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

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

Privacy

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 However, you cannot lodge your tax return electronically if you do not quote your TFN.

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

The Australian Business Register

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

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

Electronic funds transfer - direct debit

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

Tax file number (TFN)			Yea	ar 2021	
Name of partnership, trust, fund or entity	AA Fox Superan	nuation Fund			
Total income or loss	20458	Total deductions	20458	Taxable income or loss	

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

Important

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

Declaration: I declare that:

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

Signature of partner, trustee or director	Date	

PART B

ELECTRONIC FUNDS TRANSFER CONSENT

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

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

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

Agent's Reference Number	25809482
Account Name	AA Fox Super Fund

I authorise the refund to be deposited directly to the specified account.

Signature

Date

PART-C(a) ------Interposed entity election and revocation (Section not required for this Return)

I/We declare 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,
- and that the trustee(s)/company/partners is/are making or revoking an interposed entity election, the details of which are set out above, for the purposes of section 272-85 of Schedule 2F to ITAA 1936 and that
- the trustee(s)/company/partners is/are able to make or revoke the election in accordance with that section.

Signature of partner, trustee or public officer

Date

PART-C(b)------Family trust-election, revocation-or variation (Section not required for this Return)

I/We declare that

- all the information required has been provided in this form and any attachments to this form,
- and that the information provided is true and correct in every detail,
- and that the trustee(s)/partners is/are making, varying or revoking a family trust election, the details of which are set out above, for the purposes of section 272-80 of Schedule 2F to ITAA 1936 and that
- the trustee(s) or, if the trustee is a company, the public officer of the corporate trustee is/are able to make, vary or revoke the election in
 accordance with that section.

Signature of trustee or		
if the trustee is a company,	г	
the public officer of		
the corporate trustee	Date	

PART D Tax agent's certificate (shared facilities only)

declare that:

Г

- 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 this tax return including any applicable schedules.

Agent's signature		Date	Client reference	1007050
Contact name	TTO CHARTERE	D ACCOUNTAN	TS	
Agent's phone number	08 82119426		Agent's reference number	25809482

To assist processing, write the fund's TFN at the top of pages 3, 5, 7, and 9.

State/territory

SA

Postcode

5000

Self-managed superannuation fund annual return

2021

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 2021* (NAT 71287).

The Self-managed superannuation fund annual return instructions 2021 (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).

Section A: Fund information

1 Tax file number (TFN)

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)

AA Fox Superannuation Fund

3 Australian business number (ABN) (if applicable)

18 466 149 420

Yes

Yes

No

No

4 Current postal address

PO BOX 10243

Suburb/town

ADELAIDE BC

5	Annual	return	status

S	this	an	ame	ndmei	nt to	the	SMSF's	3 2021	return?	

Is this the first required return for a newly registered SMSF?

TFN

6	SMSF	audito
---	------	--------

6 SMSF auditor	
Auditor's name	
Title: Mr X Mrs Miss Ms Other	
Family name	
Boys	
First given name Other given names	
Tony	
SMSF Auditor Number Auditor's phone number	
100 014 140 08 0410712708	
Postal address	
PO Box 3376	
Suburb/town RUNDLE MALL	State/territory Postcode
Day Month Year	SA 5000
Date audit was completed A	
Vas Part B of the audit report qualified? C No X Yes	
Part B of the audit report was qualified, D No X 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 ta	x agent account here.
Fund BSB number 610101 Fund account number	070764672
Fund account name	
AA Fox Super Fund	

I would like my tax refunds made to this account.

Go to C.

