Self-managed superannuation 2023

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* **2023** (NAT 71287).

- 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).

To complete this annual return

- Print clearly, using a BLACK pen only.
- Use BLOCK LETTERS and print one character per box.

To assist processing, write the fund's TFN at

the top of pages 3, 5, 7, 9 and 11.



Place $|\mathcal{X}|$ in ALL applicable boxes.

Postal address for annual returns:

Australian Taxation Office GPO Box 9845 [insert the name and postcode of your capital city]

For example;

Australian Taxation Office GPO Box 9845 SYDNEY NSW 2001

Section A: Fund information

1 Tax file number (TFN)

0

The ATO 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 superannuation fund (SMSF)

3 Australian business number (ABN) (if applicable)

4 Current postal address

Sub	burb/town			State/territory	Postcode
5	Annual return status Is this an amendment to the SMSF's 2023 return?	A No	Yes		
	Is this the first required return for a newly registered SMSF?	B No	Yes		

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 /	th Year	
Was Part A of the audit report qualified?	B No Yes	
Was Part B of the audit report qualified?	C No Yes	
If Part B of the audit report was qualified, have the reported issues been rectified?	D No Yes	

7 Electronic funds 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 Fund's financial institution account details

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

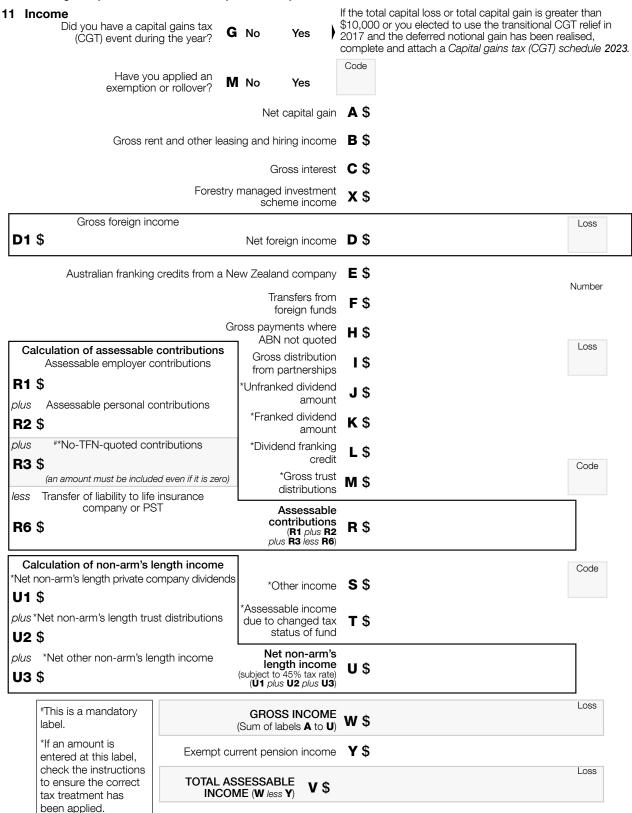
C Electronic service address alias

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

8	Status	s of SMSF	Australian superannua	tion fund	A No	Yes	Fund benefit structure B	Code
			ne fund trust deed allow accep vernment's Super Co-contribu Low Income Super A	ution and	C No	Yes		
9	Was tl No	he fund w Yes	ound up during the incor If yes, provide the date on which the fund was wound up	ne year? _{Day}	Month	Year	Have all tax lodgment and payment obligations been met? No	es
10	•		pension income tirement phase superannuatio	n income s	stream be	nefits to one	or more members in the income year?	
			x exemption for current pensio apt current pension income at		you must	pay at least	the minimum benefit payment under the	law.
	No	Go to Se	ction B: Income.					
	Yes	Exempt o	current pension income amoun	nt A \$				
		Which me	ethod did you use to calculate	your exem	npt curren	t pension in	come?	
			Segregated assets metho	d B				
			Unsegregated assets metho	d C)	Was an a	ctuarial cert	ificate obtained? D Yes	
	Did the	fund have a	any other income that was ass	essable?				
	E Yes	Go to	Section B: Income.					
	No						, including no-TFN quoted contributions. t complete Section B: Income.)	
			itled to claim any tax offsets, y ion D: Income tax calculation a					

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.



