |                |            |                |            |             |        |                   |        |
| the trustees have authorised me to  |                |            |                |            |             |        | Day Month         |        |
| Tax agent's signature   |                |            |                |            |             | Date   | 10/03/20          |        |
|   |                |            |                |            |             |        |                   |        |
| ax agent's contact details  | MR             |            |                |            |             |        |                   |        |
| Title   |                |            |                |            |             |        |                   | $\neg$ |
| Family name   | RICHARI        | DSON       |                |            |             |        |                   |        |
| First given name  | HUGH           |            |                |            |             |        |                   |        |
| Other given names   |                |            |                |            |             |        |                   |        |
| Tax agent's practice  | RICHARI        | DSONS TAXA | TION SERV      | ICES       |             |        |                   |        |
| <b>-</b>  | Area code      | Number     | 0.0            | 7          |             |        |                   | _      |
| Tax agent's phone number  | 07             | 478619     | 99<br>         |            | _           |        |                   |        |
| Tax agent number  | 15143300       | ٦4         |                | Reference  | number M    | UBBUU. | 16                |        |