Tax 2017

ATO

** PLS Validation Report - CloudAuth ** ATO NATIONAL OFFICE SBR//13/01/2020 05:22:19PM//Page 1 **VALIDATION REPORT NUMBER 001.1**

MYOB PRACTICE SYSTEMS//99106 P O BOX 186 BLACKBURN VIC 3130

200105 TRANS NO. 001 DATE/TIME 13/01/2020//05:22:19//PM YEAR 2020

SENT RECEIVED 1 ACCEPTED 1 REJECTED

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RETURNS ACCEPTED F9097109.97// //97109097//M J Hollman Superannuation Fund//2019//MS

E10 END OF VALIDATION REPORT

Self-managed superannuation fund annual return



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 2019* (NAT 71287).

The Self-managed superannuation fund annual return instructions 2019 (NAT 71606) (the instructions) can assist you to complete this annual return.

The SMSF annual return cannot be used to notify us of a change in fund membership. You must update fund details via ABR.gov.au or complete the Change of details for superannuation entities form (NAT 3036).

Se	ection A: Fund infor	mation		Ото	assist processing,	write the fund's
1	Tax file number (TFN)	97 109 097		TFN at	the top of pages	3, 5, 7, 9 and 11
	The ATO is authorised by la could increase the chance of de	w to request your TFN. You ay or error in processing yo	are not obliged to quotuur annual return. See th	e your TF e Privacy	N but not quoting note in the Declar	it ration.
 2	Name of self-managed su	perannuation fund (SM	SF)			
М	J Hollman Superannuation	und				
 3	Australian business numb	er (ABN) (if applicable)	54 276 204	419		
— 4	Current postal address					
P	D Box 3125					
Sub	urb/town				State/territory	Postcode
	ONNELLS BAY				NSW	2264
— 5	Annual return status Is this an amendment to the SM	SF's 2019 return?	A No X Yes			

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2	er/entity name: M J Hollman Superannuation Fund	^{TFN} 97 109 097
6 SN Auditor's Title: M Family na	Ar X Mrs Miss Ms Other	7
First giver	Other given names	
4	Le Lence	
	Auditor Number Auditor's phone number	
	7	
Postal a	Bo × 1061	
Suburb/to	OWIT	Postcode 2000 1585
Mae Parl	t A of the audit report qualified? B No X Yes	
Was Par	t B of the audit report qualified? C No X Yes	
	dit report was qualified, have the D No X Yes	
We A	007000	
	Fund account name	
	M J Hollman Superannuation Fund	
	I would like my tax refunds made to this account. Go to C.	
В	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	
С	Electronic service address alias	
	Provide the electronic service address alias (ESA) issued by your SMSF messaging provider. (For example, SMSFdataESAAlias). See instructions for more information	
	MA Hollman Lan	man.

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Self managed superannuation fund return 2019

Sensitive (when completed)

Self managed superannuation fund return 2019 Taxpayer/entity name: M J Hollman Superannuation Fund

HIN : TUUUT 1004INIO

	Fund's tax file number (TFN) 97 109 097
8	Status of SMSF Australian superannuation fund Does the fund trust deed allow acceptance of the Government's Super Co-contribution and Low Income Super Amounts? A No Yes X Fund benefit structure B A Code C No Yes 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
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 X Exempt current pension income amount A \$ 61804 -90
	Which method did you use to calculate your exempt current pension income?
	Segregated assets method B X
	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 X 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.
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-	MJ Hollman

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Taxpayer/entity name: M J Hollman Superannuation Fund

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Section B: Income

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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. Income If the total capital loss or total capital gain is greater than \$10,000 Did you have a capital gains tax or you elected to use the transitional CGT relief in 2017 and the Yes deferred notional gain has been realised, complete and attach a Capital gains tax (CGT) schedule 2019. (CGT) event during the year? Have you applied an Yes exemption or rollover? -00 Net capital gain Gross rent and other leasing and hiring income -00 Gross interest -00 Forestry managed investment X \$ -00 scheme income Gross foreign income Loss **D1**\$ -00 **D** \$ -00 Net foreign income Australian franking credits from a New Zealand company E\$ -00 Number Transfers from F\$ -00 foreign funds Gross payments where **H** \$ -00 ABN not quoted Loss Calculation of assessable contributions Gross distribution -00 Assessable employer contributions from partnerships R1 \$ -00 Unfranked dividend J \$ -00 amount plus Assessable personal contributions *Franked dividend K \$ -00 **R2** \$ -00 amount plus *Dividend franking **No-TFN-quoted contributions -00 credit **R3** \$ 0 -00 Code *Gross trust (an amount must be included even if it is zero) M \$ -00 distributions less Transfer of liability to life insurance company or PST Assessable contributions **R6** \$ -00 **R**\$ -DQ 0 (R1 plus R2 plus R3 less R6) Calculation of non-arm's length income Code *Net non-arm's length private company dividends SS -00 *Other income U1 \$ Assessable income plus *Net non-arm's length trust distributions due to changed tax T\$ -00 status of fund **U2** \$ Net non-arm's plus *Net other non-arm's length income length income U\$ -00 **U3** \$ (subject to 45% tax rate) (U1 plus U2 plus U3) Loss *This is a mandatory **GROSS INCOME** W \$ 0 -00 label. (Sum of labels A to U) *If an amount is Exempt current pension income -00 entered at this label. check the instructions Loss to ensure the correct TOTAL ASSESSABLE INCOME V \$ -00 tax treatment has (W less Y) been applied.

