# Self-managed superannuation **2021** fund annual return

#### Who should complete this annual return? To complete this annual return Only self-managed superannuation funds (SMSFs) can complete ■ Print clearly, using a BLACK pen only. this annual return. All other funds must complete the Fund ■ Use BLOCK LETTERS and print one character per box. income tax return 2021 (NAT 71287). M TH 8 Т S The Self-managed superannuation fund annual return Place $|\mathcal{X}|$ in ALL applicable boxes. instructions 2021 (NAT 71606) (the instructions) can assist you to complete this annual return. Postal address for annual returns: The SMSF annual return cannot be used to notify us of a Australian Taxation Office change in fund membership. You must update fund details GPO Box 9845 via ABR.gov.au or complete the Change of details for [insert the name and postcode superannuation entities form (NAT 3036). of your capital city] For example; Australian Taxation Office GPO Box 9845 SYDNEY NSW 2001 Section A: Fund information To assist processing, write the fund's TFN at 1 Tax file number (TFN) Provided the top of pages 3, 5, 7 and 9. 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. Name of self-managed superannuation fund (SMSF) 2 Sankey Superannuation Fund 91456043291 Australian business number (ABN) (if applicable) 3 **Current postal address** 4 Suite 2, 115 Currumburra Road Suburb/town State/territor Postcode QLD 4214 Ashmore 5 Annual return status Is this an amendment to the SMSF's 2021 return? Yes Is this the first required return for a newly registered SMSF? B No Yes

#### 6 SMSF auditor

Auditor's name	
Title: Mr X Mrs Miss Ms Other	
Family name	
Boys	
First given name Other given names	
Anthony William	
SMSF Auditor Number Auditor's phone number	
100014140 0410712708	
Postal address	
Box 3376	
	$\neg$
Suburb/town State/territory Postcode	
Suburb/town     State/territory     Postcode       Rundle Mall     SA     5000	
Day Month Year	
Date audit was completed A / / / /	
Was Part A of the audit report qualified? <b>B</b> No X Yes	
Was Part B of the audit report qualified?   C No   X   Yes	
If Part B of the audit report was qualified, have the reported issues been rectified?	
<ul> <li>For the second set of the second se</li></ul>	

#### 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	182512	Fund account number	966108169			
Fund account name						
Baghar PL ATF Sankey Superannuation Fund						

I would like my tax refunds made to this account. X 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.

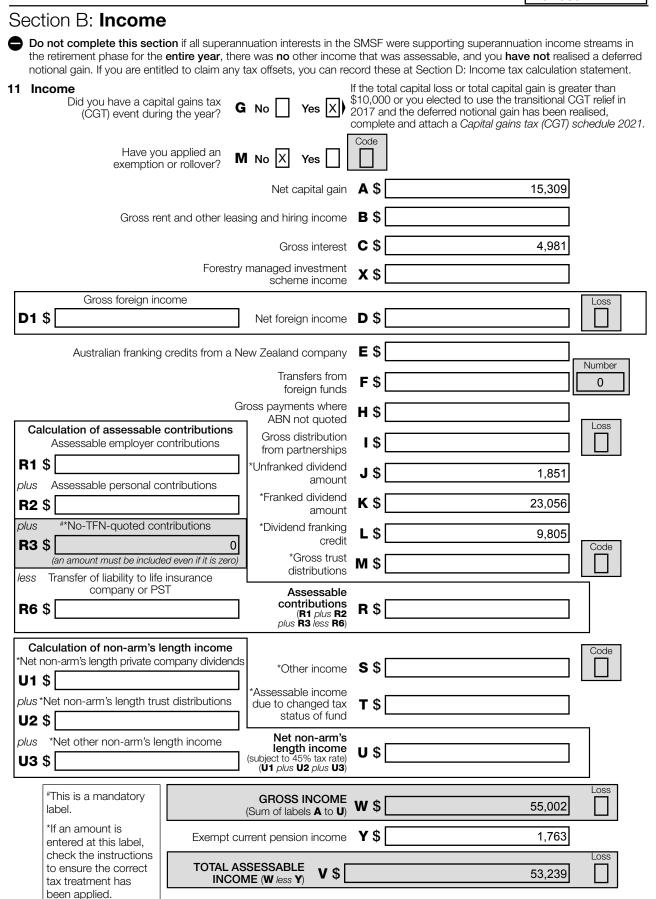
BSB number
Account name

Account 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.