Financial institution account details for tax refunds В

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

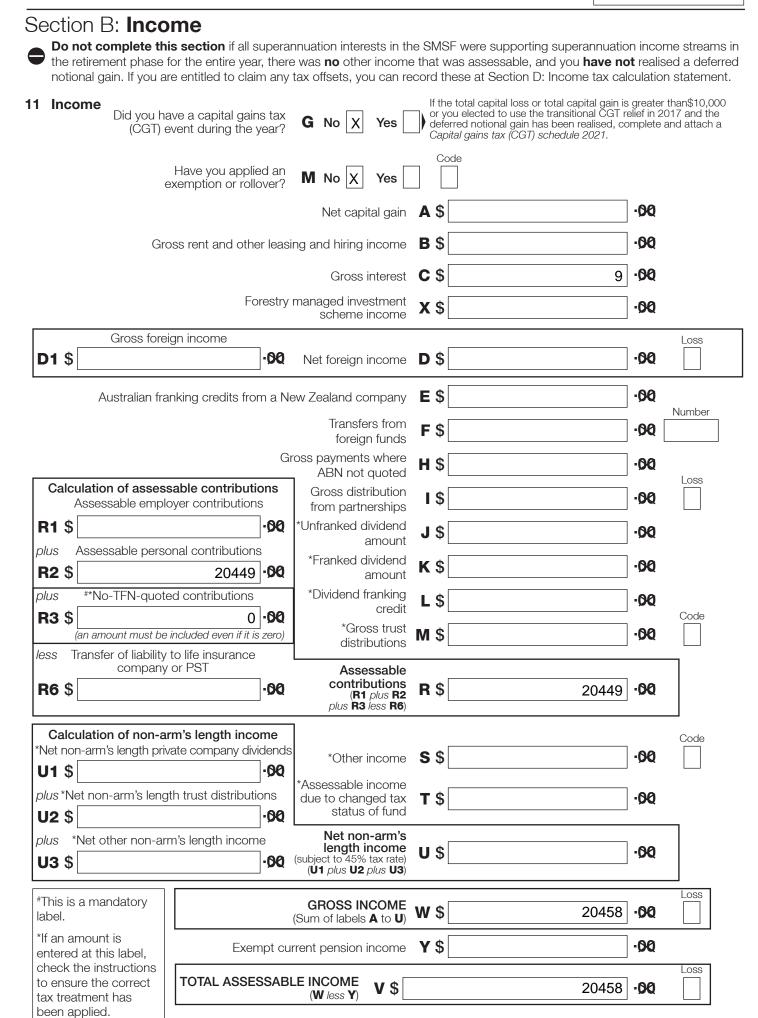
BSB number	Account number	
Account name		

С **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..

	Fund's tax file number (TFN)	
8	Status of SMSF Australian superannuation fund A No Yes X Fund benefit structure	B A Code
	Does the fund trust deed allow acceptance of the Government's Super Co-contribution and Low Income Super Amounts?	
9	Was the fund wound up during the income year? No X Yes If yes, provide the date on which the fund was wound up Month Year Have all tax lodgment and payment obligations been met? No	Yes
10	Exempt current pension income Did the fund pay retirement phase superannuation income stream benefits to one or more members in the income y	/ear?
	To claim a tax exemption for current pension income, you must pay at least the minimum benefit payment und the law. Record exempt current pension income at Label A .	der
	No X 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.	
	No Choosing 'No' means that you do not have any assessable income, including no-TFN quoted contribution Go to Section C: Deductions and non-deductible expenses. (Do not complete Section B: Income.)	itions.
	If you are entitled to claim any tax offsets, you can list these at Section D: Income tax calculation statement.	

