Ibanez Superannuation Fund

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

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 However, you cannot lodge your tax return electronically if you do not quote your TFN.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 payn	ment of you	ur taxation liab	oility from y	our nominat	ed account.					entra y a company reserves
Tax file n	number 7	66 562 5	573			Year	2017			
Name of partne trust, fund or		banez S	Supera	nnuati	on Fund					
I authorise my tax as Important	agent to ele	ectronically tra	nsmit this	tax return via	a an approved A	TO electro	nic channel.			
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 pre- the agent is author 				ation of this t	ax return, includ	ing any app	licable sched	ules is true	and corre	ect, and
Signature o	of partner,		1 les						Date	2/8/17
		V		A						
PART B		V	E	lectror	ic funds	trans	er cons	sent		
	o be comp	leted when ar							is being l	lodged through an approved
This declaration is to ATO electronic lodgr	ment chan	inel. ed by the partr	electronic	funds trans	fer (EFT) of a re	fund is requ	ested and the	e tax return		lodged through an approved Tax Office. If you elect for an
This declaration is to ATO electronic lodgr This declaration mus	ment chan st be signe w must be	inel. ed by the partricompleted.	electronic	funds trans	fer (EFT) of a re	fund is required to the E	rested and the	e tax return	ed to the	Tax Office. If you elect for an
This declaration is to ATO electronic lodgr This declaration mus EFT, all details below Important: Care show	st be signe w must be	inel. ed by the partricompleted.	electronic	funds trans	fer (EFT) of a re	fund is required to the E	rested and the	e tax return	ed to the	Tax Office. If you elect for an
This declaration is to ATO electronic lodgr This declaration mus EFT, all details below Important: Care show	ment chan est be signe ow must be ould be take ference number	inel. ed by the partricompleted.	electronic	e, director or	fer (EFT) of a re	fund is required to the E	rested and the	e tax return	ed to the	Tax Office. If you elect for an
This declaration is to ATO electronic lodgr This declaration mus EFT, all details below Important: Care show	st be signed when the signed with the signed w	ed by the partricompleted. en when comp	n electronic ner, trustee pleting EFT Super	e funds trans e, director or f details as t Fund	fer (EFT) of a republic officer public officer payment of a	fund is required to the E	rested and the	e tax return	ed to the	Tax Office. If you elect for an
This declaration is to ATO electronic lodgr This declaration mus EFT, all details below Important: Care show Agent's refunction of the Account	st be signed when the signed with the signed w	ed by the partricompleted. en when comp	n electronic ner, trustee pleting EFT Super	e funds trans e, director or f details as t Fund	fer (EFT) of a republic officer public officer payment of a	fund is required to the E	rested and the	e tax return	ed to the	Tax Office. If you elect for an

Sensitive (when completed)

Client Ref: IBAN0002 Agent: 79652-015

TFN: 766 562 573

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Self-managed superannuation fund annual return

2017

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 2017 (NAT 71287).

The Self-managed superannuation fund annual return instructions 2017 (NAT 71606) (the instructions) can assist you to complete this annual return.

you	ı to complete this annual return.								
Sec	tion A: Fund information								
1	Tax file number (TFN)	766 562 573							
7.7	The Tax Office is authorised by law to request your TFN. You are not obliged to quote your TFN but not quoting it could increase the chance of delay or error in processing your annual return. See the Privacy note in the Declaration.								
2	Name of self-managed superannuat	ion fund (SMSF)							
		Ibanez Superann	uation Fund						
		1							
		06 247 012 162							
3	Australian business number (ABN)	96 347 012 162							
4	Current postal address	P O Box 3304							
*	ourient postar address								
		Australia Fair		lorn	1,015				
		SOUTHPORT		QLD	4215				
5	Annual return status Is this an amendment to the SMSF's 2017 return? A N Is this the first required return for a newly registered SMSF? B N								
 6	SMSF auditor								
0	Auditor's name Title	Mr							
	Family name	Mackenzie							
	First given name	Colin							
	Other given names								
	SMSF Auditor Number	100 004 466							
	Auditor's phone number	04 18249670							
	Use Agent address details?	PO Box 1231							
		Mudgeeraba		QLD	4213				
		Date audit was completed	A 02/08/2017						
		Was Part B of the audit re	port qualified ?						
		If the audit report was qua compliance issues been re	lified, have the reported ectified?	С					

