Span Super Fund XXXX XXXXXXXXX

#### **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 However, you cannot lodge your tax return electronically if you do not quote your TFN.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	XXX XXX XXX	Year	2022
Name of partnership, trust, fund or entity	Span Super Fund		

I authorise my tax agent to electronically transmit this tax return via an approved ATO electronic channel.

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:

Agent's reference

- · 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. Date trustee or director

#### **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.

numb	er 06058015						
Account Nam	ne Giftcorp	PL Client	Money	Acc			
authorise the refund to	be deposited directly	y to the specified a	ccount.				
Signature						Date	
					J		

Client Ref: SPASUPER Agent: 06058-015

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

2022

2022

Return year

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 2022 (NAT 71287).

The Self-managed superannuation fund annual return instructions 2022 (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 undate fund detail

Se	ction A: Fund information			
	Tax file number (TFN)	XXX XXX XXX		
		our TFN. You are not obliged to quote your TFN but not qur annual return. See the Privacy note in the Declaration.	uoting it could	increase the
	Name of self-managed superannuat	ion fund (SMSF)		
		Span Super Fund		
	Australian business number (ABN) (if applicable)	NN NNN NNN NNN		
	Current postal address	c/-H Byrne Accountant		
		PO Box 921		
		BUDERIM	QLD	4556
_	Annual return status Is this an amendment to the SMSF's 2022 r Is this the first required return for a newly			
	Is this an amendment to the SMSF's 2022 r Is this the first required return for a newly  SMSF auditor	registered SMSF? B N		
	Is this an amendment to the SMSF's 2022 r Is this the first required return for a newly  SMSF auditor Auditor's name  Title	registered SMSF? B N		
	Is this an amendment to the SMSF's 2022 r Is this the first required return for a newly  SMSF auditor  Auditor's name  Title  Family name	registered SMSF? B N  Mr  Boys		
	Is this an amendment to the SMSF's 2022 r Is this the first required return for a newly  SMSF auditor Auditor's name  Title	registered SMSF? B N		
	Is this an amendment to the SMSF's 2022 r Is this the first required return for a newly  SMSF auditor Auditor's name  Family name First given name	registered SMSF? B N  Mr  Boys  Anthony		
	Is this an amendment to the SMSF's 2022 r Is this the first required return for a newly  SMSF auditor Auditor's name  Family name First given name Other given names  SMSF Auditor Number	mr Boys Anthony William		
	Is this an amendment to the SMSF's 2022 r Is this the first required return for a newly  SMSF auditor Auditor's name  Title  Family name  First given name  Other given names  SMSF Auditor Number  Auditor's phone number  Use Agent  Postal address	mr Boys Anthony William  100 014 140		
	Is this an amendment to the SMSF's 2022 r Is this the first required return for a newly  SMSF auditor Auditor's name  Family name First given name Other given names  SMSF Auditor Number  Auditor's phone number	registered SMSF? B N  Mr  Boys  Anthony  William  100 014 140  61 0410712708		
	Is this an amendment to the SMSF's 2022 r Is this the first required return for a newly  SMSF auditor Auditor's name  Title  Family name  First given name  Other given names  SMSF Auditor Number  Auditor's phone number  Use Agent  Postal address	registered SMSF? B N  Mr  Boys  Anthony  William  100 014 140  61 0410712708	SA	5000
	Is this an amendment to the SMSF's 2022 r Is this the first required return for a newly  SMSF auditor Auditor's name  Title  Family name  First given name  Other given names  SMSF Auditor Number  Auditor's phone number  Use Agent  Postal address	Mr Boys Anthony William  100 014 140 61 0410712708  PO Box 3376	SA	5000
	Is this an amendment to the SMSF's 2022 r Is this the first required return for a newly  SMSF auditor Auditor's name  Title  Family name  First given name  Other given names  SMSF Auditor Number  Auditor's phone number  Use Agent  Postal address	Mr Boys Anthony William 100 014 140 61 0410712708 PO Box 3376  Rundle Mall		5000
	Is this an amendment to the SMSF's 2022 r Is this the first required return for a newly  SMSF auditor Auditor's name  Title  Family name  First given name  Other given names  SMSF Auditor Number  Auditor's phone number  Use Agent  Postal address	mr Boys Anthony William  100 014 140 61 0410712708  PO Box 3376  Rundle Mall  Date audit was completed A 21/03/2023		5000

