Self-managed superannuation fund annual return 2023

To complete this annual return

	ly self-managed superannuation funds (SMSFs) can complete annual return. All other funds must complete the <i>Fund ome tax return</i> 2023 (NAT 71287).	■ Print clearly, using a BLACK pen only. ■ Use BLOCK LETTERS and print one character per								per b	OX.				
•	The Self-managed superannuation fund annual return instructions 2023 (NAT 71606) (the instructions) can assist you to complete this annual return. The SMSF annual return cannot be used to notify us of a change in fund membership. You must update fund details via ABR.gov.au or complete the Change of details for superannuation entities form (NAT 3036).	■ Pla	Posta Aust GPO [inse of you For each	al ad ralia Bos ert th our c exame ralia	dress in Ta x 984 ie na apita iple; in Ta x 984	s for a xatio 45 ame a al city	annu n Ot ind i y]	ual ffic	retui e stco	rns					
	ection A: Fund information													l's TFI	N at
1	Tax file number (TFN)					op of									
	The ATO is authorised by law to request your TFN. You are the chance of delay or error in processing your annual retu	e not ob urn. See	liged the F	to q Priva	uote cy nc	your te in	TFN the I	I bu De	ıt no olara	ot d atic	quot n.	ting	it c	ould ir	icrease
2	Name of self-managed superannuation fund (SMSF	-)													
3	Name of self-managed superannuation fund (SMSF Australian business number (ABN) (if applicable)	-													
_		F)													
3 4	Australian business number (ABN) (if applicable)	F)							State.			y		Postcod	de
3 4	Australian business number (ABN) (if applicable) Current postal address	A 1	No		Yes							y		Postcod	de

Who should complete this annual return?

OFFICIAL: Sensitive (when completed)

Page 1

6 SMSF auditor Auditor's name Title: Mr Mrs Miss Ms Other Family name First given name Other given names SMSF Auditor Number Auditor's phone number Postal address Suburb/town State/territory Postcode Date audit was completed A

7 Electronic funds transfer (EFT)

Was Part A of the audit report qualified?

Was Part B of the audit report qualified?

If Part B of the audit report was qualified,

have the reported issues been rectified?

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

Yes

Yes

Yes

A Fund's financial institution account details

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

B No

C No

D No

Fund BSB number Fund account number

Fund account name

I would like my tax refunds made to this account. Go to C.

B Financial institution account details for tax refunds

This account is used for tax refunds. You can provide a tax agent account here.

BSB number Account number

Account name

C Electronic service address alias

Provide the electronic service address alias (ESA) issued by your SMSF messaging provider. (For example, SMSFdataESAAlias). See instructions for more information.

Status of SMSF Australian superannuation fund A No Fund benefit structure Yes В Code Does the fund trust deed allow acceptance of C No Yes the Government's Super Co-contribution and Low Income Super Amounts? Was the fund wound up during the income year? Have all tax lodgment Month If yes, provide the date on which the fund was wound up and payment No Yes obligations been met? 10 Exempt current pension income Did the fund pay retirement phase superannuation income stream benefits to one or more members in the income year? To claim a tax exemption for current pension income, you must pay at least the minimum benefit payment under the law. Record exempt current pension income at Label A. No Go to Section B: Income. Yes Exempt current pension income amount A\$ Which method did you use to calculate your exempt current pension income? Segregated assets method **B** Unsegregated assets method C Was an actuarial certificate obtained? D Yes Did the fund have any other income that was assessable? E Yes Go to Section B: Income. Choosing 'No' means that you do not have any assessable income, including no-TFN quoted contributions. No Go to Section C: Deductions and non-deductible expenses. (Do **not** complete Section B: Income.) If you are entitled to claim any tax offsets, you can list

these at Section D: Income tax calculation statement.