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 \$
Capital works expenditure		D2 \$
Decline in value of depreciating assets		E2 \$
Insurance premiums – members	F1 \$	F2 \$
SMSF auditor fee	H1 \$	H2 \$
Investment expenses	l1 \$	12 \$
Management and administration expenses	J1 \$	J2 \$
Forestry managed investment scheme expense	U1 \$	U2 \$ Code Code
Other amounts	L1 \$	L2 \$

Tax losses deducted **M1**\$

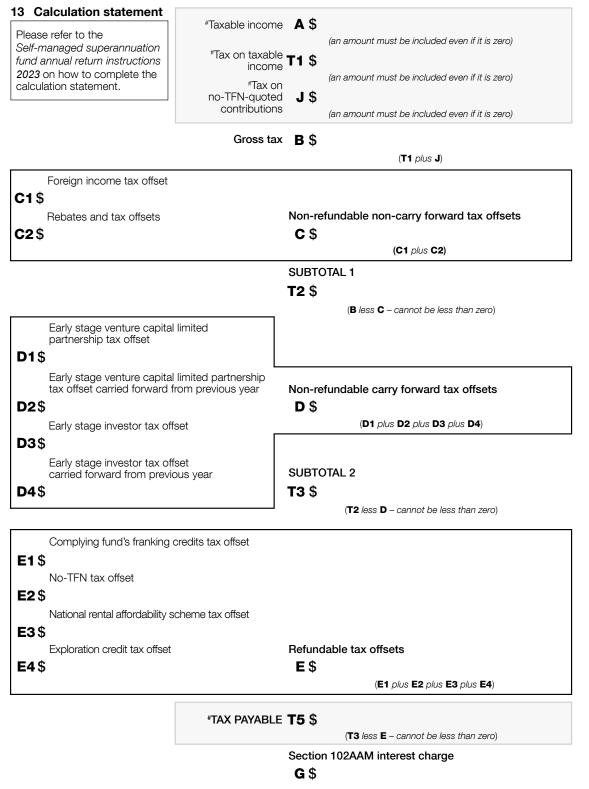
TOTAL DEDUCTIONS	TOTAL NON-DEDUCTIBLE EXPENSES
N \$	Y \$
(Total A1 to M1)	(Total A2 to L2)
*TAXABLE INCOME OR LOSS	LOSS TOTAL SMSF EXPENSES
_ O \$	Z \$
(TOTAL ASSESSABLE INCOME less TOTAL DEDUCTIONS)	(N plus Y)

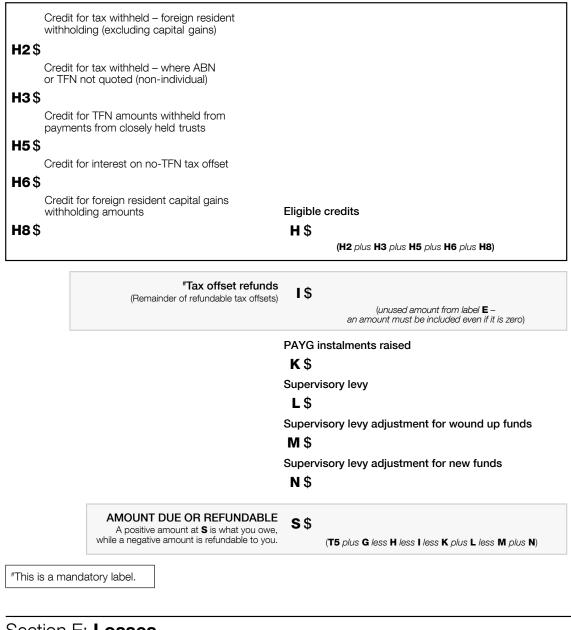
[#]This is a mandatory label.

