Darylynne Su	per Fund
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# 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 However, you cannot lodge your tax return electronically if you do not quote your TFN.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 95	53 792 683	Year	2018	
Name of partnership, trust, fund or entity	arylynne Supe	r Fund		

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.	
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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 lodgment 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.

Ager	nt's reference number								
Ad	ccount Name	Darylynne	Super	Fund	BSB:	033107	Acc:	502650	
I authorise the	e refund to be	deposited directly	to the specif	ied account.					
Signature						Date			
PART	)	Тах	agent'	s certificat	te (shared fa	cilities o	only)		
Shane E	Elliott								
I declare that	<ul> <li>I have prep</li> <li>I have rece correct, and</li> </ul>	ived a declaration i d	made by the	entity that the info	ation supplied by the p rmation provided to m er to lodge this tax re	e for the prepa	aration of t	his tax returr	n is true and
Agent's signature				Date			Clier	nt reference	DARSF01
Contact name	Mr Shar	ne Elliott	t						
Agent's phone	e number 0	3 97376292				Agent's refer	ence numb	er 74400	0004

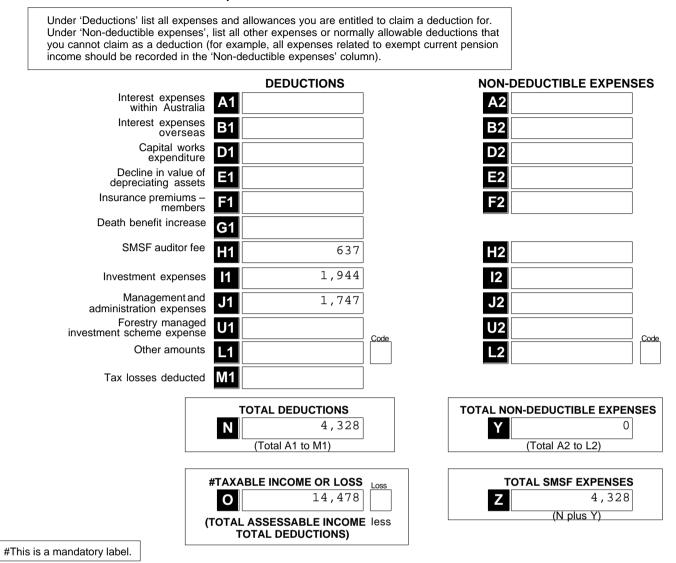
	e chauld complete this enough return?	Self-managed superannu fund annual return	lation	2018
On con	o should complete this annual return? y self-managed superannuation funds (SMSI pplete this annual return. All other funds must ad income tax return 2018 (NAT 71287).			
in	ne Self-managed superannuation fund ann structions 2018 (NAT 71606) (the instruction bu to complete this annual return.			
Se	ction A: Fund information			
1	Tax file number (TFN)	953 792 683		
		iest your TFN. You are not obliged to quote your TFN bu r annual return. See the Privacy note in the Declaration.		uld increase the
2	Name of self-managed superannuat	ion fund (SMSF)		
		Darylynne Super Fund		
3	Australian business number (ABN)	29 848 927 648		
4	Current postal address	C/- Shane Elliott		
		PO Box 211		
		LILYDALE	VIC	3140
5				
5	Annual return status Is this an amendment to the SMSF's 2018 r	return? A N		
	Is this the first required return for a newly	registered SMSF? B		
6	SMSF auditor			
-	Auditor's name Title	Mr		
	Familyname	Boys		
	First given name	Anthony		
	Other given names			
	SMSF Auditor Number	100 014 140		
	Auditor's phone number	0410 712708		
	Use Agent Postal address address	PO Box 3376		
		RUNDLE MALL	SA	5000
		Date audit was completed A 25/03/2019		
		Was Part B of the audit report qualified ?		
		If the audit report was qualified, have the reported compliance issues been rectified?	С	