	Tax File Number Provided				
8	Status of SMSF       Australian superannuation fund       A No       Yes       Yes       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?       C       No       Yes       Yes       X       Ves       X				
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         Vo       Year         Have all tax lodgment and payment obligations been met?				
<ul><li>10 Exempt current pension income</li><li>Did the fund pay retirement phase superannuation income stream benefits to one or more members in the income year</li></ul>					
	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 X) Exempt current pension income amount A \$ 1,763				
	Which method did you use to calculate your exempt current pension income?				
	Segregated assets method B				
	Unsegregated assets method $\mathbf{C}(\mathbf{X})$ Was an actuarial certificate obtained? $\mathbf{D}$ Yes $\mathbf{X}$				
	Did the fund have any other income that was assessable?				
	E Yes X) Go to Section B: Income.				
	No Choosing 'No' means that you do not have any assessable income, including no-TFN quoted contributions. Go to Section C: Deductions and non-deductible expenses. (Do <b>not</b> complete Section B: Income.)				
	If you are entitled to claim any tax offsets, you can list these at Section D: Income tax calculation statement.				

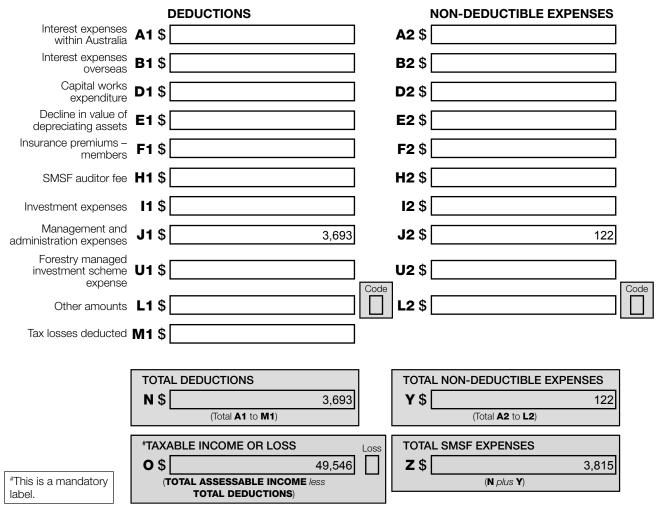


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### Section C: Deductions and non-deductible expenses

### 12 Deductions and non-deductible expenses

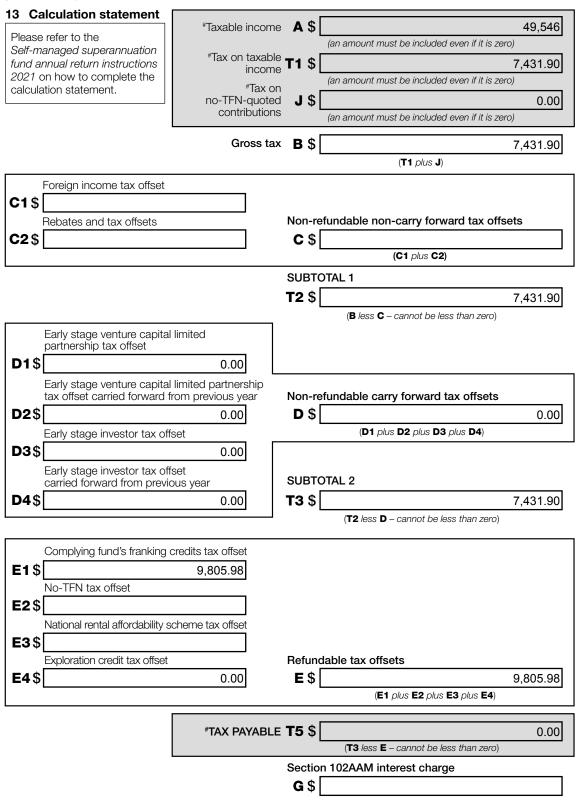
Under 'Deductions' list all expenses and allowances you are entitled to claim a deduction for. Under 'Non-deductible expenses', list all other expenses or normally allowable deductions that you cannot claim as a deduction (for example, all expenses related to exempt current pension income should be recorded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