Section B: Income

Do not complete this section if all superannuation interests in the SMSF were supporting superannuation income streams in the retirement phase for the entire year, there was no other income that was assessable, and you have not realised a deferred notional gain. If you are entitled to claim any tax offsets, you can record these at Section D: Income tax calculation statement. If the total capital loss or total capital gain is greater than 11 Income \$10,000 or you elected to use the transitional CGT relief in Did you have a capital gains tax G No Yes 2017 and the deferred notional gain has been realised, (CGT) event during the year? complete and attach a Capital gains tax (CGT) schedule 2023. Code Have you applied an M No exemption or rollover? Net capital gain A\$ Gross rent and other leasing and hiring income Gross interest Forestry managed investment **X** \$ scheme income Gross foreign income Loss D1 \$ Net foreign income D\$ Australian franking credits from a New Zealand company E\$ Number Transfers from F\$ foreign funds Gross payments where **H** \$ ABN not quoted Loss Calculation of assessable contributions Gross distribution 1\$ Assessable employer contributions from partnerships **R1**\$ Unfranked dividend J \$ amount plus Assessable personal contributions *Franked dividend **R2** \$ **K** \$ amount plus **No-TFN-quoted contributions *Dividend franking L\$ credit **R3** \$ Code *Gross trust (an amount must be included even if it is zero) M \$ distributions Transfer of liability to life insurance less company or PST Assessable contributions **R6**\$ **R**\$ (R1 plus R2 plus R3 less R6) Calculation of non-arm's length income Code 'Net non-arm's length private company dividends **S**\$ *Other income **U1** \$ 'Assessable income plus *Net non-arm's length trust distributions due to changed tax status of fund **U2** \$ Net non-arm's plus *Net other non-arm's length income length income U\$ (subject to 45% tax rate) (**U1** plus **U2** plus **U3**) U3 \$ Loss #This is a mandatory **GROSS INCOME** label. (Sum of labels A to U) *If an amount is Exempt current pension income Y\$ entered at this label,

check the instructions

to ensure the correct

tax treatment has been applied.

TOTAL ASSESSABLE

INCOME (W less Y)

Loss

Section C: Deductions and non-deductible expenses

12 Deductions and non-deductible expenses

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

	DEDUCTIONS	NON-DEDUCTIBLE EXPENSES
Interest expenses within Australia	A1 \$	A2 \$
Interest expenses overseas	B1 \$	B2 \$
experialture	DID	D2 \$
Decline in value of depreciating assets		E2\$
Insurance premiums – members	F1 \$	F2\$
SMSF auditor fee	H1 \$	H2 \$
Investment expenses	I1 \$	12 \$
Management and administration expenses	J1 \$	J2 \$
Forestry managed investment scheme expense	U1 \$	U2\$ Code Code
Other amounts	L1 \$	L2\$
Tax losses deducted	M1 \$	

TOTAL DEDUCTIONS
N \$
(Total A1 to M1)

TOTAL NON-DEDUCTIBLE EXPENSES **Y** \$

(Total A2 to L2)

(N plus Y)

*This is a mandatory label.

*TAXABLE INCOME OR LOSS

O \$

(TOTAL ASSESSABLE INCOME /ess
TOTAL DEDUCTIONS)

TOTAL SMSF EXPENSES **Z** \$

OFFICIAL: Sensitive (when completed)

Section D: Income tax calculation statement

#Important:

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

13 Calculation statement

Please refer to the Self-managed superannuation fund annual return instructions 2023 on how to complete the calculation statement.

*Taxable income **A** \$

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

*Tax on taxable **T1** \$

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

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

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

Gross tax B \$

(T1 plus J)

Foreign income tax offset

C1\$

Rebates and tax offsets Non-refundable non-carry forward tax offsets

C2\$

(C1 plus C2)

SUBTOTAL 1

T2 \$

C\$

(B less C - cannot be less than zero)

Early stage venture capital limited partnership tax offset

D1\$

Early stage venture capital limited partnership tax offset carried forward from previous year

D2\$

Early stage investor tax offset

D3\$

Early stage investor tax offset carried forward from previous year

D4\$

Non-refundable carry forward tax offsets

D\$

(D1 plus D2 plus D3 plus D4)

SUBTOTAL 2

T3 \$

(T2 less D - cannot be less than zero)

Complying fund's franking credits tax offset

E1\$

No-TFN tax offset

E2\$

National rental affordability scheme tax offset

E3\$

E4\$

Exploration credit tax offset

Refundable tax offsets

E\$

(E1 plus E2 plus E3 plus E4)