7	EI W	lectronic funds transfer (EFT) /e need your self-managed super fund's financial institution details to pay any super payments and tax refunds owing to you.
	Α	<b>Financial institution details for super payments and tax refunds</b> You must provide the financial institution details of your fund's nominated super account. If you would like your fund's tax refunds paid to a different account, you can provide additional financial institution details at B.
		Fund BSB number (must be six digits)033107Fund account number502650
		Fund account name (for example, J&Q Citizen ATF J&Q Family SF)
		Darylynne Super Fund
	в	Financial institution details for tax refunds only
		If you would like your fund's tax refunds paid to a different account, provide additional financial institution details. Tax refunds cannot be paid to a trustee's personal account. (See relevant instructions.)
		Fund BSB number     Account number       (must be six digits)     Account number
		Fund account name (for example, J&Q Citizen ATF J&Q Family SF)
	с	Electronic service address alias We will use your electronic service address alias to communicate with your fund about ATO super payments.
8	St	tatus of SMSF       Australian superannuation fund       A       Y       Fund benefit structure       B       A       Code         Does the fund trust deed allow acceptance of the Government's Super Co-contribution and Low Income Super Contribution?       C       Y
9	W N	/as the fund wound up during the income year?         I       Print Y for yes       If yes, provide the date on or N for no.         which fund was wound up       Image: Second se
10	Di	xempt current pension income         id the fund pay retirement phase superannuation income stream benefits to one or more members         Image: the income year?
		To claim a tax exemption for current pension income, you must pay at least the minimum benefit payment under he law. Record exempt current pension income at Label A
	lf	f No, Go to Section B: Income
	lf	f 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 Print Y for yes
		Did the fund have any other income that was assessable?
		Choosing 'No' means that you do not have any assessable income, including no-TFN quoted contributions If No - Go to Section C: Deductions and non-deductible expenses. (Do not complete Section B: Income.)
		f you are entitled to claim any tax offsets, you can list hese at Section D: Income tax calculation statement

ec	tion B: Incom	le						
ret	irement phase for	s section if all superannuation in the entire year, there was no c are entitled to claim any tax offs	other income	that was asse	ssable, and you h	nave not	realised a deferred	
1	Income	Did you have a capital gains ta (CGT) event during the year		Print <b>Y</b> for yes or <b>N</b> for no.	\$10,000 the defer	or you el rred notio	loss or total capital gain is g ected to use the CGT relief in nal gain has been realised, co tal Gains Tax (CGT) schedule	2017 and pmplete
		Have you applied an exemption or rollover		Print <b>Y</b> for yes or <b>N</b> for no.				
					Net capit	tal gain	Α	
			Gross r	rent and other I	easing and hiring i	income	В	
					Gross i	interest	C	256
				Fore	stry managed inve scheme i		Χ	
	Gross foreig	gn income			Net foreign i	income	D	Loss
		Austra	alian franking	g credits from a	a New Zealand co Transfer			Numbe
						funds		
		ssessable contributions			ABN not Gross distr	quoted		Loss
	R1	employer contributions			from partne * Unfranked di	erships	J	
	plus Assessable	e personal contributions				amount		
	plus#*No-TFN-q	uoted contributions			ء Dividend fr *	amount ranking		
	R3 (an amount must l	0 be included even if it is zero)			* Gros	credit ss trust	M	Code
	less Transfer o					butions		
	R6	0		·- ·	Assessable contrib plus R2 plus R3 le		R 18,	550
ĺ	Calculation of no	on-arm's length income						
	* Net non-ar compar	m's length private ny dividends						Code
	U1				* Other i		S	
	plus * Net non-a	rm's length trust distributions			*Assessable i due to chang status o	ged tax	Τ	
	plus * Net other	non-arm's length income			-arm's length inco (subject to 45% ta (U1 plus U2 pl	ix rate)	U	
		entered at this label, check the nsure the correct tax			GROSS IN (Sum of labels a	NCOME A to U)	W	Loss
				Exemp	ot current pension i	income	Y	
				TOTAL	ASSESSABLE IN (W	NCOME less Y)		806

# Section C: Deductions and non-deductible expenses

#### 12 Deductions and non-deductible expenses



# 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.

#### 13 Calculation statement

Please refer to the Self-managed superannuation fund annual return instructions 2018 on how to complete the calculation statement.

#Taxable income A 14,478
(an amount must be included even if it is zero)
#Tax on taxable income <b>T1</b> 2,171.70
(an amount must be included even if it is zero)
#Tax on no-TFN- quoted contributions
(an amount must be included even if it is zero)
Gross tax B 2,171.70
(T1 plus J)