Taxpayer/entity name: AA Fox Superannuation Fund



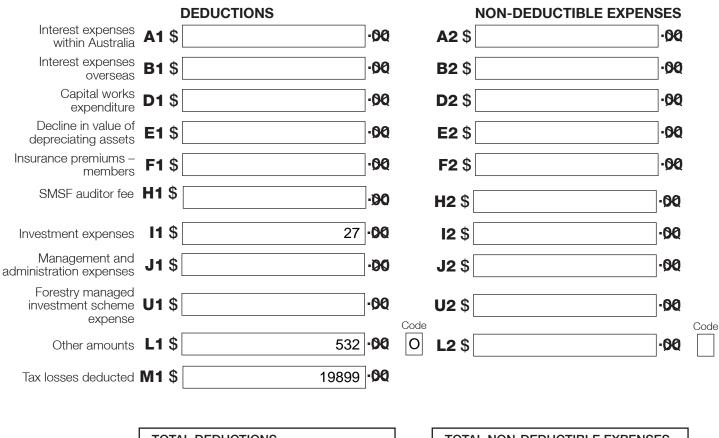
TFN

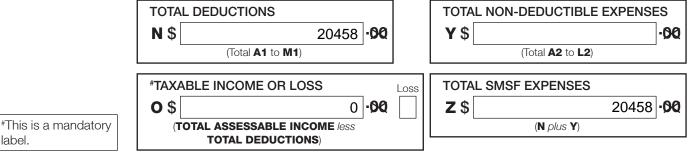
Fund's tax file number (TFN)

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).



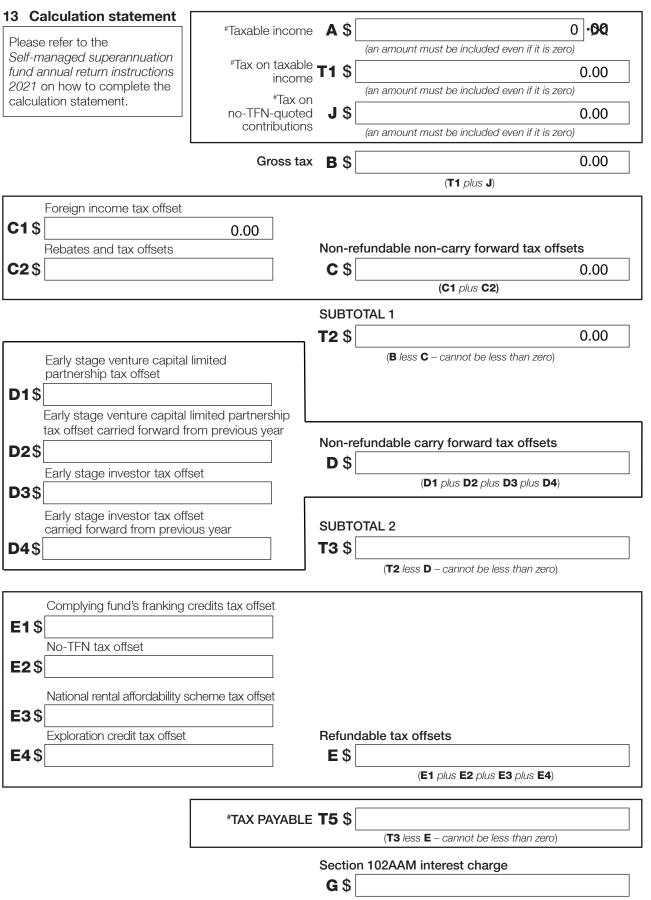


label.

