

**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 However, you cannot lodge your tax return electronically if you do not quote your TFN.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)	<input type="text"/>	Year	<input type="text" value="2020"/>
Name of partnership, trust, fund or entity	<input type="text" value="Fallow Super Fund"/>		
Total income or loss	<input type="text"/>	Total deductions	<input type="text" value="2182"/>
		Taxable income or loss	<input type="text" value="-2182"/>

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	<input type="text"/>	Date	<input type="text"/>
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**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	<input type="text" value="25809482"/>
Account Name	<input type="text" value="Three Forks Ranch Pty LT ATF Fal"/>

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

Signature	<input type="text"/>	Date	<input type="text"/>
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**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	<input type="text"/>	Date	<input type="text"/>
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# Self-managed superannuation fund annual return

# 2020

## 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 2020* (NAT 71287).

**!** The *Self-managed superannuation fund annual return instructions 2020* (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](http://ABR.gov.au) or complete the Change of details for superannuation entities form (NAT 3036).

## Section A: Fund information

### 1 Tax file number (TFN)

**➤** To assist processing, write the fund's TFN at 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.

### 2 Name of self-managed superannuation fund (SMSF)

  


### 3 Australian business number (ABN) (if applicable)

### 4 Current postal address

  


Suburb/town	State/territory	Postcode
ADELAIDE BC	SA	5000

### 5 Annual return status

Is this an amendment to the SMSF's 2020 return?

**A** No  Yes

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

**B** No  Yes

# Self managed superannuation fund return 2020

RN :100017882MS

Taxpayer/entity name: Fallow Super Fund

TFN

## 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** Was Part A of the audit report qualified? **B** No  Yes Was Part B of the audit report qualified? **C** No  Yes If 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 number Account number 

Account name

### 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..

Taxpayer/entity name: Fallow Super Fund

Fund's tax file number (TFN)

**8 Status of SMSF** Australian superannuation fund **A** No  Yes  Fund benefit structure **B**  Code  
 Does the fund trust deed allow acceptance of the Government's Super Co-contribution and Low Income Super Amounts? **C** No  Yes

**9 Was the fund wound up during the income year?**  
 No  Yes  If yes, provide the date on which the fund was wound up  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 year?  
 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  Exempt current pension income amount **A** \$  .00

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 contributions. Go to Section C: Deductions and non-deductible expenses. (Do **not** complete Section B: Income.)

If you are entitled to claim any tax offsets, you can list these at Section D: Income tax calculation statement.

# Self managed superannuation fund return 2020

RN :100017882MS

Taxpayer/entity name:Fallow Super Fund

TFN

## 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.

### 11 Income

Did you have a capital gains tax (CGT) event during the year?

**G** No  Yes

If the total capital loss or total capital gain is greater than \$10,000 or you elected to use the transitional CGT relief in 2017 and the deferred notional gain has been realised, complete and attach a *Capital gains tax (CGT) schedule 2020*.

Have you applied an exemption or rollover?

**M** No  Yes  Code

Net capital gain **A** \$  -00

Gross rent and other leasing and hiring income **B** \$  -00

Gross interest **C** \$  -00

Forestry managed investment scheme income **X** \$  -00

Gross foreign income	<b>D1</b> \$ <input type="text"/> -00	Net foreign income	<b>D</b> \$ <input type="text"/> -00	Loss <input type="text"/>
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Australian franking credits from a New Zealand company **E** \$  -00

Transfers from foreign funds **F** \$  -00 Number

Gross payments where ABN not quoted **H** \$  -00

<b>Calculation of assessable contributions</b>	
Assessable employer contributions	<b>R1</b> \$ <input type="text"/> -00
plus Assessable personal contributions	<b>R2</b> \$ <input type="text"/> -00
plus **No-TFN-quoted contributions	<b>R3</b> \$ <input type="text"/> 0 -00
<i>(an amount must be included even if it is zero)</i>	

Gross distribution from partnerships **I** \$  -00

\*Unfranked dividend amount **J** \$  -00

\*Franked dividend amount **K** \$  -00

\*Dividend franking credit **L** \$  -00

\*Gross trust distributions **M** \$  -00

less Transfer of liability to life insurance company or PST **R6** \$  -00

**Assessable contributions (R1 plus R2 plus R3 less R6)** **R** \$  0 -00

<b>Calculation of non-arm's length income</b>	
*Net non-arm's length private company dividends	<b>U1</b> \$ <input type="text"/> -00
plus *Net non-arm's length trust distributions	<b>U2</b> \$ <input type="text"/> -00
plus *Net other non-arm's length income	<b>U3</b> \$ <input type="text"/> -00

\*Other income **S** \$  -00

\*Assessable income due to changed tax status of fund **T** \$  -00

**Net non-arm's length income (subject to 45% tax rate) (U1 plus U2 plus U3)** **U** \$  -00

#This is a mandatory label.  
\*If an amount is entered at this label, check the instructions to ensure the correct tax treatment has been applied.