SMSF Return 2022 Span Super Fund XXXX XXXXXXXX Page 2 of 10

	This account is used		: <b>details</b> ns and rollovers. Do no	t provide a tax age	nt account here.	
	Fund BSB number	012547	Fund account nur	nber 4301465	01	
	Fund account name		J			
	SPAN Super PL	ATF SPAN SU	PER FUND			
	I would like my tax re	funds made to this a	nccount. N Print Y for or N for n		to C.	
	B Financial institution	on account details	s for tax refunds		Us	se Agent Trust Account?
	This account is used	for tax refunds. You	can provide a tax ager	nt account here.		
	BSB number	032189	Account nur	nher 146586		
			/toodant man			
	Account name					
	Giftcorp PL (	Client Money	Acc			
_	C Electronic service	address alias				
	Provide the electronic	service address alia	as(ESA) issued by your nstructions for more info	SMSF messaging prmation.	provider.	
	BGLSF360	<u>,                                      </u>				
				x	XXXXX XXX XX	XXX XXXXXX XXXXXX XXXX
;	Status of SMSF	Australian superar	nnuation fund A	Y	Fund benefi	it structure B A Co
		rust deed allow acce iment's Super Co-coi Low Income Sup	ntribution and	Y		
١.	Was the fund wound	un during the inc				
		up during the inc		n Year		or to down out
Г	N Print <b>Y</b> for yes	If yes, provide the o	Day Month	n Year	ar	ax lodgment nd payment
Г	Drint V for was	_	Day Month	n Year	ar	
	N Print <b>Y</b> for yes or <b>N</b> for no.	If yes, provide the owhich the fund was	Day Month	n Year	ar	nd payment
	N Print <b>Y</b> for yes	If yes, provide the ownich the fund was	date on s wound up		ar obligations	nd payment
E C	N Print Y for yes or N for no.  Exempt current pension of the fund pay retirement.	If yes, provide the of which the fund was ion income ent phase superannual or for current pension	Day Month date on s wound up  ation income stream be income, you must pay a	nefits to one or mor	ar obligations re members	N Print Y for yes or N for no.
. [] . [] . []	N Print Y for yes or N for no.  Exempt current pension the fund pay retirement the income year?  To claim a tax exemption	If yes, provide the of which the fund was ion income and phase superannual for current pension current pension income	Day Month date on s wound up  ation income stream be income, you must pay a	nefits to one or mor	ar obligations re members	N Print Y for yes or N for no.
[:	Print Y for yes or N for no.  Exempt current penson the fund pay retirement the income year?  To claim a tax exemption the law. Record exempt  If No, Go to Section B: In	If yes, provide the of which the fund was ion income and phase superannual for current pension current pension income	ation income stream be income, you must pay a ome at Label A.	nefits to one or mor	ar obligations re members	N Print Y for yes or N for no.
[ :	Print Y for yes or N for no.  Exempt current pension the fund pay retirement the income year?  To claim a tax exemption the law. Record exempt  If No, Go to Section B: In	If yes, provide the of which the fund was ion income ent phase superannual for current pension current pension income enterprise pension income enterprise among the come enterprise income enterprise	ation income stream be income, you must pay a ome at Label A.	nefits to one or mor	ar obligations re members	N Print Y for yes or N for no.
[ :	Print Y for yes or N for no.  Exempt current pensions Did the fund pay retirement the income year?  To claim a tax exemption the law. Record exempt  If No, Go to Section B: In the income year?  Which method di	If yes, provide the of which the fund was ion income ent phase superannual for current pension current pension income enterprise pension income enterprise among the come enterprise income enterprise	ation income stream be income, you must pay a ome at Label A.  unt A	nefits to one or mor	ar obligations re members	N Print Y for yes or N for no.
	Print Y for yes or N for no.  Exempt current pensions of N for no.  Exempt current pension of N for no.  To claim a tax exemption the law. Record exempt of the law. Record exempt of No, Go to Section B: In the law for N fo	If yes, provide the of which the fund was ion income ent phase superannual in for current pension current pension income enterior income enter	ation income stream be income, you must pay a ome at Label A.  unt A  te your exempt current od B	nefits to one or mor	ar obligations re members m benefit payme	N Print Y for yes or N for no.
	Print Y for yes or N for no.  Exempt current pensions of N for no.  Exempt current pension of N for no.  To claim a tax exemption the law. Record exempt of the law. Record exempt of No, Go to Section B: In the law for N fo	If yes, provide the of which the fund was ion income ent phase superannual infor current pension current pension income enteresion enteresion income enteresion entere	ation income stream be income, you must pay a ome at Label A.  unt A  te your exempt current od B  od C Was a	nefits to one or more at least the minimum pension income?	ar obligations re members m benefit payme	N Print Y for yes or N for no.  Print Y for yes or N for no.