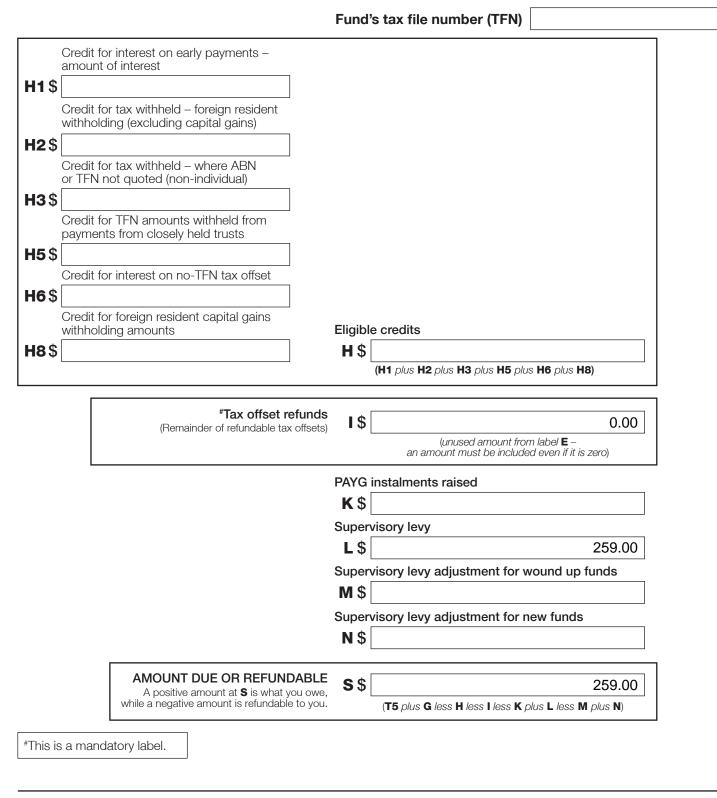
Section D: Income tax calculation statement

#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.



Taxpayer/entity name: AA Fox Superannuation Fund

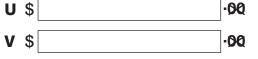


Section E: Losses

14 Losses

If total loss is greater than \$100,000, complete and attach a *Losses schedule* 2021.

Tax losses carried forward to later income years Net capital losses carried forward to later income years



Year

TFN

Section F: Member informa	ation		
MEMBER 1			
Title: Mr X Mrs Miss Ms Other			
Family name			
First given name	Other given names		
Andrew			
Member's TFN See the Privacy note in the Declaration.		Date of birth	Month 02/08/1967
Contributions			20.22
Refer to instructions	COUNT BALANCE \$		20.23
for completing these labels.	Proceeds from p H \$	orimary residence disposal	
Employer contributions	Ŧ	Day Month Ye	~
A \$	Receipt date	Day Month Ye	
ABN of principal employer	L	gn superannuation fund arr	nount
A1 \$			
D	Ŧ	e foreign superannuation fu	nd amount
Personal contributions B \$ 20449.7			
	••		
CGT small business retirement exemption C \$	K \$	serve: assessable amount	
	·		
CGT small business 15-year exemption amoun D \$	Iransfer from re	eserve: non-assessable am	ount
		rom non complying	
Personal injury election		om non-complying iously non-complying fund	S
E \$	Т\$		
Spouse and child contributions		11 D	
F \$	Any other contr (including Supe	r Co-contributions and	
Other third party contributions G	Low Income Su	iper Amounts)	
	M \$		
	CONTRIBUTIONS N\$		20449.72
Other transactions	Allocated earnings or losses O \$		548.55
Accumulation phase account balance	Inward rollovers and P\$		
S1 \$ 19921.4			
Retirement phase account balance – Non CDBIS	rollovers and Q \$		
S2 \$ 0.0		[
Retirement phase account balance	Lump Sum R1 \$		
- CDBIS 0.0	stream Do ¢		
	COUNT BALANCE S \$		19921.40
	olus S2 plus S3)	[
Accum	ulation phase value X1 \$		

Retirement phase value X2 \$

Outstanding limited recourse borrowing arrangement amount

Loss

Code

Code

Taxpayer/entity name: AA Fox Superannuation Fund

Fund's tax file number (TFN)