<b>GROSS INCOME (Sum of labels A to U)</b>	<b>W</b> \$ <input type="text"/> 0 -00	Loss <input type="text"/>
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Exempt current pension income **Y** \$  -00

<b>TOTAL ASSESSABLE INCOME (W less Y)</b>	<b>V</b> \$ <input type="text"/> 0 -00	Loss <input type="text"/>
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Taxpayer/entity name: Fallow Super Fund

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).

	DEDUCTIONS		NON-DEDUCTIBLE EXPENSES			
Interest expenses within Australia	<b>A1</b> \$ <input style="width: 150px;" type="text"/>	-00	<b>A2</b> \$ <input style="width: 150px;" type="text"/>	-00		
Interest expenses overseas	<b>B1</b> \$ <input style="width: 150px;" type="text"/>	-00	<b>B2</b> \$ <input style="width: 150px;" type="text"/>	-00		
Capital works expenditure	<b>D1</b> \$ <input style="width: 150px;" type="text"/>	-00	<b>D2</b> \$ <input style="width: 150px;" type="text"/>	-00		
Decline in value of depreciating assets	<b>E1</b> \$ <input style="width: 150px;" type="text"/>	-00	<b>E2</b> \$ <input style="width: 150px;" type="text"/>	-00		
Insurance premiums – members	<b>F1</b> \$ <input style="width: 150px;" type="text"/>	-00	<b>F2</b> \$ <input style="width: 150px;" type="text"/>	-00		
SMSF auditor fee	<b>H1</b> \$ <input style="width: 150px;" type="text" value="726"/>	-00	<b>H2</b> \$ <input style="width: 150px;" type="text"/>	-00		
Investment expenses	<b>I1</b> \$ <input style="width: 150px;" type="text" value="120"/>	-00	<b>I2</b> \$ <input style="width: 150px;" type="text"/>	-00		
Management and administration expenses	<b>J1</b> \$ <input style="width: 150px;" type="text" value="1023"/>	-00	<b>J2</b> \$ <input style="width: 150px;" type="text"/>	-00		
Forestry managed investment scheme expense	<b>U1</b> \$ <input style="width: 150px;" type="text"/>	-00	<b>U2</b> \$ <input style="width: 150px;" type="text"/>	-00		
Other amounts	<b>L1</b> \$ <input style="width: 150px;" type="text" value="313"/>	-00	<b>L2</b> \$ <input style="width: 150px;" type="text" value="80"/>	-00	Code <input style="width: 20px;" type="text" value="0"/>	Code <input style="width: 20px;" type="text" value="0"/>
Tax losses deducted	<b>M1</b> \$ <input style="width: 150px;" type="text"/>	-00				

<b>TOTAL DEDUCTIONS</b>
<b>N</b> \$ <input style="width: 150px;" type="text" value="2182"/> -00
(Total <b>A1</b> to <b>M1</b> )

<b>TOTAL NON-DEDUCTIBLE EXPENSES</b>
<b>Y</b> \$ <input style="width: 150px;" type="text" value="80"/> -00
(Total <b>A2</b> to <b>L2</b> )

<b>#TAXABLE INCOME OR LOSS</b>	Loss
<b>O</b> \$ <input style="width: 150px;" type="text" value="2182"/> -00	<input style="width: 20px;" type="text" value="L"/>
(TOTAL ASSESSABLE INCOME less TOTAL DEDUCTIONS)	

<b>TOTAL SMSF EXPENSES</b>
<b>Z</b> \$ <input style="width: 150px;" type="text" value="2262"/> -00
(N plus Y)

#This is a mandatory label.

TFN
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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.

**13 Calculation statement**

Please refer to the *Self-managed superannuation fund annual return instructions 2020* on how to complete the calculation statement.