The following transfer (EFT) We need your self-managed super fund's financial institution details to pay any super payments and tax refunds owing to you. A Financial institution details for super payments and tax refunds You must provide the financial institution details of your fund's nominated super account. If you would like your fund's tax refunds paid to a different account, you can provide additional financial institution details at B.									
		Fund BSB number (must be six digits)	064430	Fund account	t number 1	0521515			
		Fund account name (for	example, J&Q Citize	n ATF J&O Fam	ilv SF)		, , , , , , , , , , , , , , , , , , , ,		
		Ibanez Super F							
	В	Financial institution If you would like your fun Tax refunds cannot be pa	nd's tax refunds paid	to a different acc			financial institu	Use Agent Trust Account?	
		Fund BSB number (must be six digits)		Account	t number				
		Fund account name (for	example, J&Q Citize	n ATF J&Q Fam	ily SF)				
	С	Electronic service ac We will use your electron		lias to communic	cate with you	fund about	ATO super pa	ayments.	
									
8	St	Does the fund true Government	Australian superanno st deed allow accepta ent's Super Co-contri ow Income Super Co	ance of the ibution and	A Y C Y		Fund benefi	it structure B A	Code
9	N		o during the incor If yes, provide the which fund was wou	date on Day M	Month Year		Have all tax an obligations b	d payment	
10	Ex	cempt current pension	n income				, , , ,		
	Did	d the fund pay an income	stream to one or mo	re members in th	e income yea		rint Y for yes r N for no.		
		o claim a tax exemption for ne law. Record exempt cur			oay at least th	ne minimum	benefit paymo	ent under	
	If	No, Go to Section B: Inco	ome						
	If	Yes Exempt current per	nsion income amount	A					
		Which method did	you use to calculate	your exempt curr	rent pension i	ncome?			
		Segreg	ated assets method	В					
		Unsegreg	gated assets method	C Wa	as an actuaria	al certificate	obtained?	Print Y for yes	
		Did the fund have any oth	er income that was a	ssessable?	Print or N	Y for yes If	Yes, go to Sec	ction B: Income	
								ng no-TFN quoted contribut	
		_							

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Section B: Income

Do not complete this section if your fund was in full pension phase for the entire year and there was no other income that was assessable. 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 (CGT) event during the year		Print Y for yes or N for no.	If the total capital greater than \$10, Capital gains tax	,000, complete	and attach a	
	Have you applied a exemption or rollover		Print Y for yes or N for no.	Code			
				Net capital ga	ain A		
		Gross re	ent and other	leasing and hiring incor	me B	ž	
				Gross intere	est C	45	
			Fore	stry managed investme scheme incor	ent X		
Gross f	foreign income						Loss
D1				Net foreign incor	me D		
	Aus	tralian franking	credits from	a New Zealand compa	ny E		Number
				Transfers fro foreign fun			Number
				Gross payments who	ere H		Loss
R 500 5 W 400000	on of assessable contributions sable employer contributions			Gross distributi from partnershi			Loss
R1	18,867			* Unfranked divide			
	ssable personal contributions			amou * Franked divide	nd K	912]
R2	N-quoted contributions			amou	ant]
R3	0			* Dividend franki cre		391	Code
less Trans	nust be included even if it is zero) ifer of liability to life nce company or PST			* Gross tru distributio			
R6	0		(R1	Assessable contributio plus R2 plus R3 less R		18,867	
Calculation	on of non-arm's length income			. 4			
	n-arm's length private mpany dividends						Code
U1				* Other incor	me S		
plus * Net no	on-arm's length trust distributions			*Assessable incor due to changed t]
U2				status of fu		-y	_
	ther non-arm's length income		Net n	on-arm's length incor			
U3				(subject to 47% tax rate (U1 plus U2 plus U		*	
	andatory label	7		CDOSS INCOR	AC		Loss
instructions to	nt is entered at this label, check the to ensure the correct tax is been applied.			GROSS INCOM (Sum of labels A to	U) W		
		_	Exemp	ot current pension incor	me Y		
			TOTAL	ASSESSABLE INCOM (W less	7/4	20,215	Loss

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Section C: Deductions and non-deductible expenses