Taxpayer/entity name: M J Hollman Superannuation Fund

Fund's tax file number (TFN)

97 109 097

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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).

Interest expenses within Australia A1 \$	NON-DEDUCTIBLE EXPEN	AOE9
within Australia A1 \$	A2 \$	-00
Interest expenses overseas B1 \$ -90	B2 \$	-60
Capital works expenditure D1 \$ -90	D2 \$	-00
Decline in value of depreciating assets	E2 \$	-00
Insurance premiums – members F1 \$	F2 \$	-60
Death benefit increase G1 \$		
SMSF auditor fee H1 \$	H2 \$ 3685	-90
Investment expenses I1 \$ -50	12 \$	-00
Management and administration expenses J1 \$ -90	J2 \$ 587	-60
expense	U2 \$	-00
Other amounts L1 \$ Code	L2 \$	-00 Cor
Tax losses deducted M1 \$		
TOTAL DEDUCTIONS	TOTAL NON-DEDUCTIBLE EXPENSE	s
(Total A1 to M1)	Y \$ 4272	
(IOIAI (O WI)	(Total A2 to L2)	
	TOTAL SMSF EXPENSES	$\overline{}$
O \$ 0 -90	Z \$ 4272	-00
This is a mandatory (TOTAL ASSESSABLE INCOME less TOTAL DEDUCTIONS)	(N plus Y)	

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Taxpayer/entity name: M J Hollman Superannuation Fund

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Section D: Income tax calculation statement

#Important:

	Blabel R3 , Section Clabe becified a zero amount.	O and Section D labe	IS A, II,	J, 15 and I are mandatory. If you leave these labels
13 C	alculation statement	#Taxable income	A \$	0 -90
	e refer to the nanaged superannuation	#Tax on taxable		(an amount must be included even if it is zero)
	nnual return instructions on how to complete the	income	T1 \$	(an amount must be included even if it is zero)
	ation statement.	#Tax on no-TFN-quoted	J \$	0.00
,		contributions	7.	(an amount must be included even if it is zero)
		Gross tax	В\$	0.00
				(T1 plus J)
C1 \$	Foreign income tax offset	0.00		
Ο. Ψ	Rebates and tax offsets	0.00	Non-re	fundable non-carry forward tax offsets
C2\$			C \$	0.00
			SUBT	(C1 plus C2)
			T2 \$	0.00
	Early stage venture capital	limited	· – •	(B less C - cannot be less than zero)
D. A.	partnership tax offset			
D1\$	Early stage venture capital I	imited partnership		
l l	tax offset carried forward from	om previous year	Non-re	fundable carry forward tax offsets
D2\$		not.	D \$	
D3\$	Early stage investor tax offs	Sec		(D1 plus D2 plus D3 plus D4)
	Early stage investor tax offs	set	SUBTO	OTAL 2
D4\$	carried forward from previo	ous year	T3 \$	
,			- 11	(T2 less D – cannot be less than zero)
	Complying fund's franking of	predits tax offset		
E1\$		17659.97		
	No-TFN tax offset			
E2 \$				
E3\$	National rental affordability s	cheme tax offset		
Lou	Exploration credit tax offset		Refun	dable tax offsets
E4\$			E\$	17659.97 (E1 plus E2 plus E3 plus E4)
				(Et pius E2 pius E3 pius E4)
		*TAX PAYABLE	T5 \$	0.00
				(T3 less E - cannot be less than zero)
,~	M. Softer	100	Section G \$	n 102AAM interest charge
	VIVI ANDOUGH		U D	

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Taxpayer/entity name: M J Hollman Superannuation Fund