#Taxable income	<b>A</b>	\$	<input type="text" value="0"/>	<b>-00</b>
<i>(an amount must be included even if it is zero)</i>				
#Tax on taxable income	<b>T1</b>	\$	<input type="text" value="0.00"/>	<b>0.00</b>
<i>(an amount must be included even if it is zero)</i>				
#Tax on no-TFN-quoted contributions	<b>J</b>	\$	<input type="text" value="0.00"/>	<b>0.00</b>
<i>(an amount must be included even if it is zero)</i>				

Gross tax **B** \$  **0.00**  
*(T1 plus J)*

Foreign income tax offset	<b>C1</b>	\$	<input type="text" value="0.00"/>	<b>0.00</b>
Rebates and tax offsets	<b>C2</b>	\$	<input type="text"/>	
		Non-refundable non-carry forward tax offsets		
		<b>C</b>	\$	<input type="text" value="0.00"/>
<i>(C1 plus C2)</i>				

SUBTOTAL 1  
**T2** \$  **0.00**  
*(B less C – cannot be less than zero)*

Early stage venture capital limited partnership tax offset	<b>D1</b>	\$	<input type="text"/>	
Early stage venture capital limited partnership tax offset carried forward from previous year	<b>D2</b>	\$	<input type="text"/>	
Early stage investor tax offset	<b>D3</b>	\$	<input type="text"/>	
Early stage investor tax offset carried forward from previous year	<b>D4</b>	\$	<input type="text"/>	
		Non-refundable carry forward tax offsets		
		<b>D</b>	\$	<input type="text"/>
<i>(D1 plus D2 plus D3 plus D4)</i>				

SUBTOTAL 2  
**T3** \$

*(T2 less D – cannot be less than zero)*

Complying fund's franking credits tax offset	<b>E1</b>	\$	<input type="text"/>	
No-TFN tax offset	<b>E2</b>	\$	<input type="text"/>	
National rental affordability scheme tax offset	<b>E3</b>	\$	<input type="text"/>	
Exploration credit tax offset	<b>E4</b>	\$	<input type="text"/>	
		Refundable tax offsets		
		<b>E</b>	\$	<input type="text"/>
<i>(E1 plus E2 plus E3 plus E4)</i>				

#TAX PAYABLE **T5** \$

*(T3 less E – cannot be less than zero)*

Section 102AAM interest charge  
**G** \$

Taxpayer/entity name:Fallow Super Fund

Fund's tax file number (TFN)

Credit for interest on early payments – amount of interest	<b>H1 \$</b> <input type="text"/>
Credit for tax withheld – foreign resident withholding (excluding capital gains)	<b>H2 \$</b> <input type="text"/>
Credit for tax withheld – where ABN or TFN not quoted (non-individual)	<b>H3 \$</b> <input type="text"/>
Credit for TFN amounts withheld from payments from closely held trusts	<b>H5 \$</b> <input type="text"/>
Credit for interest on no-TFN tax offset	<b>H6 \$</b> <input type="text"/>
Credit for foreign resident capital gains withholding amounts	<b>H8 \$</b> <input type="text"/>
<b>Eligible credits</b>	<b>H \$</b> <input type="text"/>
	<i>(H1 plus H2 plus H3 plus H5 plus H6 plus H8)</i>

<b>#Tax offset refunds</b> (Remainder of refundable tax offsets)	<b>I \$</b> <input type="text" value="0.00"/>
	<i>(unused amount from label E – an amount must be included even if it is zero)</i>

**PAYG instalments raised**

**K \$**

**Supervisory levy**

**L \$**

**Supervisory levy adjustment for wound up funds**

**M \$**

**Supervisory levy adjustment for new funds**

**N \$**

<b>AMOUNT DUE OR REFUNDABLE</b> A positive amount at <b>S</b> is what you owe, while a negative amount is refundable to you.	<b>S \$</b> <input type="text" value="259.00"/>
	<i>(T5 plus G less H less I less K plus L less M plus N)</i>

#This is a mandatory label.

**Section E: Losses**

**14 Losses**

**I** If total loss is greater than \$100,000, complete and attach a *Losses schedule 2020*.

Tax losses carried forward to later income years	<b>U \$</b> <input type="text" value="6397"/> <b>-00</b>
Net capital losses carried forward to later income years	<b>V \$</b> <input type="text"/> <b>-00</b>

**Self managed superannuation fund return 2020**

RN :100017882MS

Taxpayer/entity name: Fallow Super Fund

TFN

**Section F: Member information**

**MEMBER 1**

Title: Mr  Mrs  Miss  Ms  Other

Family name

First given name

Other given names

Member's TFN See the Privacy note in the Declaration.