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. If you leave these labels blank, you will have specified a zero amount.





Section E: Losses

14 Losses

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

Section F	: Member information	on		
MEMBER 1				
ītle: Mr Mrs āmily name	Miss Ms Other			
irst given name	Othe	r given n	ames	
/lember's TFN See the Privacy note in	the Declaration.		Day Mo Date of birth	onth Year
Contributions	OPENING ACCOUNT BALANCE	\$]
Refer to instruction	ons for completing these labels.	Н\$	Proceeds from primary residence disposal	
C \$ CGT small bus D \$ Personal injury E \$ Spouse and ch F \$	oal employer ributions siness retirement exemption siness 15-year exemption amount	H1 I\$ J\$ K\$ L\$ T\$	Non-assessable foreign superannuation fur Transfer from reserve: assessable amount Transfer from reserve: non-assessable amo Contributions from non-complying funds and previously non-complying funds Any other contributions (including Super Co-contributions and Low Income Super Amounts)	nd amount
	TOTAL CONTRIBUTIONS	N \$	(Sum of labels A to M)	
Other transactions		0\$	Allocated earnings or losses	Loss
Accumulation S1 \$	phase account balance	Р\$	Inward rollovers and transfers	
	ase account balance	Q \$		
S2 \$ Retirement ph	ase account balance	R1 \$	Lump Sum payments	Code
- CDBIS S3 \$		R2 \$	Income stream payments	Code
TRIS Count	CLOSING ACCOUNT BALANCE	S \$	(S1 plus S2 plus S3)	
	Accumulation phase value	X1 \$		
	Retirement phase value	X2 \$		
	Outstanding limited recourse borrowing arrangement amount	Y \$		

Title: Mr Mrs Miss Ms Other

Family name

First given name

Other given names

Day

Date of birth

Month

Year

Member's TFN

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 Day Month Year **A**\$ H1 Receipt date ABN of principal employer Assessable foreign superannuation fund amount A1 1\$ Personal contributions Non-assessable foreign superannuation fund amount **B**\$ J \$ CGT small business retirement exemption Transfer from reserve: assessable amount **C** \$ **K**\$ CGT small business 15-year exemption amount Transfer from reserve: non-assessable amount **D**\$ L \$ Personal injury election Contributions from non-complying funds 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 **O**\$ Inward rollovers and transfers Accumulation phase account balance **P**\$ **S1**\$ Outward rollovers and transfers Retirement phase account balance **Q** \$ - Non CDBIS

S2\$ Retirement phase account balance - CDBIS

TRIS Count CLOSING ACCOUNT BALANCE **S**\$

S3\$

Accumulation phase value X1 \$

Retirement phase value X2 \$

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

OFFICIAL: Sensitive (when completed)

R1 \$

R2 \$

Lump Sum payments

Income stream payments

(S1 plus S2 plus S3)

Code

Code

Title: Mr Mrs Miss Ms Other

Family name

First given name

Other given names

Day

Date of birth

Month

Year

Member's TFN

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 Day Month Year **A**\$ H1 Receipt date ABN of principal employer Assessable foreign superannuation fund amount A1 1\$ Personal contributions Non-assessable foreign superannuation fund amount **B**\$ J \$ CGT small business retirement exemption Transfer from reserve: assessable amount **C** \$ **K**\$ CGT small business 15-year exemption amount Transfer from reserve: non-assessable amount **D**\$ L \$ Personal injury election Contributions from non-complying funds and previously non-complying funds **E**\$ **T**\$ 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 **O**\$ Inward rollovers and transfers Accumulation phase account balance **P**\$

S1\$ Outward rollovers and transfers Retirement phase account balance **Q** \$ - Non CDBIS Lump Sum payments Code S2 \$ R1 \$ Retirement phase account balance - CDBIS Income stream payments Code **S3**\$ **R2**\$ TRIS Count CLOSING ACCOUNT BALANCE **S** \$ (S1 plus S2 plus S3) Accumulation phase value X1 \$