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		Fund	d's tax file number (TFN)	97 109 097	
	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)				
Н3\$	O N. C. TEN.				
	Credit for TFN amounts withheld from payments from closely held trusts		2		
H5\$					
	Credit for interest on no-TFN tax offset				
H6\$					
	Credit for foreign resident capital gains withholding amounts	Eligib	le credits		
H8\$		H \$			
			(H1 plus H2 plus H3 plus H5 plus	H6 plus H8)	
,					
	#Tax offset refunds (Remainder of refundable tax offsets			17659.97	
	(Iditial ida di Idia ida di Ida di Ida	,	(unused amount from an amount must be included	label E – I even if it is zero)	
			instalments raised		
		K \$			
		_	visory levy		
		L\$		259.00	
		Super	visory levy adjustment for w	ound up funds	
		M \$			
		Super	visory levy adjustment for ne	w funds	
		N \$			
	AMOUNT DUE OR REFUNDABLE			-17400.97	
	A positive amount at S is what you owe, while a negative amount is refundable to you.	1	(T5 plus G less H less I less K plu	us L less M plus N)	
*This is	a mandatory label.				
 Secti	on E: Losses				
4 Los	sses Ta	ax losses	s carried forward		00
① If to	otal loss is greater than \$100,000,	to la	ter income years		-00
	te and attach a Losses schedule		tal losses carried ter income years V \$		-90
11	11 Hollman	,	21	Pallnan.	1
1/1	1 / more				[

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Taxpayer/entity name: M J Hollman Superannuation Fund

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^{TFN} 97 109 097

Section F: Member information

1 101	lman				
· -	iven name		Other given names		
Lon	raine		Gaye		
See th	ber's TFN he Privacy note in the D	eclaration.	259 730 220	Date of birth Day Month	/1952
Cont	ributions	OPENING ACCO	DUNT BALANCE \$	348563.0	20
	Refer to instructions mpleting these		· L	mary residence disposal	30]]
Emp	oloyer contributions		Receipt date Da	y Month Year	
Α	\$		H1		
ABN	of principal employer			superannuation fund amount	
A1	\$		1 \$	Tapara mazioni and amount	
Perso	onal contributions		Non-assessable fo	reign superannuation fund amount	
В	\$		J \$		
CGT	small business retirem	ent exemption		ve: assessable amount	
C	\$	I	K \$	13. decededable amount	
CGT	T small business 15-yea	r exemption amount		ve: non-assessable amount	
D	\$		L \$	ve. non-assessable amount	
Pers	onal injury election		Contributions from	non-complying	
E	\$		funds and previous	sly non-complying funds	
	use and child contribution	ากร	Т \$		
	\$	5110	Any other contribu	tions	
Othe	er third party contribution		(including Super Co Low Income Super	o-contributions and	
		ns	Low income Stiner	· Amounts)	
	\$	ns	M \$	Amounts)	
G		TOTAL CO	M \$ NTRIBUTIONS N \$ f labels A to M) pocated earnings		
G	\$ er transactions	TOTAL CO (Sum o	M \$ NTRIBUTIONS N \$ labels A to M)	Amounts) 49673.00	1
G Othe	er transactions Accumulation phase a	TOTAL CO (Sum o Allo account balance	M \$ NTRIBUTIONS N \$ f labels A to M) Docated earnings or losses Inward rollovers and P \$		1
G	er transactions Accumulation phase a	TOTAL CO (Sum o Allo account balance 0.00	NTRIBUTIONS N \$ Industry of labels A to M) Docated earnings or losses Inward rollovers and transfers Outward		1
G Othe	Accumulation phase a Retirement phase a Non CDBIS	TOTAL CO (Sum of Allocation Succession Succe	M \$ NTRIBUTIONS N \$ Independent of labels A to M) Coated earnings or losses or losses or losses Inward rollovers and transfers Outward rollovers and transfers Outward rollovers and transfers		
G Othe	Accumulation phase a Retirement phase a Non CDBIS	TOTAL CO (Sum of Allot) account balance 0.00 ccount balance 380751.00	NTRIBUTIONS N \$		1
G Othe	Accumulation phase a Retirement phase a Non CDBIS	TOTAL CO (Sum of Allot) account balance 0.00 ccount balance 380751.00	NTRIBUTIONS N \$		
G Othe	Accumulation phase a Retirement phase a Non CDBIS Retirement phase ac CDBIS	TOTAL CO (Sum of Allot) account balance 0.00 ccount balance 380751.00	NTRIBUTIONS N \$		
G Othe S1 S2	Accumulation phase a Retirement phase a Non CDBIS Retirement phase ac CDBIS	TOTAL CO (Sum of Allo) account balance 0.00 ccount balance 380751.00 ecount balance 0.00 CLOSING ACCOU	NTRIBUTIONS N \$	49673.00	Cool
G Othe S1 S2	**Retirement phase a - Non CDBIS Retirement phase a - Non CDBIS **Retirement phase ac - CDBIS	TOTAL CO (Sum of Allo) Account balance 0.00 ccount balance 380751.00 ccount balance 0.00 CCOSING ACCOUNTS plus 8	NTRIBUTIONS N \$	49673.00 17485.00	
G Othe S1 S2	**Retirement phase a - Non CDBIS Retirement phase a - Non CDBIS **Retirement phase ac - CDBIS	TOTAL CO (Sum of Allowance) account balance 0.00 ccount balance 380751.00 ccount balance 0.00 CLOSING ACCOUNTS plus Sum of Accumulation	NTRIBUTIONS N \$	49673.00 17485.00 380751.00	