Date of birth  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** \$

CGT small business retirement exemption **C** \$

CGT small business 15-year exemption amount **D** \$

Personal injury election **E** \$

Spouse and child contributions **F** \$

Other third party contributions **G** \$

Proceeds from primary residence disposal

**H** \$

Receipt date  Day Month Year **H1**

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 **T** \$

Any other contributions (including Super Co-contributions and Low Income Super Amounts) **M** \$

**TOTAL CONTRIBUTIONS N** \$   
(Sum of labels **A** to **M**)

**Other transactions**

Accumulation phase account balance **S1** \$

Retirement phase account balance - Non CDBIS **S2** \$

Retirement phase account balance - CDBIS **S3** \$

TRIS Count

Allocated earnings or losses **O** \$

Inward rollovers and transfers **P** \$

Outward rollovers and transfers **Q** \$

Lump Sum payment **R1** \$

Income stream payments **R2** \$

**CLOSING ACCOUNT BALANCE S** \$   
(S1 plus S2 plus S3)

Accumulation phase value **X1** \$

Retirement phase value **X2** \$

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

Loss

Code   
Code

# Self managed superannuation fund return 2020

RN:100017882MS

Taxpayer/entity name: Fallow Super 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.

Date of birth

Day Month Year

### Contributions

**!** Refer to instructions for completing these labels.

OPENING ACCOUNT BALANCE \$

Employer contributions

**A** \$

ABN of principal employer

**A1** \$

Personal contributions

**B** \$

CGT small business retirement exemption

**C** \$

CGT small business 15-year exemption amount

**D** \$

Personal injury election

**E** \$

Spouse and child contributions

**F** \$

Other third party contributions

**G** \$

Proceeds from primary residence disposal

**H** \$

Receipt date Day Month Year

**H1**

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

**T** \$

Any other contributions (including Super Co-contributions and Low Income Super Amounts)

**M** \$

**TOTAL CONTRIBUTIONS N** \$   
(Sum of labels **A** to **M**)

### Other transactions

Accumulation phase account balance  
**S1** \$

Retirement phase account balance - Non CDBIS  
**S2** \$

Retirement phase account balance - CDBIS  
**S3** \$

TRIS Count

Allocated earnings or losses

**O** \$

Inward rollovers and transfers

**P** \$

Outward rollovers and transfers

**Q** \$

Lump Sum payment

**R1** \$

Income stream payments

**R2** \$

Loss

Code

Code

**CLOSING ACCOUNT BALANCE S** \$   
(S1 plus S2 plus S3)

Accumulation phase value **X1** \$

Retirement phase value **X2** \$

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

# Self managed superannuation fund return 2020

RN :100017882MS

Taxpayer/entity name: Fallow Super Fund

TFN

## MEMBER 3

Title: Mr  Mrs  Miss  Ms  Other

Family name

First given name

Other given names

Member's TFN   
See the Privacy note in the Declaration.

Date of birth  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** \$

CGT small business retirement exemption

**C** \$

CGT small business 15-year exemption amount

**D** \$

Personal injury election

**E** \$

Spouse and child contributions

**F** \$

Other third party contributions

**G** \$

Proceeds from primary residence disposal

**H** \$

Receipt date  Day  Month  Year

**H1**

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

**T** \$

Any other contributions (including Super Co-contributions and Low Income Super Amounts)

**M** \$

**TOTAL CONTRIBUTIONS N** \$   
(Sum of labels **A** to **M**)

## Other transactions

Accumulation phase account balance  
**S1** \$

Retirement phase account balance - Non CDBIS  
**S2** \$

Retirement phase account balance - CDBIS  
**S3** \$

TRIS Count

Allocated earnings or losses

**O** \$

Inward rollovers and transfers

**P** \$

Outward rollovers and transfers

**Q** \$

Lump Sum payment

**R1** \$

Income stream payments

**R2** \$

Loss

Code   
Code

**CLOSING ACCOUNT BALANCE S** \$   
(S1 plus S2 plus S3)

Accumulation phase value **X1** \$

Retirement phase value **X2** \$

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

# Self managed superannuation fund return 2020

RN :100017882MS

Taxpayer/entity name: Fallow Super Fund

TFN

## MEMBER 4

Title: Mr  Mrs  Miss  Ms  Other

Family name

First given name

Other given names

Member's TFN   
See the Privacy note in the Declaration.