Retirement phase value X2 \$

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

Title: Mr Mrs Miss Ms Other

Family name

First given name

Other given names

Day

Date of birth

Month

Year

Member's TFN

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 Day Month Year **A**\$ H1 Receipt date ABN of principal employer Assessable foreign superannuation fund amount A1 1\$ Personal contributions Non-assessable foreign superannuation fund amount **B**\$ J \$ CGT small business retirement exemption Transfer from reserve: assessable amount **C** \$ **K**\$ CGT small business 15-year exemption amount Transfer from reserve: non-assessable amount **D**\$ L \$ Personal injury election Contributions from non-complying funds 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 **O**\$ Inward rollovers and transfers Accumulation phase account balance **P**\$ **S1**\$ Outward rollovers and transfers Retirement phase account balance **Q** \$ - Non CDBIS Lump Sum payments Code **S2**\$ R1 \$ Retirement phase account balance - CDBIS Income stream payments Code **S3**\$ **R2** \$

TRIS Count

Accumulation phase value X1 \$

Retirement phase value X2 \$

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

CLOSING ACCOUNT BALANCE **S**\$

OFFICIAL: Sensitive (when completed)

(S1 plus S2 plus S3)

Title: Mr Mrs Miss Ms Other

Family name

First given name

Other given names

Day

Date of birth

Month

Code

Code

Year

Member's TFN

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 Day Month Year **A**\$ H1 Receipt date ABN of principal employer Assessable foreign superannuation fund amount A1 1\$ Personal contributions Non-assessable foreign superannuation fund amount **B**\$ J \$ CGT small business retirement exemption Transfer from reserve: assessable amount **C** \$ **K**\$ CGT small business 15-year exemption amount Transfer from reserve: non-assessable amount **D**\$ L \$ Personal injury election Contributions from non-complying funds **E** \$ and previously non-complying funds **T**\$ 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 **O**\$ Inward rollovers and transfers Accumulation phase account balance **P**\$ **S1**\$

Outward rollovers and transfers Retirement phase account balance **Q** \$ - Non CDBIS Lump Sum payments **S2**\$ R1 \$ Retirement phase account balance - CDBIS Income stream payments **S3**\$ **R2**\$ TRIS Count CLOSING ACCOUNT BALANCE **S** \$ (S1 plus S2 plus S3) Accumulation phase value X1 \$

Retirement phase value X2 \$

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

Title: Mr Mrs Miss Ms Other

Family name

First given name

Other given names

Day

Date of birth

Month

Year

Member's TFN

See the Privacy note in the Declaration.

TRIS Count

OPENING ACCOUNT BALANCE \$ Contributions Proceeds from primary residence disposal Refer to instructions for completing these labels. **H**\$ Employer contributions Day Month Year **A**\$ H1 Receipt date ABN of principal employer Assessable foreign superannuation fund amount A1 1\$ Personal contributions Non-assessable foreign superannuation fund amount **B**\$ J \$ CGT small business retirement exemption Transfer from reserve: assessable amount **C** \$ **K**\$ CGT small business 15-year exemption amount Transfer from reserve: non-assessable amount **D**\$ L \$ Personal injury election Contributions from non-complying funds 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 **O**\$ Inward rollovers and transfers Accumulation phase account balance **P**\$ **S1**\$ Outward rollovers and transfers Retirement phase account balance **Q** \$ - Non CDBIS Lump Sum payments Code **S2**\$ R1 \$ Retirement phase account balance - CDBIS Income stream payments Code **S3**\$ **R2** \$

OFFICIAL: Sensitive (when completed)

Y\$

(S1 plus S2 plus S3)