Darylynne Super Fund



G

Non-Collectables Collectables

r	
Credit for interest on early payments -	
amount of interest	
H1	
Credit for tax withheld – foreign resident withholding (excluding capital gains)	
H2	
Credit for tax withheld – where ABN	
or TFN not quoted (non-individual)	
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	Eligible credits
H8	Η 0.00
	(H1 plus H2 plus H3 plus H5 plus H6 plus H8)
1	
	<b>#Tax offset refunds</b> 0.00
	(Remainder of refundable tax offsets). (unused amount from label E-
	an amount must be included even if it is zero
	PAYG instalments raised
	K 1,673.00
	Supervisory levy
	L 259.00
	Supervisory levy adjustment for wound up funds
	M
	Supervisory levy adjustment for new funds
	Ν
	Total amount of tax payable S 757.70
#This is a mandatory label.	(T5 plus G less H less I less K plus L less M plus N)
ection E: Losses	
Losses	
If total loss is greater than \$100,000,	Tax losses carried forward
complete and attach a Losses	to later income years
schedule 2018.	Net capital losses carried
Net capital losses brought forward	Net capital losses carried forward
from prior years	to later income years

# Darylynne Super Fund

# Section F / Section G: Member Information

		See the Privacy note in the	Declaration.	
Title	Mr	Member'sTFN 122 14	2 815	MemberNumber
Familyname	Thomson			Account status
First given name	Daryl		W	
ner given names	Robert Lyndon			
		Date of birth 03/04/1956	If deceased, date of death	
ontributions			106	002 20
lefer to instruction or completing thes	-	OPENING ACCOUNT BALANCE	-	092.29
abels.		Employer contributions A	12,	513.80
		ABN of principal employer A1		
		Personal contributions		
	C	GT small business retirement exemption		
	CGT sn	nall business 15-year exemption amount		
		Personal injury election		
		Spouse and child contributions		
		Other third party contributions G		
	Assessab	le foreign superannuation fund amount		
	Non-assessab	le foreign superannuation fund amount		
	Trar	nsfer from reserve: assessable amount		
	Transfer	from reserve: non-assessable amount		
		Contributions from non-complying funds and previously non-complying funds		
	Any other contribu	ations (including Super Co-contributions and Low Income Super Contributions)		
ther transactior	IS	TOTAL CONTRIBUTIONS N	12,	513.80
	ase account balance	Allocated earnings or losses O	4,	575.02 Loss
S1	114,031.07	Inward rollovers and transfers		
- Non CDBIS	e account balance	Outward rollovers and transfers Q		
S2	0.00	Lump Sum payment R1		Code
-CDBIS	e account balance			
S3	0.00	Income stream payment <b>R2</b>		
0 TR	ISCount	CLOSING ACCOUNT BALANCE	114,	031.07
J			S1 plus S2 plus S3	
		Accumulation phase value X1		
		Retirement phase value		

SMSF Form 2018	Γ	Darylynne Super	Fund			TFN:	953 792 6	83	Page 8 of 13
			See the Privacy				MemberN	lumbor	2
Title	Mrs		Member'sTFN	180	666 27	8	Account		O Code
Family name First given name	Thomson Lynne						Account	Sialus	Code
Other given names	Karen Violet								
		Date of bi	rth 28/05/19	956		If deceased, date of death			
Contributions								1	
Refer to instruction for completing thes	-	OPENI	NGACCOUNTBA	LANCE			200.00		
labels.		E	mployer contribu	tions	Α				
		ABN of p	rincipal employer	<b>A1</b>					
			Personal contribu	utions	В				
	C	GT small business	retirement exem	ption	С				
	CGT sr	nall business 15-ye	ear exemption an	nount	D				
		Р	ersonal injury ele	ction	Ε				
		Spouse a	and child contribu	tions	F				
		Other th	ird party contribu	tions	G				
	Assessat	ole foreign superar	nnuation fund an	nount	1				
	Non-assessal	ole foreign superar	nnuation fund an	nount	J				
	Tra	nsfer from reserve	e: assessable an	nount	K				
	Transfe	from reserve: no	n-assessable an	nount	L				
		Contributions from and previously	non-complying f	unds unds	Т				
	Any other contrib	utions (including S and Low Income	uper Co-contribu Super Contribut	tions ions)	Μ				
Other transaction	ns	тот	AL CONTRIBUT	IONS	Ν		0.00		
Accumulation ph	nase account balance	Allocat	ed earnings or l	osses	0		5.09	Loss	
	e account balance	Inward r	ollovers and trai	nsfers	Ρ				
- No <u>n CDBIS</u>	0.00	Outward r	ollovers and trar	nsfers	Q			Code	
Retirement phas	e account balance		Lump Sum pay	/ment	R1				
-CDBIS	0.00	Ir	ncome stream pay	ment	R2			Code	
	RISCount	CLOSING	ACCOUNT BAL	ANCE	S		194.91		
						s S2 plus S3		<u> </u>	
		Accu	mulation phase	/alue	X1				
		R	etirement phase	value	X2				