Date of birth  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** \$

CGT small business retirement exemption

**C** \$

CGT small business 15-year exemption amount

**D** \$

Personal injury election

**E** \$

Spouse and child contributions

**F** \$

Other third party contributions

**G** \$

Proceeds from primary residence disposal

**H** \$

Receipt date  Day  Month  Year

**H1**

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

**T** \$

Any other contributions (including Super Co-contributions and Low Income Super Amounts)

**M** \$

**TOTAL CONTRIBUTIONS N** \$   
(Sum of labels **A** to **M**)

## Other transactions

Accumulation phase account balance  
**S1** \$

Retirement phase account balance - Non CDBIS  
**S2** \$

Retirement phase account balance - CDBIS  
**S3** \$

TRIS Count

Allocated earnings or losses

**O** \$

Inward rollovers and transfers

**P** \$

Outward rollovers and transfers

**Q** \$

Lump Sum payment

**R1** \$

Income stream payments

**R2** \$

Loss

Code

Code

**CLOSING ACCOUNT BALANCE S** \$   
(S1 plus S2 plus S3)

Accumulation phase value **X1** \$

Retirement phase value **X2** \$

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

**Self managed superannuation fund return 2020**

RN :100017882MS

Taxpayer/entity name: Fallow Super Fund

TFN

**Section G: Supplementary member information**

**MEMBER 5**

Title: Mr  Mrs  Miss  Ms  Other

Account status  Code

Family name

First given name

Other given names

**Member's TFN**

See the Privacy note in the Declaration.

**Date of birth**

Day  Month  Year

**If deceased, date of death**

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 \$**

**CGT small business retirement exemption**

**C \$**

**CGT small business 15-year exemption amount**

**D \$**

**Personal injury election**

**E \$**

**Spouse and child contributions**

**F \$**

**Other third party contributions**

**G \$**

Proceeds from primary residence disposal

**H \$**

Receipt date Day  Month  Year

**H1**

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

**T \$**

Any other contributions (including Super Co-contributions and Low Income Super Amounts)

**M \$**

**TOTAL CONTRIBUTIONS N \$**   
(Sum of labels **A** to **M**)

**Other transactions**

**S1 \$** Accumulation phase account balance

**S2 \$** Retirement phase account balance - Non CDBIS

**S3 \$** Retirement phase account balance - CDBIS

TRIS Count

Allocated earnings or losses

**O \$**

Inward rollovers and transfers

**P \$**

Outward rollovers and transfers

**Q \$**

Lump Sum payment

**R1 \$**

Income stream payments

**R2 \$**

Loss

Code   
Code

**CLOSING ACCOUNT BALANCE S \$**   
(S1 plus S2 plus S3)

Accumulation phase value **X1 \$**

Retirement phase value **X2 \$**

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

# Self managed superannuation fund return 2020

Taxpayer/entity name: Fallow Super Fund

RN :100017882MS

TFN

## MEMBER 6

Title: Mr  Mrs  Miss  Ms  Other

Code

Account status

Family name

First given name

Other given names

### Member's TFN

See the Privacy note in the Declaration.