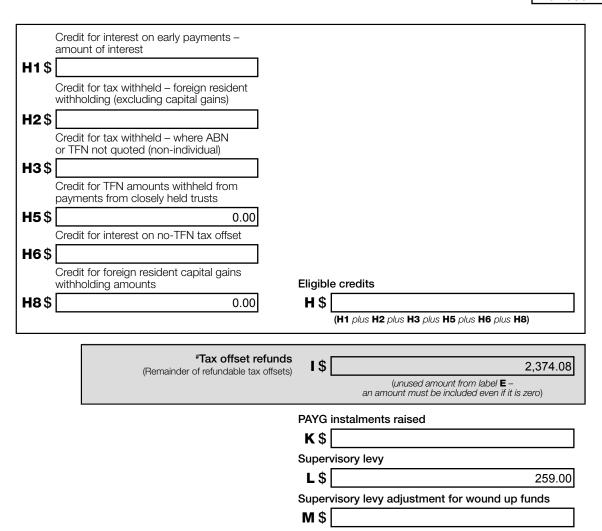


## Section D: Income tax calculation statement

#### #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.





Supervisory levy adjustment for new funds

N \$

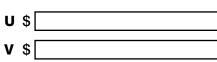
AMOUNT DUE OR REFUNDABLE
A positive amount at **S** is what you owe,
while a negative amount is refundable to you.

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

#### "This is a mandatory label.

## Section E: 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



					Tax File N	umber	Provided	
Section F: Memb	er informati	on						
MEMBER 1								
Title: Mr Mrs Miss	Ms X Other							
Family name								
Sankey		0.1						
First given name		Other given r	names					
Margaret								
Member's TFN See the Privacy note in the D	eclaration. Not Provid	ded			Date of birth		Provide	d
Contributions	OPENING ACCOU	NT BALANCE	\$			1,46	2,108.55	
Refer to instructions for	r completing these labe		Proceec H \$	ts from	n primary resider	nce dispos	sal	
Employer contribution	ns		<b>Γ</b> Εςείρτ	date	Davis	*I-		
A \$			H1	uuto	Day Mon		Year	
ABN of principal emp	blover			able for	reign superannua	tion fund	amount	
A1	-	í	I \$					
Personal contribution	IS			sessar	ble foreign super	annuation	fund amour	nt
В \$			J \$					
CGT small business i	retirement exemption		- +	from	reserve: assessa	ble amou		
C \$			K \$					
CGT small business	15-year exemption amo	ount		from	reserve: non-ass	essable a	mount	
D \$			L \$					
Personal injury election	on			utions	from non-compl	ving funds	<b>3</b>	
E \$			and pre	viously	v non-complying	funds		
Spouse and child co	ntributions		т\$					
F \$			Any oth (includin	er con na Sun	tributions er Co-contributi	ons and		
Other third party con	tributions		Low Inc	ome S	Super Amounts)			
G \$			М\$					
тот	AL CONTRIBUTIONS	·	f labels <b>A</b>	to M)				
		(Odin O		10 11)				1
Other transactions	Allo	cated earnings or losses				25	7,532.50	
Accumulation phase	account balance	Inward rollovers and	Р\$					
S1 \$	1,664,192.69	transfers						
		Outward	•					
Retirement phase ac – Non CDBIS	count balance	rollovers and transfers						
S2 \$	54,048.36	Lump Sum	D4 ¢					
		payments	ΠΙΦ					
Retirement phase ac – CDBIS	count balance	Income						Code
S3 \$	0.00	stream	<b>R2</b> \$				1,400.00	M
	0.00	payments						
			- • •			4 74		
0 TRIS Count	CLOSING ACCO	UNT BALANCE	- 33				8,241.05	
					(S1 plus S2 plus	s <b>S3</b> )		]
	A		VJ A					
	Accumulation	on phase value	<b>X1</b> \$					
	Retireme	ent phase value	<b>X2</b> \$					
	Outstanding li	mited recourse	۷¢					
	borrowing arrang							
Page 8	OFFIC	IAL: Sensitiv	e (wher	ר com	pleted)			