CLOSING ACCOUNT BALANCE **S**\$

Outstanding limited recourse

borrowing arrangement amount

Accumulation phase value X1 \$

Retirement phase value X2 \$

Itel: Mr Ms Ms Other Account status inst given name Other given names If deceased, date of dec usy Month If deceased, date of dec usy Month Assessable OPENING ACCOUNT BALANCE Proceeds from primary residence disposal Proceeds from primary residence disposal Refer to instructions for completing these labels. Proceeds from primary residence disposal HS ASN of principal employer Math Yeer Math Yeer ASN of principal employer A1 Personal contributions BS Cust math Yeer CGT small business retirement exemption CS Cust math Yeer Math Yeer Spouse and child contributions FS Other third party contributions S Contributions from non-complying funds and previously non-complying funds TS Accountiation phase account balance NS Curver onlibutions and Low Income Super Amount Neward rollovers and transfers Mis Other transactions Account balance Non CDBIS S Curver onlovers and transfers S State Reference thase account balance Non CDBIS Lump Sum payments C State Lump Sum pa	Code
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	ode
S3 \$ R2 \$	
TRIS Count CLOSING ACCOUNT BALANCE \$\$ (S1 plus S2 plus S3)	
Accumulation phase value X1 \$	

Outstanding limited recourse borrowing arrangement amount ~~ Y \$

ret given returns the Privacy note in the Dealeration . Date of baint to y for a construction of the Privacy note in the Dealeration . Dealer of the Privacy note in the Dealeration . Dealer of the Privacy note in the Dealeration . Dealer of the Privacy note in the Dealeration . Dealer of the Privacy note in the Dealeration . Dealer of the Privacy note in the Dealeration . Dealer of the Privacy note in the Dealeration . Dealer of the Privacy note in the Dealeration . Dealer of the Privacy note in the Dealeration . Dealer of the Privacy note in the Dealeration . Dealer of the Privacy note in the Dealeration . Dealer of the Privacy note in the Dealeration . Dealer of the Privacy note in the Dealeration . Dealer of the Privacy note in the Dealeration . Dealer of the Privacy note in the Dealeration . Dealer of the Privacy note in the Dealeration . Dealer of the Privacy note in the Dealeration . Dealer of the Privacy note in the Dealeration . Dealer of the Privacy note in the Dealeration . Dealer of the Dealeration . Dealeration	MEMBER 8 ittle: Mr Mrs Miss Ms Other iamily name		A	ccount status
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(Sum of labels A to M) Allocated earnings or losses Accumulation phase account balance S1 \$ Accumulation phase account balance P \$ Outward rollovers and transfers P \$ Outward rollovers and transfers Q \$ Loss S2 \$ Retirement phase account balance - Non CDBIS S2 \$ Retirement phase account balance - CDBIS S3 \$ TRIS Count CLOSING ACCOUNT BALANCE S1 plus S2 plus S3	Employer contributions A \$ ABN of principal employer A1 Personal contributions B \$ CGT small business retirement exemption C \$ CGT small business 15-year exemption a D \$ Personal injury election E \$ Spouse and child contributions F \$ Other third party contributions	H H J amount L T	 Day Month Receipt date / / Assessable foreign superannuation fu Non-assessable foreign superannuation Non-assessable foreign superannuation Transfer from reserve: assessable arr Transfer from reserve: non-assessable Contributions from non-complying fu and previously non-complying funds Any other contributions (including Su Co-contributions and Low Income Su 	Year nd amount ion fund amount nount le amount nds
Allocated earnings or losses Accumulation phase account balance Accumulation phase account balance Accumulation phase account balance Non CDBIS Accumut phase account balance Code R1 \$ Co	TOTAL CON	TRIBUTIONS N	*	
S2 \$ Retirement phase account balance - CDBIS S3 \$ TRIS Count CLOSING ACCOUNT BALANCE \$ (S1 plus \$2 plus \$3) Code Code Code Code Code Code Code Code	Accumulation phase account balance S1 \$ Retirement phase account balance	Р	Allocated earnings or losses Allocated earnings or losses Inward rollovers and transfers Outward rollovers and transfers	Loss
(S1 plus S2 plus S3)	S2 \$ Retirement phase account balance – CDBIS		\$ Income stream payments	
Accumulation phase value X1 \$	TRIS Count CLOSING ACCOUN	IT BALANCE S	+	
+	Accumulatio	n phase value X1	\$	