SMSF Form 2018	I	Darylynne Super F	und		TFN:	953 792 683	Page 9 of 13		
See the Privacy note in the Declaration.					MambarNlumb	er 3			
Title	Mr		Member'sTFN 43	3 196 8	83	MemberNumb			
Familyname		Thomson					us O Code		
First given name	Matthew								
Other given names					If doocood				
		Date of birth	13/07/1984		If deceased, date of death				
Contributions					11	389.42			
Refer to instruction for completing thes		OPENING	GACCOUNTBALAN	CE	14,	309.42			
labels.		Em	ployer contributions	Α	5,	103.29			
		ABN of prin	cipal employer A	1					
		Pe	ersonal contribution	s <b>B</b>					
	C	CGT small business re	etirement exemptior	n <b>C</b>					
	CGT si	mall business 15-yea	r exemption amoun	t D					
		Per	sonal injury electior	n <b>E</b>					
		Spouse and	d child contributions	s <b>F</b>					
		Other third	I party contributions	G					
	Assessal	ble foreign superann	uation fund amoun	t					
	Non-assessa	ble foreign superann	uation fund amoun	t <b>J</b>					
	Tra	ansfer from reserve:	assessable amoun	t K					
	Transfe	r from reserve: non-	assessable amoun	t <b>L</b>					
		Contributions from n and previously n							
	Any other contrib	outions (including Sup and Low Income S	per Co-contributions	) M					
Other transaction	าร	τοται		S N	5,	103.29			
Accumulation ph	hase account balance	Allocated	d earnings or losse	s <b>O</b>	1,	Loss 131.37			
	e account balance	Inward roll	overs and transfer	s P					
- Non CDBIS	0.00	Outward roll	overs and transfer	s <b>Q</b>		Code			
Retirement phas	e account balance		Lump Sum paymer	nt <b>R1</b>					
-CDBIS	0.00	Inco	ome stream paymer	nt <b>R2</b>		Code			
0 TRIS Count			CCOUNT BALANC	- S	18.	361.34			
					lus S2 plus S3				
		Accum	ulation phase value	e <b>X1</b>					
		Ret	irement phase value	∋ <mark>X2</mark>					

SMSF Form 2018	ſ	Darylynne Super Fu	nd			TFN:	953 792 6	83	Page 10	of 13
<b>T</b> .0.	Ms		See the Privacy Member'sTFN				MemberN	lumber	4	
Title Family name	Martens			400	021		Account		O Code	e
First given name	Nova									
Other given names										
		Date of birth	05/04/19	79		If deceased, date of death				
Contributions						J		]		J
Refer to instruction for completing these		OPENING	ACCOUNTBA	LANCE		22,	034.57			
labels.		Emp	loyer contribut	ions	Α		933.19			
		ABN of princ	ipal employer	<b>A1</b>						
		Per	sonal contribu	tions	В					
	C	CGT small business ret	irement exemp	otion	С					
	CGT si	mall business 15-year	exemption am	ount	D					
		Pers	onal injury ele	ction	Ε					
		Spouse and	child contribut	ions	F					
		Other third	party contribut	ions	G					
	Assessat	ole foreign superannu	ation fund am	ount						
	Non-assessal	ble foreign superannu	ation fund am	ount	J					
	Tra	insfer from reserve: a	ssessable am	ount	Κ					
		r from reserve: non-a			L					
		Contributions from no and previously no	n-complying fu	unds	Т					
	Any other contrib	utions (including Supe and Low Income Su	er Co-contribut	ions ons)	Μ			1		
Other transaction	IS	TOTAL	CONTRIBUTI	ONS	Ν		933.19			
Accumulation pha	ase account balance	Allocated	earnings or lo	sses	0		700.29	Loss		
Retirement phase	e account balance	Inward rollo	vers and tran	sfers	Ρ					
- No <u>n CDBIS</u>	0.00	Outward rollo	vers and tran	sfers	Q			Code		
	e account balance	L L	₋ump Sum pay	ment	R1					
S3	0.00	Incor	me stream pay	ment	R2					
	ISCount	CLOSING AC	COUNT BALA	NCE		22 , 1 plus S2 plus S3	267.47			
		Accumu	lation phase v	alue	X1			-		
		Retir	ement phase v	alue	X2					

## Section H: Assets and liabilities 15 ASSETS

15a Australian managed investments	Listed trusts A
	Unlisted trusts
	Insurance policy C
	Other managed investments