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 expense within Australi	a A1		A2
Interest expense oversea			B2
Capital work expenditur	S D1		D2
Decline in value of depreciating asset	ts L		E2
Insurance premiums member	F1 2,703		F2
Death benefit increas	G1 G1		
SMSF auditor fe	H1		H2
Investment expense	es I1		12
Management an administration expense	122 state of the s		J2
Forestry manage investment scheme expens	ed U1	Code	U2 Code
Other amount	ts L1		L2
Tax losses deducte	M1		
	TOTAL DEDUCTIONS		TOTAL NON-DEDUCTIBLE EXPENSES
	N 2,825		Υ 0
	(Total A1 to M1)		(Total A2 to L2)
	#TAXABLE INCOME OR LOSS	Loss	TOTAL SMSF EXPENSES
	O 17,390		Z 2,825
	(TOTAL ASSESSABLE INCOME TOTAL DEDUCTIONS)	less	(N plus Y)

#This is a mandatory label.

Section D: Income tax calculation statement #Important:

Section B label R3, Section C label O and Section D labels A,T1, J, T5 and I are mandatory.

Calculation statement

Please refer to the Self-managed superannuation fund annual return instructions 2017 on how to complete the calculation statement.

#Taxable income A	17,390
(an amount must b	e included even if it is zero)
#Tax on taxable income T1	2,608.50
(an amount must b	e included even if it is zero)
#Tax on no-TFN- quoted contributions	0.00
(an amount must b	e included even if it is zero)
Gross tax B	2,608.50

(T1 plus J)

Ibanez Superannuation Fund

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	C 0.0
,	
	(C1 plus C2)
	SUBTOTAL 1
	T2 2,608.5
	(B less C –cannot be less than ze
age venture capital artnership tax offset	
attrierarily tax oriset	
age investor tax offset	Non-refundable carry forward tax offsets
	D 0.0
	(D1 plus D2)
	SUBTOTAL 2
	T3 2,608.5
	(T2 less D –cannot be less than ze
ng fund's franking credits tax offset	
390.79	
tax offset	
rental affordability scheme tax offset	4
ion credit tax offset	Refundable tax offsets
IOTI GEGIL IAX OTIGEL	E 390.7
	(E1 plus E2 plus E3 plus E4)

#TAX PAYABLE T5	2,217.71
(T3 less E	cannot be less than zero)

Se	ction	102AAM	interest	charge
G				

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Credit for interest on early payments – amount of interest		
H1		
Credit for tax withheld – foreign resident withholding (excluding capital gains)		
resident withholding (excluding capital gains)		
Credit for tax withheld – where ABN or TFN not quoted (non-individual)		
Н3		
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	Eligi	ble credits
Н8	H	0.00
	(H1 plus H2 plus	s H3 plus H5 plus H6 plus H8)
	#Tax offset refunds (Remainder of refundable tax offsets).	0.00
	(ur	used amount from label E-
		nust be included even if it is zero) YG instalments raised
	K	740.00
		pervisory levy
		259.00
	Si	upervisory levy adjustment wound up funds
	for M	wound up funds
	for	pervisory levy adjustment new funds
	for N	new funds
	the second secon	new funds
	the second secon	1,736.71
#This is a mandatory label.	Total amount of tax payable S	

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Section E: Losses

14	Losses					
	If total loss is greater than \$100,000, complete and attach a Losses schedule 2017.		Tax losses carried forward to later income years			
			Net capital losses carried forward to later income years			
	Net capital I	osses brought forward	Net capital losses carried forward			
		from prior years	to later income years			
	Non-Collectables					
	Collectables					

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.