*TAX PAYABLE **T5** \$

(T3 less E - cannot be less than zero)

Section 102AAM interest charge

G\$

Credit for tax withheld – foreign resident withholding (excluding capital gains)

H2\$

Credit for tax withheld – where ABN or TFN not quoted (non-individual)

H3\$

Credit for TFN amounts withheld from payments from closely held trusts

H5\$

Credit for interest on no-TFN tax offset

H6\$

Credit for foreign resident capital gains withholding amounts

H8\$

Eligible credits

H\$

(H2 plus H3 plus H5 plus H6 plus H8)

*Tax offset refunds

(Remainder of refundable tax offsets)

1\$

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

PAYG instalments raised

K\$

Supervisory levy

L\$

Supervisory levy adjustment for wound up funds

M \$

Supervisory levy adjustment for new funds

N\$

AMOUNT DUE OR REFUNDABLE

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

S\$

(T5 plus G less H less I less K plus L less M plus N)

*This is a mandatory label.

Section E: Losses

14 Losses

Λ

If total loss is greater than \$100,000, complete and attach a Losses schedule 2023. Tax losses carried forward to later income years

J \$

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

OFFICIAL: Sensitive (when completed)

Section F: Member information **MEMBER 1** Mrs Other Title: Mr Miss Ms Family name First given name Other given names Day Month Member's TFN Date of birth See the Privacy note in the Declaration. OPENING ACCOUNT BALANCE \$ Contributions Proceeds from primary residence disposal Refer to instructions for completing these labels. **H**\$ Employer contributions Month **A**\$ H1 Receipt date ABN of principal employer Assessable foreign superannuation fund amount 1\$ Personal contributions Non-assessable foreign superannuation fund amount **B**\$ J \$ CGT small business retirement exemption Transfer from reserve: assessable amount **C**\$ **K**\$ CGT small business 15-year exemption amount Transfer from reserve: non-assessable amount L\$ Personal injury election Contributions from non-complying funds and previously non-complying funds **E**\$ Spouse and child contributions Any other contributions **F**\$ (including Super Co-contributions Other third party contributions and Low Income Super Amounts) **G**\$ **M** \$ TOTAL CONTRIBUTIONS N \$ (Sum of labels A to M) Allocated earnings or losses Loss Other transactions 0\$ Inward rollovers and transfers Accumulation phase account balance **P**\$ **S1**\$ Outward rollovers and transfers Retirement phase account balance **Q** \$ - Non CDBİS Lump Sum payments Code **S2**\$ R1 \$ Retirement phase account balance - CDBIS Income stream payments Code **S3**\$ **R2** \$ TRIS Count CLOSING ACCOUNT BALANCE

Accumulation phase value X1 \$

Retirement phase value X2 \$

(S1 plus S2 plus S3)

Outstanding limited recourse borrowing arrangement amount

Title: Mr Mrs Miss Ms Other Family name First given name Other given names Day Month Member's TFN Date of birth See the Privacy note in the Declaration. OPENING ACCOUNT BALANCE \$ Contributions Proceeds from primary residence disposal Refer to instructions for completing these labels. **H**\$ Employer contributions **A**\$ H1 Receipt date ABN of principal employer Assessable foreign superannuation fund amount Personal contributions Non-assessable foreign superannuation fund amount **B**\$ J \$ CGT small business retirement exemption Transfer from reserve: assessable amount **C**\$ **K**\$ CGT small business 15-year exemption amount Transfer from reserve: non-assessable amount **D** \$ L \$ Personal injury election Contributions from non-complying funds and previously non-complying funds **E**\$ **T**\$ Spouse and child contributions **F**\$ Any other contributions (including Super Co-contributions Other third party contributions and Low Income Super Amounts) **G**\$ **M** \$ TOTAL CONTRIBUTIONS N \$ (Sum of labels A to M) Allocated earnings or losses Loss Other transactions 0\$ Inward rollovers and transfers Accumulation phase account balance **P**\$ **S1**\$ Outward rollovers and transfers Retirement phase account balance **Q** \$ - Non CDBİS Lump Sum payments Code **S2**\$ R1 \$ Retirement phase account balance - CDBIS Income stream payments Code **S3**\$ **R2** \$ TRIS Count CLOSING ACCOUNT BALANCE \$\$ (S1 plus S2 plus S3) Accumulation phase value X1 \$ Retirement phase value X2 \$ Outstanding limited recourse borrowing arrangement amount

MEMBER 2

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

at the end of the income year?