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Taxpayer/entity name: M J Hollman Superannuation Fund

		Fund's tax file	number (TFN)	97 109 097
IEMBER 2				
ile: Mr X Mrs Miss	Ms Other			
Hollman				
st given name		Other given names		
Michael		James		Day Month
ember's TFN	Jaration	257 353 097	Date of birth	27/09/1945
ee the Privacy note in the Dec	naration. L			
ontributions	OPENING ACCC	DUNT BALANCE \$		379421.00
Refer to instructions	CI LIVING ACCC			
completing these pels.			orimary residence dis	osai
Employer contributions		H \$	Day Month	Year
A \$		Receipt date	Day Month	180
ABN of principal employer		H1 Assessable foreign	gn superannuation fur	l
A1 \$		·	gr. oapera maalion lul	- Section It
-		1 \$		
Personal contributions	9	Non-assessable	foreign superannuat	on fund amount
В \$		J \$		
CGT small business retiremen	it exemption	Transfer from res	serve: assessable am	ount
C \$		K \$		
CGT small business 15-year	exemption amount	Transfer from re	serve: non-assessabl	e amount
D \$		L \$		
Personal injury election		Contributions from	om non-complying	
E \$		funds and previ	ously non-complying	funds
E 🎝 🔝 Spouse and child contribution	s	Т \$		
F \$		Any other contri	butions	
		(including Super Low Income Sup	Co-contributions and	t
Other third party contributions G \$		M \$	_ 2.	
		NTRIBUTIONS N \$		
Other transactions	L	of labels A to M)		<u></u>
ruici transactions	All	or losses		54072.00
Accumulation phase ac	count balance	Inward rollovers and P\$		
S1 \$	0.00	transfers		
Retirement phase ac	count balance	Outward rollovers and Q\$		
S2 \$	414468.00	transfers		Coo
Retirement phase acc		Lump Sum R1 \$		
- CDBIS		Income stream R2 \$		19025.00 M
S3 \$	0.00	payments		13023.00
0 TRIS Count		OUNT BALANCE \$ \$		414468.00
				0.00
1 / / A		tion phase value X1 \$		Q.QU I
n 1 A Acho	Accumulat			0.00
n/ J. Hollo	Accumulat	ent phase value X2 \$		414468.00

Taxpayer/entity name: M J Hollman Superannuation Fund

RN:100017882MS

TFN

97 109 097

hat alves popul		Other share see					
rst given name		Other given names	•				
		<u> </u>			Day	Month	Year
flember's TFN lee the Privacy note in the Declaration	on			Date of birth			
Contributions							1
Refer to instructions	PENING ACCOL	JNT BALANCE \$					
or completing these			om prima	ary residence dis	posal		
bels.		н \$				= = = =	
Employer contributions		Receipt dat	e Day	Month	Year	i	
A \$		H1					
ABN of principal employer		Assessable	foreign s	uperannuation fur	nd amoun	t	
A1 \$		I \$					
Personal contributions		Non-assess	sable fore	eign superannuat	ion fund a	amount	
B \$		J \$					
CGT small business retirement exe	mption	Transfer fro	m reserv	e: assessable am	ount		
C \$		K \$					
CGT small business 15-year exem	ption amount		m reserv	e: non-assessabl	e amount		
D \$		L \$					
		Contributio	ns from r	non-complying			
Personal injury election		funds and	orevious	y non-complying	funds		
E \$		т \$ [
Spouse and child contributions F \$		Anyothore	ontributi	200			
		Any other o (including S	uper Co	ons -contributions and Amounts)	d		
Other third party contributions G \$			e Super /	Amounts)			
α ψ		M \$ _	_				
			ı \$ 🗀				
		labels A to M)					Loss
Other transactions	Allo	cated earnings or losses	\$				
Accumulation phase account	t balance	Inward rollovers and	\$				
S1 \$		transfers	Ψ				
Retirement phase accoun	t balance	Outward rollovers and G	\$				
- Non CDBIS		transfers					Code
Retirement phase account	halance	Lump Sum R1	\$				
- CDBIS		Income stream R2	•				Code
S3 \$		payments	- Ψ				
	OSING ACCO	JNT BALANCE \$	\$				
TRIS Count CL		32 plus S3)					
TRIS Count CL	S1 plus !						
TRIS Count CL		on phase value X1	\$				
TRIS Count CL	Accumulati		T				ě.