1

Tax File Number Provided

	tion H: Assets and liabilit	ties	
	SSETS	Listed trusts A \$	12,258
		Unlisted trusts <b>B</b> \$	
		Insurance policy C\$	
	Ot	her managed investments <b>D</b> \$	186,369
г	ustralian direct investments	Cash and term deposits <b>E \$</b>	555,816
	Limited recourse borrowing arrangement Australian residential real property	S Debt securities <b>F</b> \$	35,978
	J1 \$	Loans <b>G \$</b>	
	Australian non-residential real property	Listed shares <b>H \$</b>	944,861
	J2 \$		011,001
	Overseas real property	Unlisted shares	
	J3 \$	Limited recourse J \$	
	Australian shares J4 \$		
	Overseas shares	real property K \$	
	J5 \$	Residential real property L\$	
	Other	Collectables and personal use assets <b>M</b> \$	
	J6 \$	Other assets <b>O</b> \$	4,230
	Property count		7,200
c C	Other investments	Crypto-Currency N \$	
id C	Overseas direct investments	Overseas shares P\$	
	Overseas no	on-residential real property <b>Q</b> \$	
	Overse	as residential real property <b>R</b> \$	
	Overse	eas managed investments <b>S</b> \$	
		Other overseas assets <b>T</b> \$	
	TOTAL AUSTRALIAN AN (Sum of lab	ND OVERSEAS ASSETS U\$	1,739,512

				Tax File Numb	Provided
15f	If the fund had on LDDA were the LDDA	A No Yes			
	Did the members or related parties of the fund use personal guarantees or other security for the LRBA?	<b>B</b> No Yes			
16	LIABILITIES	_			
	Borrowings for limited recourse borrowing arrangements				
	V1 \$				
	Permissible temporary borrowings				
	V2 \$				
	Other borrowings				
	V3 \$	Borrowings	V	\$	
	Total member closi (total of all CLOSING ACCOUNT BALANCEs fro	ing account balances om Sections F and G)	w	\$	1,718,240
		Reserve accounts	X	\$	
		Other liabilities	Y	\$	21,272
		TOTAL LIABILITIES	Z	\$	1,739,512

## Section I: **Taxation of financial arrangements** 17 Taxation of financial arrangements (TOFA)

Total TOFA gains	Н\$
Total TOFA losses	I \$

## 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 <b>income year specified</b> of the election (for example, for the 2020–21 income year, write <b>2021</b> ).	A
If revoking or varying a family trust election, print <b>R</b> for revoke or print <b>V</b> for variation, and complete and attach the <i>Family trust election, revocation or variation 2021.</i>	в
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 <i>Interposed entity election or revocation 2021</i> for each election.	c
If revoking an interposed entity election, print <b>R</b> , and complete and attach the <i>Interposed entity election or revocation 2021</i> .	D 🗌