15f Limited recourse borrowing arrangements

If the fund had an LRBA were the LRBA borrowings from a licensed A No

financial institution?

Yes

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

B No Yes

16 LIABILITIES

Borrowings for limited recourse borrowing arrangements

V1 \$

Permissible temporary borrowings

V2\$

Other borrowings

V3\$

V \$ Borrowings

Total member closing account balances (total of all CLOSING ACCOUNT BALANCEs from Sections F and G)

W \$

Reserve accounts

Other liabilities

TOTAL LIABILITIES Z \$

Section I: Taxation of financial arrangements

17 Taxation of financial arrangements (TOFA)

Total TOFA gains **H** \$

Total TOFA losses | \$

Section J: Other information

Family trust election status

If the trust or fund has made, or is making, a family trust election, write the four-digit income year specified of the election (for example, for the 2022–23 income year, write 2023).

> If revoking or varying a family trust election, print ${\bf R}$ for revoke or print ${\bf V}$ for variation, and complete and attach the Family trust election, revocation or variation 2023.

Interposed entity election status

If the trust or fund has an existing election, write the earliest income year specified. If the trust or fund is making one or more elections this year, write the earliest income year being specified and complete an Interposed entity election or revocation 2023 for each election.

> If revoking an interposed entity election, print R, and complete and attach the Interposed entity election or revocation 2023.

OFFICIAL: Sensitive (when completed)

Section Ł	(:	Dec	larations
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Penalties may be imposed for false or misleading information in addition to penalties relating to any tax shortfalls.

Important

Before making this declaration check to ensure that all income has been disclosed and the annual return, all attached schedules and any additional documents are true and correct in every detail. If you leave labels blank, you will have specified a zero amount or the label was not applicable to you. If you are in doubt about any aspect of the annual return, place all the facts before the ATO.

The ATO is authorised by the Taxation Administration Act 1953 to request the provision of tax file numbers (TFNs). We will use the TFN to identify the entity in our records. It is not an offence not to provide the TFN. However if you do not provide the TFN, the processing of this form may be delayed.

Taxation law authorises the ATO to collect information and disclose it to other government agencies. For information about your privacy go to ato.gov.au/privacy

TRUSTEE'S OR DIRECTOR'S DECLARATION:

I declare that, the current trustees and directors have authorised this annual return and it is documented as such in the SMSF's records. I have received a copy of the audit report and are aware of any matters raised therein. The information on this annual return, including any attached schedules and additional documentation is true and correct.

Authorised trustee's, director's or public officer's signature

Authoriseu i	iusiees,	ullector s	o publ	ic officer 5 5	ignature							
						Da	nto.	Day	/	Month	/	Year
Preferred	trustee	or dire	ctor co	ntact det	ails:	Do	iic		/		/	
Title: Mr	Mrs	Miss	Ms	Other	u							
Family name												
First given nan	ne				Other given names							
Phone number Email address												
Non-individu	ual truste	e name (i	f applica	.ble)								
ABN of non-	-individua	al trustee										
			Γime tak	en to prepa	re and complete this annual re	eturn	Н	rs				
The Coprovide	mmissior on this a	ner of Taxa nnual retu	ation, as urn to ma	Registrar of aintain the int	the Australian Business Regista legrity of the register. For further	er, may use the r information, re	ABN efer to	and b	usine	ss det ions.	ails wh	ich you
provided by	t the <i>Self</i> the truste	-manage ees, that	d supera the trust	ees have giv	nd annual return 2023 has be ven me a declaration stating the to lodge this annual return.	en prepared in hat the informa	acco tion p	rdanc provide	e witled	n infor me is	matior true ar	n nd
Tax agent's	signature											
						Da	ate	Day	/	Month	/	Year
Tax agent	's conta	ct deta	ils									
Title: Mr	Mrs	Miss	Ms	Other								
Family name												
First given nan	ne				Other given names							
Tax agent's	practice											
Tax agent's	phone nu	ımber			Reference number		Т	ax ag	ent n	umbei	r	

Electronic Lodgment Declaration (SMSF)

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 Name of Fund Year 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: • All the information provided to the agent for the preparation of this tax return, including any applicable schedules is true and correct; and ■ I authorise the agent to lodge this tax return. Signature of Partner, Trustee, or Date Director **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 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.