Outstanding limited recourse borrowing arrangement amount

EMBER 9 le: Mr Mrs Miss Ms Other mily name	Acco sta	Code atus
st given name Other gi	iven names	
ember's TFN Date of birth e the Privacy note in the Declaration. Day Month	If deceased, dat Year Day Month / /	e of death _{Year}
OPENING ACCOUNT BALANCE	E \$	
Refer to instructions for completing these labels. Employer contributions	Proceeds from primary residence dispos H\$ Day Month	al
A \$ ABN of principal employer A1	H1 Receipt date / / Assessable foreign superannuation fund a	amount
Personal contributions B CGT small business retirement exemption	Non-assessable foreign superannuation J \$ Transfer from reserve: assessable amou	
C \$ CGT small business 15-year exemption amount D \$	K \$ Transfer from reserve: non-assessable a L \$	mount
Personal injury election E \$ Spouse and child contributions	Contributions from non-complying funds and previously non-complying funds T \$	
F \$Other third party contributionsG \$	Any other contributions (including Super Co-contributions and Low Income Supe M \$	r Amounts)
TOTAL CONTRIBUTIONS	S N \$ (Sum of labels A to M)	
ner transactions	Allocated earnings or losses O \$	Loss
Accumulation phase account balance	Inward rollovers and transfers P \$	
Retirement phase account balance – Non CDBIS	Outward rollovers and transfers Q \$ Lump Sum payments	Code
2 \$ Retirement phase account balance – CDBIS	R1 \$	Code
	R2 \$	
	- e ¢	
TRIS Count CLOSING ACCOUNT BALANCE	E S \$ (S1 plus S2 plus S3)	

Outstanding limited recourse borrowing arrangement amount ~~ Y \$

MEMBER 10 Title: Mr Mrs Miss Ms Other Family name	Account status
First given name Other gi	iven names
Member's TFN Date of birth See the Privacy note in the Declaration. Day Month	If deceased, date of death Year Day Month Year / / /
Contributions OPENING ACCOUNT BALANCE	\$
 Refer to instructions for completing these labels. Employer contributions A \$ ABN of principal employer A1 Personal contributions B \$	Proceeds from primary residence disposal H \$ Day Month Year H Receipt date / / Assessable foreign superannuation fund amount I \$ Non-assessable foreign superannuation fund amount J \$ Transfer from reserve: assessable amount K \$ Transfer from reserve: non-assessable amount L \$ Contributions from non-complying funds and previously non-complying funds and previously non-complying funds M \$
TOTAL CONTRIBUTIONS	S N \$ (Sum of labels A to M)
Accumulation phase account balance S1 \$ Retirement phase account balance	Allocated earnings or losses O \$ Inward rollovers and transfers P \$ Outward rollovers and transfers Q \$
- Non CDBIS S2 \$ Retirement phase account balance - CDBIS S3 \$	Lump Sum payments Code Income stream payments Code R1 \$ Code Code R2 \$
TRIS Count CLOSING ACCOUNT BALANCE	
Accumulation phase value	e X1 \$
Retirement phase value	e X2 \$

