JOYCE EVANS SUPER	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 However, you cannot lodge your tax return electronically if you do not quote your TFN.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	929 694 435		Year	2018	
Name of partnership, trust, fund or entity	JOYCE EVANS	SUPERFUND			

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.

Agent's refe	erence umber]					
Account I	Name	D Baker	&	Associate	es Trust A	4CC	C			
I authorise the refund	d to be c	leposited direc	tly tc	o the specified a	ccount.					
Signature								Date		

		Self-managed superannua fund annual return	ntion	2018
Wh	o should complete this annual return?			
com	y self-managed superannuation funds (SMSI plete this annual return. All other funds must d income tax return 2018 (NAT 71287).			
in	e Self-managed superannuation fund ann structions 2018 (NAT 71606) (the instructio ou to complete this annual return.			
yc				
Se	ction A: Fund information			
1	Tax file number (TFN)	929 694 435		
		uest your TFN. You are not obliged to quote your TFN but n r annual return. See the Privacy note in the Declaration.	ot quoting it a	could increase the
2	Name of self-managed superannuat	ion fund (SMSF)		
		JOYCE EVANS SUPERFUND		
3	Australian business number (ABN)	41 095 913 891		
4	Current postal address	C/- D BAKER & ASSOCIATES PTY LTD		
		PO Box 310		
		MIDLAND	WA	6936
5	Annual return status Is this an amendment to the SMSF's 2018 r Is this the first required return for a newly			
6	SMSF auditor Auditor's name	Mac		
	The	Mr		
	Family name	Boys		
	First given name	Tony		
	Other given names			
	SMSF Auditor Number	100 014 140		
	Auditor's phone number	041 0712708		
	Use Agent Postal address address	PO Box 3376		
		Rundle Mall	SA	5000
		Date audit was completed A 15/05/2019]	
		Was Part B of the audit report qualified ?		
		If the audit report was qualified, have the reported compliance issues been rectified?	С	

SMSF Form 2018

JOYCE EVANS SUPERFUND

7		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	Financial institution details for super payments and tax refunds 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)066115Fund account number10334994
		Fund account name (for example, J&Q Citizen ATF J&Q Family SF)
		D Baker & associates trust
	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 (must be six digits)066115Account number10334994
		Fund account name (for example, J&Q Citizen ATF J&Q Family SF) D Baker & Associates Trust Acc
		D Baker & Associates frust Acc
	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?
9	W	/as the fund wound up during the income year?
	N	Drink V for yoo It yos provide the date on
10	Di	xempt current pension income id the fund pay retirement phase superannuation income stream benefits to one or more members Y Print Y for yes or N for no.
		Fo 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
	l	f No, Go to Section B: Income
	li	f Yes Exempt current pension income amount A 17,991
		Which method did you use to calculate your exempt current pension income?
		Segregated assets method B
		Unsegregated assets method C X 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