Taxpayer/entity name: M J Hollman Superannuation Fund

RN:100017882MS

TFN

97 109 097

MEMBER 4		
Title: Mr Mrs Miss Ms Other		
Family name		
First given name	Other store	
THOSE GIVEN THAT HE	Other given names	
Member's TFN		Year
See the Privacy note in the Declaration.	Date of birth	
Contributions	Φ.	7]
Refer to instructions	DUNT BALANCE \$]
for completing these	Proceeds from primary residence disposal	
labels.	H \$	
Employer contributions	Receipt date Day Month Year	
A \$	H1	
ABN of principal employer	Assessable foreign superannuation fund amount	
A1 \$	I \$	
Personal contributions	Non-assessable foreign superannuation fund amount	
B \$	J \$	
CGT small business retirement exemption		
C \$	Transfer from reserve: assessable amount K \$	
CGT small business 15-year exemption amount	Transfer from reserve: non-assessable amount	
D \$	L \$	
Personal injury election	Contributions from non-complying funds and previously non-complying funds	
E \$		
Spouse and child contributions	т \$	
F \$	Any other contributions	
Other third party contributions	(including Super Co-contributions and Low Income Super Amounts)	
G \$	M \$	
		7
	NTRIBUTIONS N \$	
	Plabels A to M)	Loss
— Allo	or losses 0 \$	
Accumulation phase account balance	Inward rolloyers and P \$	
S1 \$	transfers	
Retirement phase account balance - Non CDBIS	Outward rollovers and Q \$	
S2\$	transfers	Code
	Lump Sum R1 \$	
Retirement phase account balance – CDBIS	Income	Code
S3 \$	stream R2 \$ payments	
TRIS Count CLOSING ACCOL	JNT BALANCE \$\$	7
Accumulation Retireme	on phase value X1 \$	-,
111 Hadwer		
Outstanding lir borrowing arrang	mited recourse ement amount Y \$	1/
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HN: TUUUT 1002 IVIO Self managed superannuation fund return 2019 TFN 97 109 097 Taxpayer/entity name: M J Hollman Superannuation Fund Section G: Supplementary member information Code MEMBER 5 Account status Other Mr Title: Family name Other given names First given name If deceased, date of death Date of birth Member's TFN Month See the Privacy note in the Declaration. Year Day Month Contributions OPENING ACCOUNT BALANCE \$ Refer to instructions Proceeds from primary residence disposal for completing these labels. Month Year Employer contributions Receipt date **H1** Assessable foreign superannuation fund amount ABN of principal employer A1 \$ Non-assessable foreign superannuation fund amount Personal contributions \$ В Transfer from reserve: assessable amount CGT small business retirement exemption Transfer from reserve: non-assessable amount CGT small business 15-year exemption amount \$ Contributions from non-complying Personal injury election funds and previously non-complying funds E Spouse and child contributions Any other contributions (including Super Co-contributions and Low Income Super Amounts) Other third party contributions \$ \$ G TOTAL CONTRIBUTIONS (Sum of labels A to M) Loss Other transactions Allocated earnings 0\$ or losses Inward Accumulation phase account balance rollovers and **P**\$ transfers **S1**\$ Outward Retirement phase account balance rollovers and – Non CDBÍS transfers Code Lump Sum R1 \$ **S2**\$ Retirement phase account balance Code Income stream R2 \$ **S3**\$ payments CLOSING ACCOUNT BALANCE \$\$ TRIS Count

M/ Hollmon

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(S1 plus S2 plus S3)

Accumulation phase value X1 \$

Retirement phase value **X2** \$

Outstanding limited recourse borrowing arrangement amount

Sensitive (when completed)

Self managed superannuation fund return 2019 Taxpayer/entity name: M J Hollman Superannuation Fund