### 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

		Date 77 / 11 / 2022
Preferred trustee or director contact detai	ls:	
Title: Mr Mrs Miss Ms X Other		
Sankey		
First given name	Other given names	
Margaret		
	1	
Phone number 0755646884	J	
Email address		
Non-individual trustee name (if applicable)		
ABN of non-individual trustee		
lime taken to prepare	and complete this annual return	Hrs
The Commissioner of Taxation, as Registrar of th provide on this annual return to maintain the integration of the integration o		
TAX AGENT'S DECLARATION: I declare that the Self-managed superannuation func- provided by the trustees, that the trustees have give correct, and that the trustees have authorised me to	n me a declaration stating that the in	red in accordance with information formation provided to me is true and
Tax agent's signature		
		Day Month Year
		Date 17 / 11 / 2022
Tax agent's contact details		
Title: Mr Mrs Miss Ms Other		
Family name		
Ibanez		
First given name	Other given names	
Reynaldo		
Tax agent's practice		
Accrual Accounting and Taxation		
Tax agent's phone number	Reference number	Tax agent number
07 55646884	SANKEYS15297	79652015

202%

## Capital gains tax (CGT) schedule

### When completing this form

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



- M T H S
- 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 202F available on our website at ato.gov.au for instructions on how to complete this schedule.

Tax file number (TFN) Provided

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) 91456043291

Taxpayer's name

Sankey Superannuation Fund

#### Current year capital gains and capital losses 1

Shares in companies		Capital gain		Capital loss
listed on an Australian securities exchange	<b>A</b> \$	15,334	К\$	25
Other shares	В\$		L \$	
Units in unit trusts listed on an Australian securities exchange	С\$		М\$	
Other units	D \$		N \$	
Real estate situated in Australia	Е\$		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	I\$		R \$	
Amount of capital gain previously deferred under transitional CGT relief for superannuation funds	S \$	0		nts at labels <b>K</b> to <b>R</b> and write n <b>2</b> label <b>A – Total current year</b>
Total current year capital gains	J \$	15,334		

#### 100017996BW

		Tax File Number	Provided
2	Capital losses		
	Total current year capital losses	A \$	25
	Total current year capital losses applied	в\$	25
	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 \$	25
		Add amounts at <b>B</b> , <b>C</b> an	d <b>D</b> .
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 E to label V – Net capital I to later income years o	osses carried forward
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		
v	Net capital gain	A \$	15,309
		1J less 2E less 4A less 5 zero). Transfer the amoun capital gain on your tax	<b>D</b> (cannot be less than ht at <b>A</b> to label <b>A – Net</b>

#### 100017996BW

	Tax File Number Pro	vided
7	7 Earnout arrangements	
	Are you a party to an earnout arrangement? A Yes, as a buyer Yes, as a seller (Print $\chi$ in the appropriate box.)	No
	If you are a party to more than one earnout arrangement, copy and attach a separate sheet to this sch details requested here for each additional earnout arrangement.	edule providing the
	How many years does the earnout arrangement run for?	
	What year of that arrangement are you in?	
	If you are the seller, what is the total estimated capital proceeds from the earnout arrangement?	
	Amount of any capital gain or loss you made under <b>E</b>	
	Request for amendment	
	If you received or provided a financial benefit under a look-through earnout right created in an earlier income to seek an amendment to that earlier income year, complete the following:	e year and you wish
	Income year earnout right created <b>F</b>	
	Amended net capital gain or capital losses carried forward <b>G</b>	/ [/
8	8 Other CGT information required (if applicable)	CODE
	Small business 15 year exemption – exempt capital gains A \$	/
	Capital gains disregarded by a foreign resident <b>B</b> \$	
	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\$	

Provided

## 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

l declare that the information on this form is true and correct.	
Signature	
	Date Day Month Year /
Contact name	
Margaret Sankey	
Daytime contact number (include area code)	
0755646884	