		7	See the Privacy note	in the De	claration.				1
Title	Mr		Member'sTFN 177	319 83	25	Member N	umber		
Family name	Ibanez					Account	status	0	Code
First given name	Raul								
Other given names					, ,				
		Date of birth	19/10/1971		If deceased, date of death				
Contributions					10	100 01]		
Refer to instruction for completing these		OPENING	ACCOUNT BALAN	CE	12,	436.01			
labels.		Emp	oloyer contributions	Α					
		ABN of princ	cipal employer A1						
		Pe	rsonal contributions	В					
	CGT sm	nall business re	tirement exemption	С					
	CGT small bu	ısiness 15-year	exemption amount	D					
		Pers	onal injury election	E					
		Spouse and	child contributions	F					
		Other third	party contributions	G					
	Assessable fo	reign superanni	uation fund amount	1					
	Non-assessable fo	reign superanni	uation fund amount	J					
	Transfer	from reserve:	assessable amount	K					
	Transfer from	n reserve: non-a	assessable amount	L					
	Contr ar	ibutions from no nd previously no	on-complying funds on-complying funds	Т					
	Any other contributions and	(including Sup Low Income S	er Co-contributions uper Contributions)	M					
		TOTAL	CONTRIBUTIONS	N		0.00			:
Other transaction	s	Allocated	earnings or losses	0			Loss		
		Inward rollo	vers and transfers	Р					
		Outward rollo	vers and transfers	Q			Code		
			Lump Sum payment	R1					
		Inco	me stream payment	R2			Code		
		CLOSING AC	CCOUNT BALANCE	S	12,	436.01			

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Title	Mr	See the Privacy note in the Member'sTFN 151 550	Declaration. 843	Member Number	2
Family name	Ibanez			Account status	O Code
First given name	Reynaldo				
Other given names					
		Date of birth 09/12/1966	If deceased, date of death		
Contributions			66	109.39	
Refer to instruction for completing thes		OPENING ACCOUNT BALANCE		109.39	
labels.		Employer contributions A	13,	800.00	
		ABN of principal employer A1			
		Personal contributions B			
	CGT sr	mall business retirement exemption			
	CGT small b	usiness 15-year exemption amount D			
		Personal injury election			
		Spouse and child contributions F			
		Other third party contributions G			
	Assessable fo	preign superannuation fund amount			
	Non-assessable fo	oreign superannuation fund amount			
	Transfe	r from reserve: assessable amount			
	Transfer from	m reserve: non-assessable amount			
	Cont	ributions from non-complying funds and previously non-complying funds			
		s (including Super Co-contributions d Low Income Super Contributions)			
		TOTAL CONTRIBUTIONS N	13,	800.00	
Other transaction	าร	Allocated earnings or losses O	5,	574.22 L	
		Inward rollovers and transfers			
		Outward rollovers and transfers Q		Code	
	•	Lump Sum payment R1			
		Income stream payment R2		Code	
		CLOSING ACCOUNT BALANCE S	74,	335.17	

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			See the Privacy note Member'sTFN 209	e in the De	claration.	Member Number	3
Title	Mrs		viember 311 14 209	548 /	70	Account status	O Code
Family name	Ibanez					Account status	Code
First given name	Minerva						
Other given names					16 1		
		Date of birth	12/01/1976		If deceased, date of death		
Contributions Refer to instruction	s	OPENING	ACCOUNT BALAN	NCE	34,	252.10	
for completing thes labels.	Sec. 1	Emp	loyer contributions	Α	5,	067.46	
			ipal employer A1				
			sonal contributions	В			
	CGT sm	all business ret	irement exemption	С			
	CGT small but	siness 15-year	exemption amount	D			
		Pers	onal injury election	E			
		Spouse and	child contributions	F			
		Other third	party contributions	G			
			uation fund amount				
	Non-assessable for			J			
			assessable amount	K L			
	an Any other contributions and		on-complying funds on-complying funds er Co-contributions uper Contributions)	M	i i		
			CONTRIBUTIONS	N	5,	,067.46	
Other transaction	ns	Allocated	earnings or losses	0	2,	,576.11 L	
		Inward rollo	vers and transfers	Р			
		Outward rollo	vers and transfers	Q		Code	
		.1	Lump Sum paymen	t R1			
	,	Inco	me stream payment	t R2		Code	
		CLOSING AC	COUNT BALANCE	S	36,	,743.45	
	ets and liabilities			TI.			
	nanaged investments			Lis	sted trusts A		
				Unlis	sted trusts B		
				Insura	nce policy C		
			Other ma	anaged in	vestments D		