HN:10001/882M3 TFN 97 109 097

MEMBER 6	_				_		Code
Title: Mr Mrs Miss Ms	Other					Account statu	s
Family name							
First given name		Other given nam	nes				
						6 .ll.	
Member's TFN See the Privacy note in the Declaration.	Date of	f birth Month Year		lf Di	deceased, date	e of death Year	
See the Fivacy hote in the Beolaration.	Day						
Contributions							
OPENI	ING ACCOU	NT BALANCE	\$				
Refer to instructions for completing these		Proceeds	s from	primary resid	dence disposal		
labels.		H \$[
Employer contributions	1	Receipt o	date	Day M	onth Year	_	
A \$		H1	ļ				
ABN of principal employer		Assessab	ole fore	ign superanr	nuation fund amo	ount	
A1 \$		I \$					
Personal contributions		Non-ass	essabl	e foreign sur	perannuation fun	d amount	
B \$		J \$					
CGT small business retirement exempt	tion		from re	eserve: asse	ssable amount		
C \$		K \$					
CGT small business 15-year exemptio	n amount		from re	eserve: non-	assessable amo	unt	
	Tarroun	L \$		5551 75. 11611	accordant anna		
D \$			ıtions f	rom non-co	mplvina		
Personal injury election		funds ar	nd prev	viously non-c	complying funds	.	
E \$		T \$					
Spouse and child contributions			4				
F \$		(includin	g Supe	ributions er Co-contrik	outions and		
Other third party contributions			ome Si	uper Amoun	ts)		
G \$		M \$					
	TOTAL CON	ITRIBUTIONS	N \$				
L		labels A to M)					oss
Other transactions	Allo	cated earnings or losses	0\$				
Accumulation phase account ba	lance	Inward	D (
\$1 \$		rollovers and transfers	P \$				
Retirement phase account ba	alance	Outward rollovers and	Q \$				
- Non CDBIS		transfers				Co	ode
S2 \$		Lump Sum payment	R 1 \$				
Retirement phase account ba – CDBIS	lance	Income				Co	ode
S3 \$		stream payments	R2 \$				
TRIS Count CLOS	SING ACCOL	JNT BALANCE	S \$				
	(S1 plus S	62 plus \$3)					
11/ Hollings	Accumulati	on phase value	X1 \$	<u></u>			ř.
Milacune	Retireme	nt phase value	X2 \$				1
horr	Outstanding li	mited recourse ement amount	Y \$				

Self managed superannuation fund return 2019 Taxpayer/entity name: M J Hollman Superannuation Fund

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1 11 3 4 4 7	
TFN	
	97 109 097
1	01 100 007
1	

MEMBER 7							Code
Title: Mr Mrs Miss Ms	Other					Account status	3
Family name						7	
First given name		Other given	names				
rast given name		Ctrior given	11011100				
Member's TFN		of birth			If deceased, d		
See the Privacy note in the Declaratio	n. Day	Month	'ear	_	Day Month	Year	
Contributions	ENING ACCOL	INIT DALANO	E &				
Refer to instructions	ENING ACCOU						
for completing these				n primary	residence disposal	1	
labels.		Н :	\$				
Employer contributions			pt date	Day	Month Ye	ear	
A \$		H1		<u></u>			
ABN of principal employer		Asses	sable for	eign supe	erannuation fund an	nount	
A1 \$		I	\$				
Personal contributions		Non-	assessal	ole foreigr	superannuation fu	and amount	
B \$		J	\$				
CGT small business retirement exem	nntion	Trans	fer from	reserve: ¿	assessable amount		
C \$, puor	K	\$				
CGT small business 15-year exemp	tion amount				non-assessable am	ount.	
	tion amount	l L	\$	reserve. r	ion-assessable am	Nount	
D \$		Cont		from nor	-complying		
Personal injury election					on-complying func	ds	
E \$		Т	\$				
Spouse and child contributions							
F \$		(inclu	dina Sur	ntributions per Co-co	ntributions and		
Other third party contributions				Super Am	ounts)		
G \$		M	\$				
	TOTAL CO	NTRIBUTION	s NS	\$			
	1	fiabels A to M)				Los	S
Other transactions	Allo	cated earning or losse	S 0 5	\$			
Adation places account	halanaa] Inwa	rd				
Accumulation phase account	balance	rollovers ar transfe		\$			
Retirement phase account	balance	Outwa		•			
- Non CDBIS		rollovers ar transfe	rs			Cod	е
S2 \$		Lump Su	m R1 S	\$			
Retirement phase account to - CDBIS	oalance	payme Incom				Cod	, i⊖ ⊓
S3 \$			m R2 9	\$			
TRIS Count CLC	OSING ACCO		CE S	\$			
,		S2 plus S3)	10 W = 4	•			
al Hollwar	Accumulat	ion phase val	ıe X1 ;	D			
IN A GO		ent phase valu		\$			
bo	Outstanding I	imited recours	e Y	B			
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		•		4			

Self managed superannuation fund return 2019 Taxpayer/entity name: M J Hollman Superannuation Fund