SMSF Form 2018	Darylynne Super Fund	TFN:	953 792 683	Page	11 of 13
15b Australian direct investments	Cash and term deposite	Ε	1	7,405	
	Debt securities	F			
Limited recourse borrowing arrangemen	Ebuna	G		791	
Australian residential real proper	/ Listed shares	; H		130	
Australian non-residential real proper	/ Unlisted shares				
J2 Overseas real property J3	Limited recourse borrowing arrangements	J		0	
Australian shares	Non-residential real property	K			<u> </u>
J4	Residential real property				
Overseas shares	Collectables and personal use assets				
Other J6	Other assets		13	37,587	
15c Overseas direct investments	Overseas shares	B P			_
	Overseas non-residential real property	Q			
	Overseas residential real property	R			
	Overseas managed investments	S			
	Other overseas assets	; <b>T</b>			
	TOTAL AUSTRALIAN AND OVERSEAS ASSET (Sum of labels A to T)	sU	15	55,913	
15d In-house assets	id the fund have a loan to, lease to or investment in, related parties (known as in-house assets) at the end of the income year	]			
15e Limited recourse borrowing arr	angements				_
	If the fund had an LRBA were the LRBA borrowings from a licensed financial institution?		<b>Y</b> for yes for no.		
	Did the members or related parties of the fund use personal guarantees or other security for the LRBA?		<b>Y</b> for yes for no.		
16 LIABILITIES					
Borrowings for limited recourse borrowing arrangements V1 Permissible temporary borrowings V2					
Other borrowings	Borrowings	V		0	
(tot	Total member closing account balances I of all CLOSING ACCOUNT BALANCEs from Sections F and G	) •••	15	54,854	
	Reserve accounts			1,059	
	Other liabilities	Ý		1,059	
	TOTAL LIABILITIES	Ζ	15	55,913	

SMSF Form 2018	Darylynne Super Fund	TFN: 9	53 792 683	Page 12 of 1
Section I: <b>Taxation of financia</b> 17 Taxation of financial arrangemen	-			
	Total TO	FA gains		
	Total TOF.	A losses		
Section J: Other information Family trust election status				
If the trust or fund has made, or i	making, a family trust election, write the four-digit inco			
If revoking or varying	ection (for example, for the 2017–18 income year, writ a family trust election, print R for revoke or print V for v nd attach the Family trust election, revocation or variation	variation, B		
or fund is making one	ng election, write the earliest income year specified. If or more elections this year, write the earliest income ye Interposed entity election or revocation 2018 for each	ear being		
specified and complete a	If revoking an interposed entity election, print R, and c and attach the Interposed entity election or revocation	complete		
Section K: <b>Declarations</b>				
Penalties may be imposed for false	or misleading information in addition to penalties	relating to any	tax shortfalls.	
and any additional documents are true and label was not applicable to you. If you are <b>Privacy</b> The ATO is authorised by the Taxation Ad the TFN to identify the entity in our records	ure that all income has been disclosed and the annual correct in every detail. If you leave labels blank, you w in doubt about any aspect of the annual return, place al ministration Act 1953 to request the provision of tax file It is not an offence not to provide the TFN. However if	ill have specified Il the facts before numbers (TFNs).	a zero amount the ATO. We will use	or the
the processing of this form may be delaye Taxation law authorises the ATO to collect privacy go to ato.gov.au/privacy.	nformation and disclose it to other government agencie	es. For informatio	n about your	
records. I have received the audit report a	have authorised this annual return and it is documented d I am aware of any matters raised. I declare that the d additional documentation is true and correct. I also a	information on th	is annual	
Authorised trustee's, director's or public c	icer's signature			
		Dete	Day Month 1 25/03/20	
		Date	23/03/20	17
Preferred trustee or director contac				
	Title Mrs			
Family	name Thomson			
First given	hame Lynne			
Other given	ames			
	Area code Number			
Phonem	mber 03 97376292			
Email ad	lress			
Non-individual trustee name (if appli	able)			
ABN of non-individual t	Istee			
	Time taken to prepare and complete this	annual return	Hrs	
The Commissioner of Taxation, as R	egistrar of the Australian Business Register, may n to maintain the integrity of the register. For furt	use the ABN	and business	details

## TAX AGENT'S DECLARATION:

Shane Elliott
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declare that the Self-managed superannuation fund annual return 2018 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	25/03/2019
Title	Mr		
Familyname	Elliott		
First given name	Shane		
Other given names			
Tax agent's practice	Shane Elliott		
Tax agent's phone number	Area code Number 03 97376292		
Tax agent number	74400004 Reference number	DARSF01	