Outstanding limited recourse borrowing arrangement amount

nily name	ss Ms Other		count tatus
given name	Other	er given names	
ember's TFN 9 the Privacy note in the De	eclaration. Date of birth	th Year Day Month	ate of death _{Year}
ontributions	OPENING ACCOUNT BALANG	ICE \$	
Refer to instructions	o for completing these labels.	Proceeds from primary residence dispo H \$	osal
A \$ ABN of principal e		Bay Month Assessable foreign superannuation func I \$	Year d amount
Personal contribu B \$ CGT small busine	utions ess retirement exemption	Non-assessable foreign superannuation	
C \$	ess 15-year exemption amount	Transfer from reserve: assessable amo K \$ Transfer from reserve: non-assessable L \$	
Personal injury ele	ection	Contributions from non-complying func	ds
Spouse and child	l contributions	and previously non-complying funds T \$	
			er ver Amounts)
Spouse and child F \$ Other third party of		T \$ Any other contributions (including Super Co-contributions and Low Income Sup M \$ DNS N \$	er ber Amounts)
Spouse and child F \$ Other third party of G \$	contributions	T \$ Any other contributions (including Super Co-contributions and Low Income Sup M \$	er ber Amounts)
Spouse and child F \$ Other third party of G \$ ther transactions Accumulation pha	contributions	T \$ Any other contributions (including Super Co-contributions and Low Income Sup M \$ ONS N \$ (Sum of labels A to M) Allocated earnings or losses	
Spouse and child F \$ Other third party of G \$ (ther transactions Accumulation phase - Non CDBIS	contributions TOTAL CONTRIBUTIO	T \$ Any other contributions (including Super Co-contributions and Low Income Sup M \$ ONS N \$ (Sum of labels A to M) Allocated earnings or losses O \$ Inward rollovers and transfers P \$ Outward rollovers and transfers Q \$	Loss
Spouse and child F \$ Other third party of G \$ ther transactions Accumulation phase Accumulation phase Non CDBIS S2 \$ Retirement phase	contributions TOTAL CONTRIBUTIO ase account balance	T \$ Any other contributions (including Super Co-contributions and Low Income Sup M \$ ONS N \$ (Sum of labels A to M) Allocated earnings or losses O \$ Inward rollovers and transfers P \$ Outward rollovers and transfers Q \$ Lump Sum payments R1 \$	Loss
Spouse and child F \$ Other third party of G \$ wher transactions Accumulation phase Accumulation phase Non CDBIS S2 \$	contributions TOTAL CONTRIBUTIO ase account balance	T \$ Any other contributions (including Super Co-contributions and Low Income Sup M \$ DNS N \$ (Sum of labels A to M) Allocated earnings or losses O \$ Inward rollovers and transfers P \$ Outward rollovers and transfers Q \$ Lump Sum payments	Loss

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

Γitle: Mr Mrs Miss Family name	s Ms Other		Account status
rst given name		Other given names	
lember's TFN ee the Privacy note in the De	Date c claration. Day	of birth Month Year	If deceased, date of death Day Month Year
ontributions	OPENING ACCOUNT	BALANCE \$	
Employer contribut A \$ ABN of principal e A1 Personal contribut B \$ CGT small busines C \$	employer tions ss retirement exemption ss 15-year exemption an action contributions	H \$ H1 Rec Asse I \$ Non J \$ Tran K \$ Tran K \$ Con and T \$ Any	Day Month Year relipt date / / / essable foreign superannuation fund amount n-assessable foreign superannuation fund amount n-assessable foreign superannuation fund amount n-assessable foreign superannuation fund amount nsfer from reserve: assessable amount nsfer from reserve: non-assessable amount ntributions from non-complying funds previously non-complying funds r other contributions (including Super contributions and Low Income Super Amounts)
	TOTAL CONTR	RIBUTIONS N \$	(Sum of labels A to M)
			ested earnings or losses
Accumulation pha Accumulation pha S1 \$ Retirement phase – Non CDBIS S2 \$	account balance	O \$ Inwa P \$ Outv Q \$	cated earnings or losses Loss ard rollovers and transfers ward rollovers and transfers np Sum payments Code