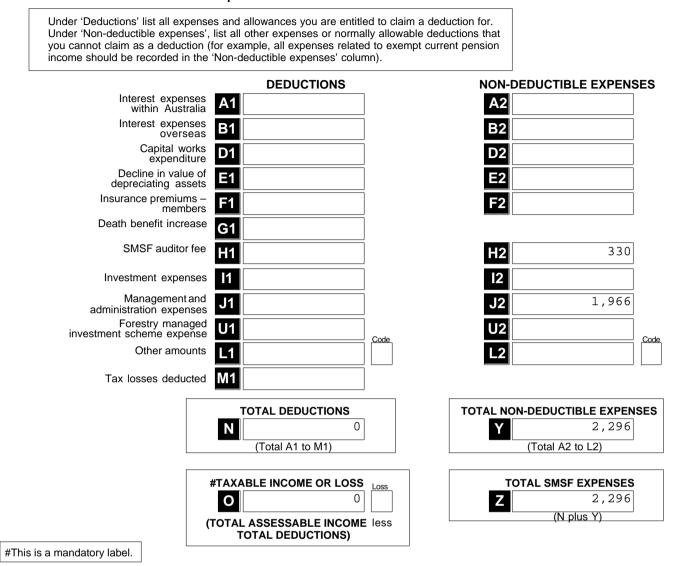
JOYCE EVANS SUPERFUND

SMSF Form 2018

tirement phase	e this section if all superannuation inte e for the entire year, there was no of	erests in the SMSF were supporting superannuation ther income that was assessable, and you have no ets, you can record these at Section D: Income tax of	t realised a deferred
Income	Did you have a capital gains tax (CGT) event during the year?	G N Print Y for yes the deferred notice	I loss or total capital gain is greater than elected to use the CGT relief in 2017 and onal gain has been realised, complete oital Gains Tax (CGT) schedule 2018
	Have you applied an exemption or rollover?	M Print Y for yes	
		Net capital gain	Α
		Gross rent and other leasing and hiring income	В
		Gross interest	С
		Forestry managed investment scheme income	
Gross f	foreign income	Net foreign income	D
	Austra	lian franking credits from a New Zealand company	
		Transfers from foreign funds	
		Gross payments where ABN not quoted	
	of assessable contributions sable employer contributions	Gross distribution from partnerships	
	0 sable personal contributions	* Unfranked dividend amount	
R2		* Franked dividend amount	Κ
	FN-quoted contributions	* Dividend franking credit	
•	nust be included even if it is zero)	* Gross trust distributions	M
	fer of liability to life nce company or PST	Assessable contributions	
R6	0	(R1 plus R2 plus R3 less R6)	
Calculation	of non-arm's length income		
	on-arm's length private mpany dividends		Cox
U1		* Other income	
plus * Net no	on-arm's length trust distributions	*Assessable income due to changed tax status of fund	Т
plus * Net of	ther non-arm's length income	Net non-arm's length income (subject to 45% tax rate) (U1 plus U2 plus U3)	U
* If an amour instructions f	andatory label nt is entered at this label, check the to ensure the correct tax	GROSS INCOME (Sum of labels A to U)	
treatment ha	is been applied.	Exempt current pension income	Y
		TOTAL ASSESSABLE INCOME	

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 0
(an amount must be included even if it is zero)
#Tax on taxable income T1 0.00
(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 0.00
(T1 plus J)



Section 102AAM interest charge

G

Collectables

Cradit for interest on early payments		
Credit for interest on early payments – amount of interest		
H1		
Credit for toy withhold foreign		
Credit for tax withheld – foreign resident withholding (excluding capital gains)		
H2		
Credit for tax withheld – where ABN		
or TFN not quoted (non-individual)		
H3		
Credit for TFN amounts withheld from payments from closely held trusts		
payments from closely held trusts		
H5		
Credit for interest on no-TFN tax offset		
H6		
Credit for foreign resident capital gains		
Credit for foreign resident capital gains withholding amounts	Eligible credits	
H8	H	0.00
	(H1 plus H2 plus H3 plus H5 plus H6 plus H1 plus H2 plus H6 plus H6 plus H6 plus H1 pl	olus H8)
		-
	#Tax offset refunds	
		73.46
		-15
	(unused amount from lab an amount must be included even	
	an amount must be included even	li il is zeloj
	PAYG instalments raised	
	Κ	
	Supervisory levy	
	2	59.00
	Supervisory levy adjustm	ent
	for wound up funds	
	Μ	
	Supervisory levy adjustm	ent
	for new funds	
	Ν	
	Total amount of tax refundable S 5, 4	114.46
		111.10
#This is a mandatory label	(T5 plus G less H less I less K plus L less I	(N sulg N
#This is a mandatory label.		· /
Section E: Losses		
4 Losses		
	<u> </u>	
If total loss is greater than \$100,000,	Tax losses carried forward	
	to later income years	
complete and attach a Losses		
schedule 2018.	Net capital losses carried	
	forward to later income years]
Net capital losses brought forward	Net capital losses carried forward	
	•	
from prior years	to later income years	
Non-Collectables		

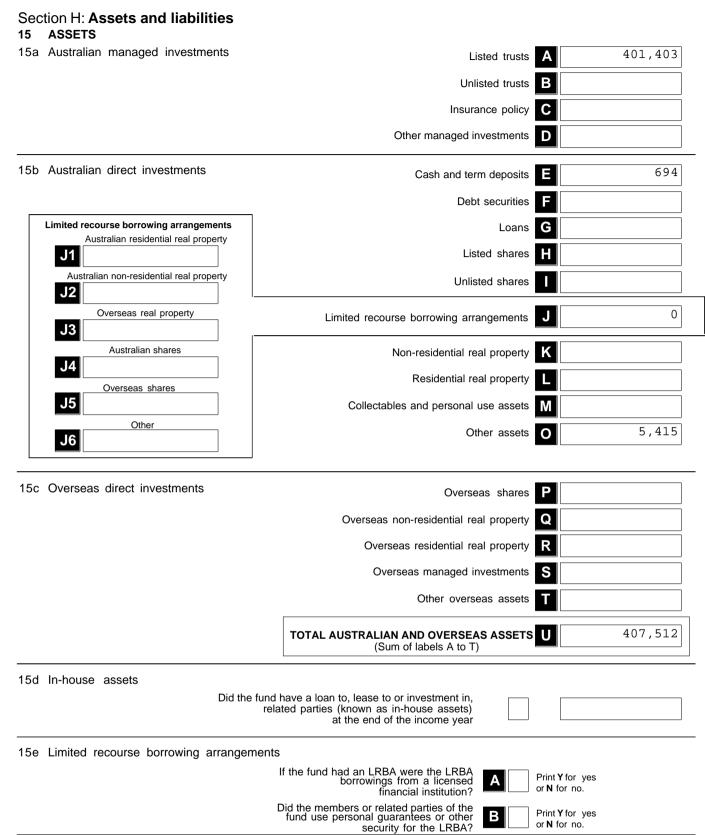
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Section F /	Section	G: Member	Information