RN:100017882MS TFN 97 109 097

MEMBER 8 Title: Mr Mrs Miss Ms	Other		Account status
Family name			
First given name		Other given names	
			e de cale
Member's TFN See the Privacy note in the Declaration			f deceased, date of death Day Month Year
Contributions	NING ACCOL	JNT BALANCE \$	
Refer to instructions for completing these labels.	, martine	Proceeds from primary resi	dence disposal
Employer contributions		Receipt date Day	fonth Year
A \$		H1	
ABN of principal employer		Assessable foreign superan	nuation fund amount
A1 \$		I \$	
Personal contributions		Non-assessable foreign su	perannuation fund amount
В \$		J \$	
CGT small business retirement exem	ption	Transfer from reserve: asse	essable amount
C \$		K \$	
CGT small business 15-year exempt	ion amount	Transfer from reserve: non-	assessable amount
D \$		L \$	
Personal injury election		Contributions from non-co funds and previously non-co	mplying complying funds
E \$		т \$	
Spouse and child contributions	1		
F \$		Any other contributions (including Super Co-contribution)	outions and
Other third party contributions G \$		Low Income Super Amoun	ts)
G \$		- IVI Φ	
	(Sum o	NTRIBUTIONS N \$ labels A to M)	Loss
Other transactions	Allo	cated earnings or losses	
Accumulation phase account b	palance	Inward rollovers and transfers	
Retirement phase account i	balance	rollovers and transfers	Code
Retirement phase account b	alance	Lump Sum R1 \$	Code
S3 \$		stream R2 \$ payments	
TRIS Count CLO		UNT BALANCE \$\$	
	Accumulat	ion phase value X1 \$	
111 Hoffman	Retireme	ent phase value X2 \$	
bor	Outstanding I	mited recourse Y\$	
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Taxpayer/entity name: M J Hollman Superannuation Fund

RN:100017882MS

TFN 97 109 097

ā Aus	stralian managed investments		L	isted trusts	A	\$	35926	-00
			Unl	isted trusts	В	\$		-00
			Insura	ance policy	C	\$[-00
	C	Other	managed ir	vestments	D	\$[-00
b Aus	stralian direct investments	Ca	ash and ter	n deposits	E	\$[3587	-00
	mited recourse borrowing arrangemer ustralian residential real property	nts	Deb	t securities	F	\$[]-pe
		90		Loans	G	\$		-00
	ustralian non-residential real property		Lie	ted shares			739572	-00
J	2\$	90	LIS	ted shares			138312	40
0/	verseas real property		Unlis	ted shares		\$		-90
J	3 \$	90 -	Limite	d recourse		٦٦		-00
AL	ustralian shares	bo	rrowing arra		J	\$[-00
J	4 \$	90		residential	K	\$		-00
- 1	verseas shares			al property Residential		-		1
J	5 \$	90	re	al property		\$_		-00
- 1	ther		Collec personal	tables and use assets	M	\$		-00
J	6\$	90	Ot	her assets	0	\$	18414	-00
c Oth	er investments		Crypto	-Currency	N	\$[-00
d Ove	erseas direct investments		Overs	eas shares	P	\$[-90
	Overseas n	on-re	esidential re	al property	Q	\$		-00
	Overse	eas re	esidential re	al property	R	\$		-00
	Overs	seas i	managed in	vestments	S	\$		-00
		(Other overs	eas assets	T	\$		-00
	TOTAL AUSTRALIAN A (Sum of la			ASSETS	U	\$[797499	-90
ie In-h	nouse 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	n 🐴 e	No X	Yes)		\$[-00
	ited recourse borrowing arrangements I had an LRBA were the LRBA borrowing from a license	s ed A	No	Yes	4	N,	19 Holling	
	financial institution	<i>:</i>						

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security for the LRBA?

Taxpayer/entity name: M J Hollman Superannuation Fund

RN:100017882MS

TFN	97 109 097
	91 109 091

16	LIA	BIL	IT	IES
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Borrowings for limited recourse borrowing arrangements						
V1 \$	-00					
Permissible temporary borrowings						
V2 \$	-00					
Other borrowings						-
V3 \$	-90	Borrowings	V	\$		-00
Total men	mber closing ANCEs from	account balances Sections F and G)	w	\$[795219	-90
Total menotal of all CLOSING ACCOUNT BAL	ANCEs from	account balances Sections F and G) Reserve accounts		\$[\$[795219	-90
Total menotal of all CLOSING ACCOUNT BAL	ANCEs from	Sections F and G)		T L		ļ. T

Section I:	Taxation	of financial	arrangements

17	Taxation of financial	arrangements	(TOFA)	
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4		
Total TOFA gains	H \$	-90
Total TOFA losses	I \$	-90

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 2018–19 income year, write 2019).

ar 9). **A**

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 2019.*

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 *Interposed entity election or revocation 2019* for each election.

C

If revoking an interposed entity election, print **R**, and complete and attach the *Interposed entity election or revocation 2019*.