MEMBER 2	
Title: Mr Mrs Miss Ms Other	
Family name	
First given name	Other given names
Member's TFN See the Privacy note in the Declaration.	Day Month Year Date of birth
Contributions	UNT BALANCE \$
Refer to instructions	
for completing these labels.	Proceeds from primary residence disposal H \$
Employer contributions	
A \$	Receipt date Day Month Year H1
ABN of principal employer	Assessable foreign superannuation fund amount
A1 \$	
D	Non-assessable foreign superannuation fund amount
Personal contributions B \$	
	J \$
CGT small business retirement exemption C \$	Transfer from reserve: assessable amount K \$
CGT small business 15-year exemption amount D \$	Transfer from reserve: non-assessable amount L \$
	Contributions from non-complying
Personal injury election	funds and previously non-complying funds
E \$	T \$
Spouse and child contributions F	Any other contributions
	(including Super Co-contributions and Low Income Super Amounts)
Other third party contributions G \$	M \$
- +	
	NTRIBUTIONS N \$
	ocated earnings
Accumulation phase account balance	rollovers and P \$
S1 \$	transfers Outward
Retirement phase account balance – Non CDBIS	rollovers and Q \$
S2 \$	
Retirement phase account balance – CDBIS	payment Income Code
\$3\$	stream R2 \$
	S2 plus S3)
	tion phase value X1 \$
	limited recourse and a
borrowing arran	limited recourse gement amount Y\$

Taxpayer/entity name: AA Fox Superannuation Fund

TFN	

itle: Mr Mrs Miss Ms	Other	
irst given name	Other given names	
Iember's TFN See the Privacy note in the Declaration.	Day Date of birth	Month Year
Contributions]
Refer to instructions		
or completing these abels.	Proceeds from primary residence disposal	_
Employer contributions	H \$	
A \$	Receipt date Day Month Year	
ABN of principal employer	Assessable foreign superannuation fund amount	
A1 \$		
•		
Personal contributions B \$	Non-assessable foreign superannuation fund an	
B \$	J \$	
CGT small business retirement exemp		
C \$	K \$	
CGT small business 15-year exemption		
D \$	L \$	
Personal injury election	Contributions from non-complying funds and previously non-complying funds	
E \$	T \$	
Spouse and child contributions	Φ	
F \$	Any other contributions (including Super Co-contributions and Low Income Super Amounts)	
Other third party contributions		
G \$	M \$	
	(Sum of labels A to M)	
Other transactions	Allocated earnings or \$	
Accumulation phase account ba	ance Inward rollovers and P \$	
Retirement phase account b – Non CDBIS	transfers	Code
S2 \$	Lump Sum R1 \$	
Retirement phase account ba – CDBIS	ance Income	Code
S3 \$	stream R2 \$	
TRIS Count CLOS	ING ACCOUNT BALANCE S \$	
	Accumulation phase value X1 \$	
	Retirement phase value X2 \$	
ſ		
	utstanding limited recourse Y\$	

Taxpayer/entity name: AA Fox Superannuation Fund

TFN	

MEMBER 4		
Title: Mr Mrs Miss Ms Other		
Family name		
First given name	Other given names	
	Day Month Year	
Member's TFN See the Privacy note in the Declaration.	Date of birth	
Contributions OPENING ACCO	DUNT BALANCE \$	
Refer to instructions for completing these	Proceeds from primary residence disposal	
labels.	H \$	
Employer contributions	Receipt date Day Month Year	
A \$	H1 H1	
ABN of principal employer	Assessable foreign superannuation fund amount	
A1 \$		
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 and Low Income Super Amounts)	
Other third party contributions G		
	M \$	
	ONTRIBUTIONS N \$	
Other transactions	Ilocated earnings or losses O \$	
Accumulation phase account balance	Inward rollovers and transfers	
S1 \$ Retirement phase account balance	Outward	
– Non CDBIS	rollovers and transfers Code	
S2 \$	Lump Sum R1 \$	
Retirement phase account balance – CDBIS	Income	
S3 \$] stream R2 \$	
	OUNT BALANCE \$\$	
Accumul	ation phase value X1 \$	
Retirer	ment phase value X2 \$	
	g limited recourse regiment amount Y \$	
Not complete : 04/03/2022 : 12:08	Sensitive (when completed) Pag	ge 11