### Date of birth

Day  Month  Year

### If deceased, date of death

Day  Month  Year

## Contributions

**!** Refer to instructions for completing these labels.

**OPENING ACCOUNT BALANCE \$**

### Employer contributions

**A \$**

### ABN of principal employer

**A1 \$**

### Personal contributions

**B \$**

### CGT small business retirement exemption

**C \$**

### CGT small business 15-year exemption amount

**D \$**

### Personal injury election

**E \$**

### Spouse and child contributions

**F \$**

### Other third party contributions

**G \$**

### Proceeds from primary residence disposal

**H \$**

### Receipt date

**H1** Day  Month  Year

### 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

**T \$**

### Any other contributions (including Super Co-contributions and Low Income Super Amounts)

**M \$**

**TOTAL CONTRIBUTIONS N \$**   
(Sum of labels **A** to **M**)

## Other transactions

**S1 \$** Accumulation phase account balance

**S2 \$** Retirement phase account balance - Non CDBIS

**S3 \$** Retirement phase account balance - CDBIS

TRIS Count

### Allocated earnings or losses

**O \$**

### Inward rollovers and transfers

**P \$**

### Outward rollovers and transfers

**Q \$**

### Lump Sum payment

**R1 \$**

### Income stream payments

**R2 \$**

Loss

Code

Code

**CLOSING ACCOUNT BALANCE S \$**   
(S1 plus S2 plus S3)

Accumulation phase value **X1 \$**

Retirement phase value **X2 \$**

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

# Self managed superannuation fund return 2020

Taxpayer/entity name: Fallow Super Fund

RN :100017882MS

TFN

## MEMBER 7

Title: Mr  Mrs  Miss  Ms  Other

Code

Account status

Family name

First given name

Other given names

**Member's TFN**  
See the Privacy note in the Declaration.

**Date of birth**  
Day Month Year

**If deceased, date of death**  
Day Month Year

## Contributions

**!** Refer to instructions for completing these labels.

**OPENING ACCOUNT BALANCE \$**

Employer contributions  
**A \$**

ABN of principal employer  
**A1 \$**

Personal contributions  
**B \$**

CGT small business retirement exemption  
**C \$**

CGT small business 15-year exemption amount  
**D \$**

Personal injury election  
**E \$**

Spouse and child contributions  
**F \$**

Other third party contributions  
**G \$**

Proceeds from primary residence disposal

**H \$**

Receipt date Day Month Year  
**H1**

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

**T \$**

Any other contributions (including Super Co-contributions and Low Income Super Amounts)

**M \$**

**TOTAL CONTRIBUTIONS N \$**   
(Sum of labels **A** to **M**)

## Other transactions

Accumulation phase account balance  
**S1 \$**

Retirement phase account balance - Non CDBIS  
**S2 \$**

Retirement phase account balance - CDBIS  
**S3 \$**

TRIS Count

Allocated earnings or losses **O \$**

Inward rollovers and transfers **P \$**

Outward rollovers and transfers **Q \$**

Lump Sum payment **R1 \$**

Income stream payments **R2 \$**

Loss

Code   
Code

**CLOSING ACCOUNT BALANCE S \$**   
(S1 plus S2 plus S3)

Accumulation phase value **X1 \$**

Retirement phase value **X2 \$**

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

# Self managed superannuation fund return 2020

Taxpayer/entity name: Fallow Super Fund

RN:100017882MS

TFN

## MEMBER 8

Title: Mr  Mrs  Miss  Ms  Other

Code

Account status

Family name

First given name

Other given names

**Member's TFN**  
See the Privacy note in the Declaration.

**Date of birth**  
Day Month Year

**If deceased, date of death**  
Day Month Year

## Contributions

**!** Refer to instructions for completing these labels.

**OPENING ACCOUNT BALANCE \$**

Employer contributions  
**A \$**

ABN of principal employer  
**A1 \$**

Personal contributions  
**B \$**

CGT small business retirement exemption  
**C \$**

CGT small business 15-year exemption amount  
**D \$**

Personal injury election  
**E \$**

Spouse and child contributions  
**F \$**

Other third party contributions  
**G \$**

Proceeds from primary residence disposal

**H \$**

Receipt date Day Month Year  
**H1**

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

**T \$**

Any other contributions (including Super Co-contributions and Low Income Super Amounts)

**M \$**

**TOTAL CONTRIBUTIONS N \$**   
(Sum of labels **A** to **M**)

## Other transactions

Accumulation phase account balance  
**S1 \$**

Retirement phase account balance - Non CDBIS  
**S2 \$**

Retirement phase account balance - CDBIS  
**S3 \$**

TRIS Count

Allocated earnings or losses

**O \$**

Inward rollovers and transfers

**P \$**

Outward rollovers and transfers

**Q \$**

Lump Sum payment

**R1 \$**

Income stream payments

**R2 \$**

Loss

Code

Code

**CLOSING ACCOUNT BALANCE S \$**   
(S1 plus S2 plus S3)

Accumulation phase value **X1 \$**

Retirement phase value **X2 \$**

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

**Self managed superannuation fund return 2020**

RN :100017882MS

Taxpayer/entity name: Fallow Super Fund

TFN

**Section H: Assets and liabilities**

**15 ASSETS**

**15a Australian managed investments**

Listed trusts **A** \$  -00

Unlisted trusts **B** \$  -00

Insurance policy **C** \$  -00

Other managed investments **D** \$  -00

**15b Australian direct investments**

Cash and term deposits **E** \$  -00

**Limited recourse borrowing arrangements**

Australian residential real property  
**J1** \$  -00

Australian non-residential real property  
**J2** \$  -00

Overseas real property  
**J3** \$  -00

Australian shares  
**J4** \$  -00

Overseas shares  
**J5** \$  -00

Other  
**J6** \$  -00

Property count  
**J7** \$  -00

Debt securities **F** \$  -00

Loans **G** \$  -00

Listed shares **H** \$  -00

Unlisted shares **I** \$  -00

Limited recourse borrowing arrangements **J** \$  -00

Non-residential real property **K** \$  -00

Residential real property **L** \$  -00

Collectables and personal use assets **M** \$  -00

Other assets **O** \$  -00

**15c Other investments**

Crypto-Currency **N** \$  -00

**15d Overseas direct investments**

Overseas shares **P** \$  -00

Overseas non-residential real property **Q** \$  -00

Overseas residential real property **R** \$  -00

Overseas managed investments **S** \$  -00

Other overseas assets **T** \$  -00

**TOTAL AUSTRALIAN AND OVERSEAS ASSETS** **U** \$  -00  
(Sum of labels **A** to **T**)

**15e In-house assets**

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?