D 🗌

My Hellman

J. Mallman -

Taxpayer/entity name: M J Hollman Superannuation Fund

RN:100017882MS

TFN	97	109	097

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 (If required) and are aware of any matters raised therein. The information on this

annual return, including any atta	ached schedules and ad		s true and co	orrect.		
Authorised trustee's, director's	or public officer's signatu	ire	\	/ .	av Month	Year
			1	Date Date	ау мопш	160
	tour content detailer		/			
Preferred trustee or direc						
Title: Mr X Mrs Miss	Ms Other					
Family name Hollman						
First given name		Other given names				
Michael James						
Phone number 02 926	677655					
Email address	377033					
Non-individual trustee name (if	applicable)					
Holrof Pty LtdHollman						
ABN of non-individual trustee	14002	965611				
Ti	ime taken to prepare and	I complete this annual re	turn	Hrs		
The Commissioner of Tax	ration, as Registrar of the	Australian Business Rec	gister, mav u	se the AE	3N and business	details which
you provide on this annual retu	urn to maintain the integr	ity of the register. For fur	ther informat	tion, refer	to the instruction	ns.
TAX AGENT'S DECLARAT I declare that the Self-manag provided by the trustees, that correct, and that the trustees h Tax agent's signature	ged superannuation fund the trustees have giver	n me a declaration statir	as been preng that the i	epared ir informatio	n accordance won provided to r	ith information ne is true and
Minger	,			Date 2	Month	2019
Tax agent's contact detai	ls					
Title: Mr Mrs X Miss	Ms Other					
Family name						
Rogers		Other street serves				
First given name		Other given names				
Catriona						
Tax agent's practice	Dortnorship					
The Rogers Group Ltd		forence pumber			Tax agent numb	er
Tax agent's phone number		erence number JHO70			64941004	51
02 9267 7655						1/
Postal address for annual				UR CAP	ITAL CITY	X_
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Electronic lodgment declaration (Form P, T, F, SMSF or EX) PART A

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

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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 safegua	rding your details.	_			
Electronic funds transfer - Where you have requested pank to facilitate the payme	an FFT direct debit so	me of your details wil	be provided to your fir ated account.		Tax Office's sponsor
Tax file number (TFN)	97 109 097	7		Year 2019	
Name of partnership, trust, fund or entity	M J Hollman Sup	erannuation Fund	d		
Total income or loss		Total deductions		Taxable income or loss	
authorise my tax agent to important Before making this declarat if you are in doubt about an misleading statements on to	ion please check to en ly aspect of the tax ret	sure that all income l	nas been disclosed and	the tax return is true and	correct in every detail. y penalties for false or
Declaration: I declare that the information provide the agent is authorised	t: ed to the agent for the i to lodge this tax retur	n.	x return, including any	applicable schedules is tru	e and correct, and
Signature of partner, trustee or director	111/1. 40	luas		Date 6//	4/19
PART B	ELECTRON	C FUNDS TRA	NSFER CONSE	T	
This declaration is to be through an approved ATG	completed when an O electronic channe	electronic funds t i.	ransfer (EFT) of a ref	und is requested and ti	ie tax return is being lod
This declaration must be sig for an EFT, all details below	must be completed.				
mportant: Care should be	taken when completing	g EFT details as the p	ayment of any refund v	vill be made to the accoun	t specified.
Agent's Reference Number	64941004				
Account Name	M J Hollman Տւ	uperannuation	Fund		
authorise the refund to be	deposited directly to ti	ne specified account.		/	
Signature	M/ Ate	Mura	b	Date 6/0	1/19 X
PART-G(a)	Interp	osed entity ele	etion and rev oc	ation (Section not requi	red for this Return)
 and that the information and that the trustee for the purposes of 	ation provided is true a (s)/company/partners section 272-85 of Sch	nd correct in every d is/are making or revo edule 2F to ITAA 193	king an interposed entil	ty election, the details of w	hich are set out above,
Signature of partner, trustee or public officer	21 Aa	Unan	2	Date 6/12/	19

PART C(b) Family trust election, revocation or variation (Section not required for this Return) I/We declare that all the information required has been provided in this form and any attachments to this form, and that the information provided is true and correct in every detail, and that the trustee(s)/partners is/are making, varying or revoking a family trust election, the details of which are set out above, for the purposes of section 272-80 of Schedule 2F to ITAA 1936 and that the trustee(s) or, if the trustee is a company, the public officer of the corporate trustee is/are able to make, vary or revoke the election in accordance with that section. Signature of trustee or if the trustee is a company, the public officer of Date the corporate trustee **PART D** Tax agent's certificate (shared facilities only) We have prepared this tax return in accordance with the information supplied by the partner, trustee, director or public officer. We have received a declaration made by the entity that the information provided to us for the preparation of this tax return is true and · We are authorised by the partner, trustee, director or public officer to lodge this tax return including any applicable schedules. Agent's **MJHO70** signature Client reference Catriona Rogers Contact name 02 9267 7655 64941004 Agent's phone number Agent's reference number

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