TFN

Section G: Supplemen	ntary m	nember information	
MEMBER 5			Code
Title: Mr Mrs Miss Ms	Other	Account status	
Family name			
First given name		Other given names	
Member's TFN See the Privacy note in the Declaration		of birth If deceased, date of death Month Year Day Month Year	
Contributions			
Refer to instructions	NING ACCOU		
for completing these		Proceeds from primary residence disposal	
labels.		Н \$	
Employer contributions		Receipt date Day Month Year	
A \$		H1	
ABN of principal employer		Assessable foreign superannuation fund amount	
A1 \$		I \$	
Personal contributions		Non-assessable foreign superannuation fund amount	
B \$		J\$	
CGT small business retirement exem	ntion	Transfer from reserve: assessable amount	
C \$		K \$	
CGT small business 15-year exempt	ion amount		
D \$		Transfer from reserve: non-assessable amount	
		Contributions from non-complying	
Personal injury election		funds and previously non-complying funds	
E \$		Τ \$	
Spouse and child contributions			
F \$		Any other contributions (including Super Co-contributions and	
Other third party contributions		Low Income Super Amounts)	
G \$		M \$	
	TOTAL CO	ONTRIBUTIONS N \$	
		of labels A to M)	
Other transactions	Allo	llocated earnings or losses O \$	
Accumulation phase account b	alance		
S1 \$		rollovers and P \$	
Retirement phase account I	oalance	Outward rollovers and Q \$	
– Non CDBIS		transfers	
S2 \$		Lump Sum R1 \$	
Retirement phase account b – CDBIS	alance	Income	
S3 \$		payments	
TRIS Count CLO		OUNT BALANCE SS	
		s S2 plus S3)	
	Accumulat	ation phase value X1 \$	
	Ratiram	nent phase value X2 \$	
bor	rowing arran	ngement amount Y\$	

Sensitive (when completed)

Self managed superannuation fund return 2021 Taxpayer/entity name: AA Fox Superannuation Fund

TFN

		Code
Title: Mr Mrs Miss Ms Other		Account status
First given name	Other given names	
Member's TFN	Date of birth If deceased, date	e of death
See the Privacy note in the Declaration.		Year
Contributions OPENING A	ACCOUNT BALANCE \$	
Refer to instructions for completing these	Proceeds from primary residence disposal	
labels.	H \$	
Employer contributions	Receipt date Month Year]
A \$	H1	
ABN of principal employer	Assessable foreign superannuation fund amo	unt
A1 \$	I \$	
Personal contributions	Non-assessable foreign superannuation fund	d amount
B \$	J \$	
CGT small business retirement exemption	Transfer from reserve: assessable amount	
C \$	K \$	
CGT small business 15-year exemption am	ount Transfer from reserve: non-assessable amou	l
D \$	L \$	
Personal injury election	Contributions from non-complying	
E \$	funds and previously non-complying funds	
Spouse and child contributions	── T \$	
F \$	Any other contributions	
Other third party contributions	(including Super Co-contributions and Low Income Super Amounts)	
G \$	M \$	
TOT	AL CONTRIBUTIONS N \$	
	(Sum of labels A to M)	Loss
Other transactions	Allocated earnings or \$	
Accumulation phase account balance	Inward rollovers and P \$	
S1 \$	transfers	
Retirement phase account balanc – Non CDBIS		
S2 \$	Lump Sum R1 \$	Code
Retirement phase account balance		Code
– CDBIS	stream R2 \$	
	payments ~ ~ ~	
	ACCOUNT BALANCE S \$	
	umulation phase value X1 \$	
	etirement phase value X2 \$	
	nding limited recourse Y \$	
Not complete : 04/03/2022 : 12:08	Sensitive (when completed)	Page 13

Self managed superannuation fund return 2021 Taxpayer/entity name: AA Fox Superannuation Fund