**A** No  Yes

\$  -00

# Self managed superannuation fund return 2020

RN :100017882MS

Taxpayer/entity name: Fallow Super Fund

TFN

## 15f Limited recourse borrowing arrangements

If the fund had an LRBA were the LRBA borrowings from a licensed financial institution?

A No  Yes B No  Yes 

## 16 LIABILITIES

Borrowings for limited recourse borrowing arrangements	<b>V1</b> \$	<input type="text"/>	-00		
Permissible temporary borrowings	<b>V2</b> \$	<input type="text"/>	-00		
Other borrowings	<b>V3</b> \$	<input type="text"/>	-00	Borrowings	<b>V</b> \$ <input type="text"/> -00
Total member closing account balances (total of all <b>CLOSING ACCOUNT BALANCES</b> from Sections F and G)				<b>W</b> \$	<input type="text" value="56787"/> -00
Reserve accounts				<b>X</b> \$	<input type="text"/> -00
Other liabilities				<b>Y</b> \$	<input type="text" value="1301"/> -00
<b>TOTAL LIABILITIES</b>				<b>Z</b> \$	<input type="text" value="58088"/> -00

## Section I: Taxation of financial arrangements

### 17 Taxation of financial arrangements (TOFA)

Total TOFA gains **H** \$  -00Total TOFA losses **I** \$  -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 specified** of the election (for example, for the 2019–20 income year, write 2020).

A 

If revoking or varying a family trust election, print **R** for revoke or print **V** for variation,

B 

and complete and attach the *Family trust election, revocation or variation 2020*.

### 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 2020 for each election.

C 

If revoking an interposed entity election, print **R**, and complete

D 

and attach the *Interposed entity election or revocation 2020*.

# Self managed superannuation fund return 2020

RN :100017882MS

Taxpayer/entity name: Fallow Super Fund

TFN

## 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](http://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 

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

### 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  Hrs

 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 2020* 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
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Tax agent's contact details

Title: Mr  Mrs  Miss  Ms  Other

Family name

First given name

Other given names

Tax agent's practice

Tax agent's phone number

Reference number

Tax agent number

 Postal address for annual returns: Australian Taxation Office, GPO Box 9845, IN YOUR CAPITAL CITY

**2020****Losses schedule**

Companies and trusts that do not join consolidated groups should complete and attach this schedule to their 2020 tax return.

Superannuation funds should complete and attach this schedule to their 2020 tax return.

Refer to *Losses schedule instructions 2020*, available on our website [ato.gov.au](http://ato.gov.au) for instructions on how to complete this schedule.

Tax file number (TFN)

Name of entity

Fallow Super Fund

Australian business number (ABN)

53 437 547 229

**Part A Losses carried forward to the 2020–21 income year – excludes film losses****1 Tax losses carried forward to later income years**

Year of loss		
2019–20	<b>B</b>	2102.00
2018–19	<b>C</b>	894.00
2017–18	<b>D</b>	1203.00
2016–17	<b>E</b>	1798.00
2015–16	<b>F</b>	400.00
2014–15 and earlier income years	<b>G</b>	.00
<b>Total</b>	<b>U</b>	6397.00

Transfer the amount at **U** to the **Tax losses carried forward to later income years** label on your tax return.

**2 Net capital losses carried forward to later income years**

Year of loss		
2019–20	<b>H</b>	.00
2018–19	<b>I</b>	.00
2017–18	<b>J</b>	.00
2016–17	<b>K</b>	.00
2015–16	<b>L</b>	.00
2014–15 and earlier income years	<b>M</b>	.00
<b>Total</b>	<b>V</b>	.00

Transfer the amount at **V** to the **Net capital losses carried forward to later income years** label on your tax return.

Taxpayer/entity name: Fallow Super Fund

**Part B Ownership and business continuity test – company and listed widely held trust only**

Complete item 3 of **Part B** if a loss is being carried forward to later income years and the business continuity test has to be satisfied in relation to that loss.