SMSF Form 2017	Ibanez Superannuation Fund	TFN: 766 562 573 Page 11 of 13
15b Australian direct investments	Cash and term deposi	ts E 15,673
	Debt securitie	es F
Limited recourse borrowing arrangemen	The state of the s	ns G
Australian residential real property	Listed share	es H 30,547
Australian non-residential real propert	Unlisted share	es I
J2		0
Overseas real property J3	Limited recourse borrowing arrangemen	ts J
Australian shares	Non-residential real proper	ty K
Overseas shares	Residential real proper	ty L
J5	Collectables and personal use asse	ts M
J6 Other	Other asse	ets O
15c Overseas direct investments	Overseas share	es P
	Overseas non-residential real proper	ty Q
	Overseas residential real proper	ty R
	Overseas managed investmen	ts S
	Other overseas asset	ts T 79,000
	TOTAL AUSTRALIAN AND OVERSEAS ASSET	rs U 125,220
	(Sum of labels A to T)	
15d 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	
15e Limited recourse borrowing arran	gements	
	If the fund had an LRBA were the LRBA borrowings from a licensed A	Print Y for yes or N for no.
	financial institution? Did the members or related parties of the fund use personal guarantees or other	Print Y for yes
	fund use personal guarantees or other security for the LRBA?	or N for no.
16 LIABILITIES		
Borrowings for limited recourse borrowing arrangements		
V1		
Permissible temporary borrowings V2		
Other borrowings	Borrowin	gs V
V3	Bollowin	35 V
(tota	Total member closing account balanc of all CLOSING ACCOUNT BALANCEs from Sections F and	
	Reserve accour	ats X
	Other liabiliti	es Y 1,706
	TOTAL LIABILITIE	is Z 125,220

Section I: Taxation of financial arrangements

17 Taxation of financial arrangements (TC	DFA)		
	Total TOFA gains	Н	4
	Total TOFA losses		
Section J: Other information			
Family trust election status			
	ing, a family trust election, write the four-digit income year n (for example, for the 2016–17 income year, write 2017).		
	illy trust election, print R for revoke or print V for variation, ach the Family trust election, revocation or variation 2017.		
or fund is making one or mo specified and complete an Intel If rev	ection, write the earliest income year specified. If the trust re elections this year, write the earliest income year being rposed entity election or revocation 2017 for each election voking an interposed entity election, print R, and completed attach the Interposed entity election or revocation 2017		
Section K: Declarations		1	
	eading information in addition to penalties relating t	o anv tax	shortfalls.
and any additional documents are true and correct place all the facts before the ATO. Privacy The ATO is authorised by the Taxation Administration and the TFN to identify the entity in our records. It is not the processing of this form may be delayed. Taxation law authorises the ATO to collect informatorivacy go to ato.gov.au/privacy. TRUSTEE'S OR DIRECTOR'S DECLARATION of the current trustees and directors have a records. I have received the audit report and I am return, including any attached schedules and addition that the count (if	authorised this annual return and it is documented as sucl aware of any matters raised. I declare that the information tional documentation is true and correct. I also authorise that applicable).	e annual re (TFNs). We ot provide to formation a in the SM on on this a	eturn, e will use he TFN, bout your SF's annual
Authorised trustee's, director's or public officer's s	gnature		Day Month Year
		Date	
Preferred trustee or director contact detai	ls:		
Title			
Family name	Ibanez		
First given name	Minerva		and the same of th
Other given names			
	Area code Number		
Phone number	07 55646884		
Email address			
Non-individual trustee name (if applicable)			
ABN of non-individual trustee			
			Hrs
	Time taken to prepare and complete this annual	return	

The Commissioner of Taxation, as Registrar of the Australian Business Register, may use the ABN and business details which you provide on this annual return to maintain the integrity of the register. For further information, refer to the instructions. Ibanez Superannuation Fund

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			4547	LACI
TAX	AGENT'S	S DECL	-AKAI	ION:

X AGENT'S DECLARATION:			
, IBANEZ PTY LTD			
declare that the Self-managed sup by the trustees, that the trustees hat the trustees have authorised me to	erannuation fund annual return 2017 has been prepared in accordan ave given me a declaration stating that the information provided to modge this annual return.	ie is true an	rmation provided d correct, and that Day Month Year
Tax agent's signature			02/08/2017
Title	Mr		
Family name	Ibanez		
First given name	Reynaldo		
Other given names			
Tax agent's practice	IBANEZ PTY LTD	1	
Tax agent's phone number	Area code Number 5 5 6 4 6 8 8 4		
Tax agent number	79652015 Reference number	BAN0002	2