5 WWordi bhiBUa Y ^{™™™}					
authorise the refund to be deposited direct	tly to the specified account	1			
Signature		Date	/	1	

Tax Agent's 8 YWUfUijcb

I declare that:

- I have prepared this tax return in accordance with the information supplied by the partner, trustee, director or public officer
- I have received a declaration made by the entity that the information provided to me for the preparation of this tax return is true and correct; and

 I am authorised by the partner, trustee, director or public officer to lodge 	e this tax return, including any appli	cable sch	iedules.	
Agent's signature	Date	1	1	
Contact name	Client Reference			
Agent's Phone Number	HU '5 [YbhBi a VYf			

Capital gains tax (CGT) schedule

2023

When completing this form

- Print clearly, using a black or dark blue pen only.
- Use BLOCK LETTERS and print one character in each box.

 S M / T H S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T | S T
- Do not use correction fluid or covering stickers.
- Sign next to any corrections with your full signature (not initials).
- Use in conjunction with company, trust, fund income tax return or the self-managed superannuation fund annual return.
- Refer to the Guide to capital gains tax 2023 available on our website at ato.gov.au for instructions on how to complete this schedule.

Tax file number (TFN)

We are authorised by law to request your TFN. You do not have to quote your TFN. However, if you don't it could increase the chance of delay or error in processing your form.

Australian business number (ABN)

Taxpayer's name

Current year capital gains and capital losses Capital gain Capital loss Shares in companies **K**\$ listed on an Australian A \$ securities exchange Other shares **B** \$ L \$ Units in unit trusts listed on an Australian C\$ М\$ securities exchange Other units **D**\$ N \$ Real estate situated **E \$** 0\$ in Australia **P**\$ Other real estate **F** \$ Amount of capital gains from a trust (including G\$ a managed fund) **Q**\$ Collectables **H** \$ Other CGT assets and any other CGT events **R**\$ Amount of capital gain Add the amounts at labels K to R and write previously deferred the total in item 2 label A - Total current year under transitional \$\$ capital losses CGT relief for superannuation funds Total current year J \$ capital gains

2	Total current year capital losses Total current year capital losses applied Total prior year net capital losses applied Total capital losses transferred in applied (only for transfers involving a foreign bank branch or permanent establishment of a foreign financial entity)	B \$ C \$
	Total capital losses applied	E \$
		Add amounts at B, C and D.
3	Unapplied net capital losses carried forward	
	Net capital losses from collectables carried forward to later income years	A \$
	Other net capital losses carried forward to later income years	B \$
		Add amounts at A and B and transfer the total to label V – Net capital losses carried forward to later income years on your tax return.
4	CGT discount	
	Total CGT discount applied	A \$
5	CGT concessions for small business	
	Small business active asset reduction	A \$
	Small business retirement exemption	B \$
	Small business rollover	C \$
	Total small business concessions applied	D \$
6	Net capital gain	
	Net capital gain	A \$
	gan.	1J less 2E less 4A less 5D (cannot be less than zero). Transfer the amount at A to label A – Net capital gain on your tax return.

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

Taxpayer's declaration



If the schedule is not lodged with the income tax return you are required to sign and date the schedule.

Important

Before making this declaration check to ensure that all the information required has been provided on this form and any attachments to this form, and that the information provided is true and correct in every detail. If you are in doubt about any aspect of the tax return, place all the facts before the ATO. The income tax law imposes heavy penalties for false or misleading statements.

Privacy

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

I declare that the information on this form is true and correct.					
Signature					
	Date Day	Monti	n /	Year	
Contact name					

Daytime contact number (include area code)

Losses schedule

2023

Companies and trusts that do not join consolidated groups should complete and attach this schedule to their 2023 tax return. Superannuation funds should complete and attach this schedule to their 2023 tax return.