MEMBER 7

RN :100017882MS TFN

ly name					
given name		Other given name	s		
mber's TFN	Date of			If deceased, d	
the Privacy note in the Declaration). Day M	onth Year		Day Month	Year
	NING ACCOUN				
Refer to instructions					
ompleting these s.			rom primai	y residence disposa	
-		÷			
nployer contributions		Receipt da	ite ^{Day}	Month Ye	ear
Ψ N of principal employer		H1	[
]	_	e toreign su	perannuation fund an	nount
· Ψ		I\$_			
rsonal contributions		Non-asses	sable forei	gn superannuation fu	und amount
\$		J \$			
GT small business retirement exem	ption	Transfer fro	om reserve	: assessable amount	 t
\$		K \$			
GT small business 15-year exemp	ion amount	Transfer fr	om reserve	: non-assessable arr	nount
\$		L \$			
		Contributi	ons from n	on-complying	
rsonal injury election				non-complying fund	ds
\$		Т\$			
oouse and child contributions					
\$		Any other (including	Super Co-	ns contributions and mounts)	
her third party contributions			ne Super A	mounts)]
φ		M \$			
	TOTAL CONT	RIBUTIONS	N \$		
	(Sum of lab	els A to M)			Loss
her transactions	Alloca	ted earnings or losses	o \$		
Accumulation phase account I	alance	Inward			
S1 \$		ollovers and transfers	Р\$		
Retirement phase account	balance	Outward	Q \$		
– Non CDBİS		transfers			Code
2 \$		Lump Sum R	1 \$		
Retirement phase account k – CDBIS	balance	Income			Code
3 \$		stream R payments	2\$		
			• •		
TRIS Count CLC	SING ACCOUN (S1 plus S2)		S \$		
		phase value X	1 ¢		
			- +		
	Retirement	phase value X	2 \$		

Sensitive (when completed)

Self managed superannuation fund return 2021 Taxpayer/entity name: AA Fox Superannuation Fund

RN:100017882MS

TFN		

MEMBER 8			Code
Title: Mr Mrs Miss Ms	Other	Account status	
Family name			
First siven name		Other siver porces	
First given name		Other given names	
Member's TFN		e of birth If deceased, date of death]
See the Privacy note in the Declarati	ion. Day	Month Year Day Month Year	
Contributions	PENING ACCO	DUNT BALANCE \$	
Refer to instructions			
for completing these labels.		Proceeds from primary residence disposal	
Employer contributions		¬ ■ Ψ Receipt date ^{Day} ^{Month} Year	
A \$		H1	
ABN of principal employer		Assessable foreign superannuation fund amount	
A1 \$			
		Non-assessable foreign superannuation fund amount	
Personal contributions B \$			
CGT small business retirement exe	emption	Transfer from reserve: assessable amount K \$	
	ntion amount		
CGT small business 15-year exem	iption amount	Transfer from reserve: non-assessable amount	
D \$			
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 and	
Other third party contributions G		Low Income Super Amounts)	
Ч Ф		M \$	
	TOTAL CC	ONTRIBUTIONS N \$	
e		of labels A to M)	
Other transactions	All	llocated earnings or losses O \$	
Accumulation phase accoun	it balance	Inward rollovers and P \$	
S1 \$		transfers	
Retirement phase accour – Non CDBIS	nt balance	Outward rollovers and Q \$	
S2 \$		transfers Code	
Retirement phase account	t balance	Lump Sum R1 \$	
- CDBIS '		Income Code	
35 \$			
TRIS Count CL	LOSING ACCC	OUNT BALANCE S\$	
		s S2 plus S3)	
	Accumula	ation phase value X1 \$	
	Retirem	ment phase value X2 \$	
ŀ	Outstanding	ngement amount	
Not complete : 04/02/2022 : 42:00			$a_{0} = 1$

Sensitive (when completed)