Do not complete items 1 or 2 of **Part B** if, in the 2019–20 income year, no loss has been claimed as a deduction, applied against a net capital gain or, in the case of companies, losses have not been transferred in or out.

**1 Whether continuity of majority ownership test passed**

**Note:** If the entity has deducted, applied, transferred in or transferred out (as applicable) in the 2019–20 income year a loss incurred in any of the listed years, print **X** in the **Yes** or **No** box to indicate whether the entity has satisfied the continuity of majority ownership test in respect of that loss.

**Year of loss**

2019–20	<b>A</b> Yes <input type="checkbox"/>	No <input type="checkbox"/>	Print <b>X</b> in the appropriate box.
2018–19	<b>B</b> Yes <input type="checkbox"/>	No <input type="checkbox"/>	Print <b>X</b> in the appropriate box.
2017–18	<b>C</b> Yes <input type="checkbox"/>	No <input type="checkbox"/>	Print <b>X</b> in the appropriate box.
2016–17	<b>D</b> Yes <input type="checkbox"/>	No <input type="checkbox"/>	Print <b>X</b> in the appropriate box.
2015–16	<b>E</b> Yes <input type="checkbox"/>	No <input type="checkbox"/>	Print <b>X</b> in the appropriate box.
2014–15 and earlier income years	<b>F</b> Yes <input type="checkbox"/>	No <input type="checkbox"/>	Print <b>X</b> in the appropriate box.

**2 Amount of losses deducted/applied for which the continuity of majority ownership test is not passed but the business continuity test is satisfied – excludes film losses**Tax losses **G**  .00Net capital losses **H**  .00**3 Losses carried forward for which the business continuity test must be satisfied before they can be deducted/applied in later years – excludes film losses**Tax losses **I**  .00Net capital losses **J**  .00**4 Do current year loss provisions apply?**

Is the company required to calculate its taxable income or tax loss for the year under Subdivision 165-B or its net capital gain or net capital loss for the year under Subdivision 165-CB of the Income Tax Assessment Act 1997 (ITAA 1997)?

**K** Yes  No  Print **X** in the appropriate box.**Part C Unrealised losses – company only**

**Note:** These questions relate to the operation of Subdivision 165-CC of ITAA 1997.

Has a changeover time occurred in relation to the company after 1.00pm by legal time in the Australian Capital Territory on 11 November 1999?

**L** Yes  No  Print **X** in the appropriate box.

If you printed **X** in the **No** box at **L**, do not complete **M**, **N** or **O**.

At the changeover time did the company satisfy the maximum net asset value test under section 152-15 of ITAA 1997?

**M** Yes  No  Print **X** in the appropriate box.

If you printed **X** in the **No** box at **M**, has the company determined it had an unrealised net loss at the changeover time?

**N** Yes  No  Print **X** in the appropriate box.

If you printed **X** in the **Yes** box at **N**, what was the amount of unrealised net loss calculated under section 165-115E of ITAA 1997?

**O**  .00**Part D Life insurance companies**Complying superannuation class tax losses carried forward to later income years **P**  .00Complying superannuation net capital losses carried forward to later income years **Q**  .00

Taxpayer/entity name: Fallow Super Fund

TFN

**Part E Controlled foreign company losses**Current year CFC losses **M**  .00CFC losses deducted **N**  .00CFC losses carried forward **O**  .00**Part F Tax losses reconciliation statement**Balance of tax losses brought forward from the prior income year **A**  .00**ADD** Uplift of tax losses of designated infrastructure project entities **B**  .00**SUBTRACT** Net forgiven amount of debt **C**  .00**ADD** Tax loss incurred (if any) during current year **D**  .00**ADD** Tax loss amount from conversion of excess franking offsets **E**  .00**SUBTRACT** Net exempt income **F**  .00**SUBTRACT** Tax losses forgone **G**  .00**SUBTRACT** Tax losses deducted **H**  .00**SUBTRACT** Tax losses transferred out under Subdivision 170-A  
(only for transfers involving a foreign bank branch or a PE of a foreign financial entity) **I**  .00Total tax losses carried forward to later income years **J**  .00Transfer the amount at **J** to the **Tax losses carried forward to later income years** label on your tax return.

Taxpayer/entity name: **Fallow Super Fund**

TFN

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](http://ato.gov.au/privacy)

**TAXPAYER'S DECLARATION**

I declare that the information on this form is true and correct.

Signature

Date

Day                      Month                      Year

Contact person

Daytime contact number (include area code)