Print neatly in BLOCK LETTERS with a black or blue ballpoint pen only. Print one letter or number in each box. Do not use correction fluid or tape.

Place X in all applicable boxes.

Refer to Losses schedule instructions 2023, available on our website ato.gov.au for instructions on how to complete this schedule.

Tax file number (TFN)

Name of entity

Australian business number

Part A - Losses carried forward to the 2023-24 income year - excludes film losses

1 Tax losses carried forward to later income years

Year of loss

@22-23 **B**

2021-G2 **C**

2020–21 **D**

2019–20 **E**

2018–19 **F**

2017–18 and earlier G

Total **U**

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

2 Net capital losses carried forward to later income years

Year of loss

2022–23 **H**

2021–22

2020–21 **J**

2019–20 **K**

2018–19 **L**

2017–18 and earlier income years **M**

Total V

Transfer the amount at V to the Net capital losses carried forward to later income years label on your tax return.

Part B - Ownership and business continuity test - company and listed widely held trust only

Complete item 3 of Part B if a loss is being carried forward to later income years and the business continuity test has to be satis ied in relation to that loss.

Do not complete items 1 or 2 of Part B if, in the 2022-23 income year, no loss has been claimed as a deduction, applied against a net capital gain or, in the case of companies, losses have not been transferred in or out.

1 Whether continuity of majority ownership test passed

Note: If the entity has deducted, applied, transferred in or transferred out (as applicable) in the 2022-23 income year a loss incurred in any of the listed years, print X in the Yes or No box to indicate whether the entity has satisfied the continuity of majority ownership test in respect of that loss.

20	22–23	A	Yes	No
20	21–22	В	Yes	No
20	20–21	С	Yes	No

Year of loss

2019–20 **D** No

2018-19 **F** Yes No 2017-18 and earlier F

No

2 Amount of losses deducted/applied for which the continuity of majority ownership test is not passed but the business continuity test is satisfied - excludes film losses

Tax losses G

Net capital losses H

income vears

3 Losses carried forward for which the business continuity test must be satisfied before they can be deducted/ applied in later years - excludes film losses

Tax losses

Net capital losses

4 Do current year loss provisions apply?

Is the company required to calculate its taxable income or tax loss for the year under Subdivision 165-B or its net capital gain or net capital loss for the year under Subdivision 165-CB of the Income Tax Assessment Act

K Yes No

Part C - Unrealised losses - company only

Note: These questions relate to the operation of Subdivision 165-CC of ITAA 1997.

Has a changeover time occurred in relation to the company after 1.00pm by legal time in the Australian Capital Territory on 11 November 1999?

Yes No

If you printed **X** in the **No** box at **L**, do not complete **M**, **N** or **O**.

At the changeover time did the company satisfy the maximum net asset value test under section 152-15 of ITAA 1997?

Yes No

If you printed X in the No box at M, has the company determined it had an unrealised net loss at the changeover time?

No

If you printed \boldsymbol{X} in the \boldsymbol{Yes} box at \boldsymbol{N} , what was the amount of unrealised net loss calculated under section 165-115E of ITAA 1997?

Part D - Life insurance companies

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

Part E - Controlled foreign company losses

- Current year CFC losses M
 - CFC losses deducted N
- CFC losses carried forward 0

Part F - Tax losses reconciliation statement

- Balance of tax losses brought forward from the prior income year A
- ADD Uplift of tax losses of designated infrastructure project entities **B**
 - SUBTRACT Net forgiven amount of debt C
 - ADD Tax loss incurred (if any) during current year D
 - ADD Tax loss amount from conversion of excess franking offsets
 - SUBTRACT Net exempt income | |
 - SUBTRACT Tax losses forgone **G**
 - SUBTRACT Tax losses deducted
- SUBTRACT Tax losses transferred out under Subdivision 170-A (only for transfers involving a foreign bank branch or a PE of a foreign financial entity)
 - Total tax losses carried forward to later income years **J**

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

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Taxpayer's declaration

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

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