Section H: Assets and liabilities **15 ASSETS** -00 Listed trusts **A**\$ 15a Australian managed investments Unlisted trusts **B**\$ 60 Insurance policy C\$ 60 Other managed investments **D**\$ -00 19921 .60 15b Australian direct investments Cash and term deposits **E**\$ Limited recourse borrowing arrangements Debt securities **F**\$ -00 Australian residential real property Loans G\$ -00 **J1**\$ -00 Australian non-residential real property Listed shares **H**\$ -00 **J2**\$ -00 1\$ -00 Unlisted shares Overseas real property **J3** \$ -00 Limited recourse **J**\$ 60 borrowing arrangements Australian shares **J4** \$ -00 Non-residential **K**\$ -00 real property Overseas shares Residential L \$ -00 -00 **J5**\$ real property Collectables and M \$ Other -60 personal use assets -00 **J6**\$ -00 Other assets **O**\$ Property count **J7**\$ Crypto-Currency N \$ 15c Other investments 00 15d Overseas direct investments Overseas shares **P**\$ -00 -00 Overseas non-residential real property **Q**\$

	Other overseas assets T \$	Q
	TOTAL AUSTRALIAN AND OVERSEAS ASSETS U \$ 19921 • 00 (Sum of labels A to T)	Q
15e In-ho	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?	Q

Overseas residential real property **R**\$

Overseas managed investments **S**\$

-00

-00

Taxpayer/entity name: AA Fox Superannuation Fund

TFN

15f Limited recourse borrowing arrangements If the fund had an LRBA were the LRBA borrowings from a licensed financial institution?	Yes
B No	Yes

16 LIABILITIES

Borrowings for limited recourse borrowing arrangements					
V1 \$	•00				
Permissible temporary borrowings	_				
V2 \$	-00				
Other borrowings	_				
V3 \$.00	Borrowings	V	\$	-00
Total member closing account balances total of all CLOSING ACCOUNT BALANCE s from Sections F and G)			w	\$ 19921	.00
		Reserve accounts	X	\$	•00
		Other liabilities	Y	\$.00
		TOTAL LIABILITIES	Ζ	\$ 19921]•00

Section I: Taxation of financial arrangements

17	Taxation of financial arrangements (TOFA)		
	Total TOFA gains	Н\$	-00
	Total TOFA losses	Ι\$	-00

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	7
	specified of the election (for example, for the 2020–21 income year, write 2021. If revoking or varying a family trust election, print R for revoke or print V for variation,	
B	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 2021 for each election.	
	If revoking an interposed entity election, print R, and complete	
	and attach the Interposed entity election or revocation 2021.	

Taxpayer/entity name: AA Fox Superannuation Fund

Section K: Declarations

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

Important

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

Privacy

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

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

TRUSTEE'S OR DIRECTOR'S DECLARATION:

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

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

				Day	Month	Year
			Date			
Preferred trustee or direct	ctor contact detail	s:				
Title: Mr X Mrs Miss	Ms Other					
Family name						
Fox						
First given name	1	Other given names				
Andrew						
Phone number 08 82 Email address	674777					
Non individual truatao namo (if						
Non-individual trustee name (if	applicable)					
ABN of non-individual trustee	14 09	03 317 072				
Т	ime taken to prepare	and complete this annual return		Hrs		
		the Australian Business Register egrity of the register. For further i				
with information provided by to me is true and correct, and	nanaged superannua the trustees, that the	ation fund annual return 2 trustees have given me a dee e authorised me to lodge this an	claration sta			
Tax agent's signature				Day	Month	Year
			Date			
Tax agent's contact detail	ile					
Title: Mr Mrs Miss	Ms Other					
]	
ACCOUNTANTS]	
First given name		Other given names				
		UTANTENED				
Tax agent's practice						
TTO CHARTERED AC						
Tax agent's phone number]	Reference number	_	Tax	k agent numbe	r I
08 82119426		1007050			25809482	
Postal address for annua	ıl returns: Australian T	axation Office, GPO Box 9845	, IN YOUR (CAPITA	L CITY	
Not complete : 04/03/2022 : 12	::08					Page 1

TFN