		See the Privacy note in the	Declaration.	
Title	Mrs	Member'sTFN 629 6	84 821	MemberNumber
Familyname	Evans	·		Account status
First given name	Joyce			
ner given names				
		Date of birth 05/01/1945	If deceased, date of death	
ontributions			4.0.1	
efer to instruction or completing thes		OPENING ACCOUNT BALANCE	401,	997.00
abels.		Employer contributions		
		ABN of principal employer A1	_	
		Personal contributions		
	CC	GT small business retirement exemption		
	CGT sm	all business 15-year exemption amount		
		Personal injury election		
		Spouse and child contributions		
		Other third party contributions		
	Assessable	e foreign superannuation fund amount		
	Non-assessabl	e foreign superannuation fund amount		
	Tran	sfer from reserve: assessable amount		
	Transfer	from reserve: non-assessable amount		
		Contributions from non-complying funds and previously non-complying funds		
	Any other contribut	tions (including Super Co-contributions and Low Income Super Contributions)		
ther transactior	IS	TOTAL CONTRIBUTIONS		0.00
	ase account balance	Allocated earnings or losses	28,	342.00
S1 Retirement phase	0.00 e account balance	Inward rollovers and transfers		
- Non CDBIS		Outward rollovers and transfers		
S2 Retirement phase	407,512.00 e account balance	Lump Sum payment R	1	Code
-CDBIS	0.00	Income stream payment		Code 827.00 M
				512.00
		CLOSING ACCOUNT BALANCE	S1 plus S2 plus S3	
		Accumulation phase value	1	
		Retirement phase value		

JOYCE EVANS SU	UPERFUND
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SMSF Form 2018



SMSF Form 2018

16 LIABILITIES

Borrowings for limited recourse borrowing arrangements		
V1		
Permissible temporary borrowings		
V2		
Other borrowings		
V3	Borrowings	V
(total of all	Total member closing account balances CLOSING ACCOUNT BALANCEs from Sections F and G)	W 407,512
	Reserve accounts	X
	Other liabilities	Υ
	TOTAL LIABILITIES	Z 407,512
Section I: Taxation of financial arra 7 Taxation of financial arrangements (TC	-	
	Total TOFA gains	Н

Section J: Other information Family trust election status

If the trust or fund has made, or is making, a family trust election, write the four-digit income year specified of the election (for example, for the 2017–18 income year, write 2018). If revoking or varying a family trust election, print R for revoke or print V for variation, and complete and attach the Family trust election, revocation or variation 2018.	
Interposed entity election status If the trust or fund has an existing election, write the earliest income year specified. If the trust or fund is making one or more elections this year, write the earliest income year being specified and complete an Interposed entity election or revocation 2018 for each election	C
If revoking an interposed entity election, print R, and complete	D

and attach the Interposed entity election or revocation 2018.

Total TOFA losses

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 current trustees and directors have authorised this annual return and it is documented as such in the SMSF's records. I have received the audit report and I am aware of any matters raised. I declare that the information on this annual return, including any attached schedules and additional documentation is true and correct. I also authorise the ATO to make any tax refunds to the nominated bank account (if applicable).

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

					Date	Day Month Year	
Preferred trustee or director con	tact detail	le:					
	Title	Mrs]			
_							
	milyname	Evans					
First g	jiven name Joyce						
Other giv	en names						
		Area code	Number				
Pho	ne number	08	92746637				
Ema	ail address						
Non-individual trustee name (if a	pplicable)						
	, ,						
ABN of non-individu	al trustee						
						Hrs	
		Time taker	n to prepare and	d complete this ann	ual return		
The Commissioner of Taxation, a which you provide on this annual							
TAX AGENT'S DECLARATION:							
, D BAKER & ASSOCIATE							
declare that the Self-managed sup by the trustees, that the trustees h the trustees have authorised me to	ave given r	ne a declaratio				and correct, and the	
Tax agent's signature					Date	Day Month Year	
					Date	13,03,2017	
Title	Mr						
Familyname	Mosbacl	h					
First given name	Farrel	1					
Other given names							
Tax agent's practice	D BAKER & ASSOCIATES PTY LTD						
	Area code	Number					
Tax agent's phone number	08	92746	637				
Tax agent number	740810	09		Reference number	EVA04		