Outstanding limited recourse borrowing arrangement amount

5	Section H: Assets and liab	oilities		
5a	Australian managed investments	Listed trusts	A \$	
		Unlisted trusts	в\$	
		Insurance policy	C \$	
	Othe	r managed investments	D \$	
b	Australian direct investments	Cash and term deposits	Е\$	
	Limited recourse borrowing arrangements Australian residential real property	Debt securities	F\$	
	J1 \$	Loans	G \$	
	Australian non-residential real property	Listed shares	Н\$	
	J2 \$ Overseas real property	Unlisted shares	I \$	
	J3 \$	Limited recourse	J \$	
	Australian shares b	orrowing arrangements	JĄ	
	J4 \$	Non-residential	K \$	
	Overseas shares	real property Residential	• •	
	J5 \$	real property	L \$	
	Other	Collectables and personal use assets	М\$	
	J6 \$		•	
	Property count	Other assets	03	
	J7			
ic	Other investments	Crypto-Currency	N \$	
5d	Overseas direct investments	Overseas shares	Р\$	
	Overseas non-	residential real property	Q \$	
	Overseas	residential real property	R\$	
	Oversea	s managed investments	S \$	
		т\$		
	TOTAL AUSTRALIAN AND (Sum of labels		U \$	

(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 financial institution? Did the members or related parties of the			-	/es			
	fund use personal guarantees or other security for the LRBA?	в	No	١	/es			
16	LIABILITIES	_						
	Borrowings for limited recourse borrowing arrangements							
	V1 \$							
	Permissible temporary borrowings							
	V2 \$							
	Other borrowings							7
	V3 \$			Borrow	vings	V	\$	
	Total member clos (total of all CLOSING ACCOUNT BALANCEs fro					w	\$	_
			Reser	ve acco	unts	X	\$	
			Ot	ther liabi	lities	Y	\$	
			τοτα	L LIABII	LITIES	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

hily trust election status If the trust or fund has made, or is making, a family trust election, write the four-digit income year write 2023 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, В 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 C specified and complete an Interposed entity election or revocation 2023 for each election.

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

Section K: Declarations



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

Important

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

Privacy

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

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

TRUSTEE'S OR DIRECTOR'S DECLARATION:

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

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

Day Month Year Date

Hrs

Preferred trustee or director contact details:

Title: Mr Mrs Miss Ms Other Family name

First given name

Other given names

Phone number Email address

Non-individual trustee name (if applicable)

ABN of non-individual trustee

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.

TAX AGENT'S DECLARATION:

I declare that the Self-managed superannuation fund annual return 2023 has been prepared in accordance with information provided by the trustees, that the trustees have given me a declaration stating that the information provided to me is true and correct, and that the trustees have authorised me to lodge this annual return.

Tax agent's signature

		Date	Day	Month	Year
Tax agent's contact details					
Title: Mr Mrs Miss Ms Family name	Other				
First given name	Other given names				
Tax agent's practice					
Tax agent's phone number	Reference number		Tax agent	number	

Capital gains tax (CGT) schedule



When completing this form

Print clearly, using a black or dark blue pen only.



- Do not use correction fluid or covering stickers.
- Sign next to any corrections with your full signature (not initials).
- Use in conjunction with company, trust, fund income tax return or the self-managed superannuation fund annual return.
- Refer to the Guide to capital gains tax 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

1 Current year capital gains and capital losses

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

2	Capital losses	
	Total current year capital losses	A \$
	Total current year capital losses applied	В\$
	Total prior year net capital losses applied	C \$
	Total capital losses transferred in applied (only for transfers involving a foreign bank branch or permanent establishment of a foreign financial entity)	D \$
	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	в\$
		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	В\$
	Small business rollover	C \$
	Total small business concessions applied	D \$
6	Net capital gain	
	Net capital gain	A \$
		1.1 less 2E less 44 less 5D (cannot be less than

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.

7	Earnout arrangements		
	Are you a party to an earnout arrangement? A Yes, as a buyer (Print \mathcal{X} in the appropriate box.)	Yes, as a seller	No
	If you are a party to more than one earnout arrangement, copy and details requested here for each additional earnout arrangement.	d attach a separate sheet to this schedule p	providing the
	How many years does the earnout arrangement run for?	В	
	What year of that arrangement are you in?	С	
	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 Income year earnout right created	the following:	year and you
	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	Month	Year
	,	/ /	
Contact name		, ,	
Daytime contact number (include area code)			