# 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.

Income	Did you have a capital gains ta (CGT) event during the year		Print Y for yes or N for no.		\$10,000 or you and the deferred	elected to notional	total capital gain is greated use the transitional CGT gain has been realised, costax (CGT) schedule 202	relief in 201° omplete
	Have you applied a exemption or rollover		Print Y for yes or N for no.	Code		3	(,	
					Net capital gain	Α		
		Gross	rent and other I	easing an	d hiring income	В		
					Gross interest	С	9'	7
			Fore		ged investment scheme income			
Gross for	reign income							Loss
D1				Net	foreign income	D		
	Austr	alian frankin	ng credits from a	a New Ze	aland company	Ε		
					Transfers from foreign funds			Number
O-landation of				Gross p	ayments where ABN not quoted	Н		Loss
	assessable contributions ble employer contributions				oss distribution m partnerships			
R1	21,676 able personal contributions			* Unfi	ranked dividend amount			
R2	0			* F	ranked dividend amount			
1	N-quoted contributions			* D	ividend franking credit			
(an amount mus	olust be included even if it is zero)				* Gross trust	M		Code
	of liability to life the company or PST				distributions			
R6	0				e contributions lus R3 less R6)		21,670	5
Calculation of	non-arm's length income							
* Net non-	-arm's length private pany dividends							Code
U1					* Other income	S		
plus * Net non	n-arm's length trust distributions				essable income to changed tax status of fund	T		
I -	er non-arm's length income		Net non	-arm's lei	ngth income o 45% tax rate)			
U3					lus U2 plus U3)			
#This is a man * If an amount instructions to treatment has	is entered at this label, check the ensure the correct tax			<b>G</b> (Sum c	ROSS INCOME of labels A to U)	W		Loss
	••	_	Exemp	ot current	pension income	Υ		
			TOTAL	. ASSESS	SABLE INCOME (W less Y)		21,77	Loss

XXXX XXXXXXXXX

XXX XXX XXX

# 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 expense within Austra	es A1	A2
Interest expense oversea	es B1	B2
Capital wor expenditu	ks D1	D2
Decline in value depreciating asse		E2
Insurance premiums membe	S- ers <b>F1</b>	F2
SMSF auditor for	ee <b>H1</b> 605	H2
Investment expens	es <b>[1</b> 722	12
Management ar administration expens	nd des J1 4,117	J2
Forestry managi investment scheme expen	ed se U1	U2
Other amour	nts L1	L2 Code
Tax losses deducte	ed <b>M1</b> 2,518	
	TOTAL DEDUCTIONS 7,962 (Total A1 to M1)	TOTAL NON-DEDUCTIBLE EXPENSES  O  (Total A2 to L2)
#This is a mandatory label.	#TAXABLE INCOME OR LOSS O 13,811  (TOTAL ASSESSABLE INCOME less TOTAL DEDUCTIONS)	TOTAL SMSF EXPENSES  7,962 (N plus Y)

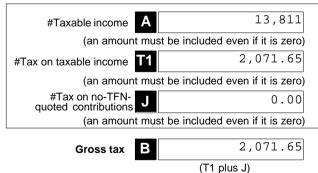
### Section D: Income tax calculation statement

#### #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 2022 on how to complete the calculation statement.



Foreign income tax offset	
C1	Non-refundable non-carry
Rebates and tax offsets	forward tax offsets
C2	0.00
	(C1 plus C2)
	SUBTOTAL 1
	<b>T2</b> 2,071.65
	(B less C –cannot be less than zero)
	(
Early stage venture capital limited partnership tax offset	
D1	
Early stage venture capital limited partnership	Non-refundable carry
tax offset carried forward from previous year  D2	Non-refundable carry forward tax offsets
	<b>D</b> 0.00
Early stage investor tax offset	(D1 plus D2 plus D3 plus D4)
Early stage investor tax offset carried forward from previous year	SUBTOTAL 2
D4	<b>T3</b> 2,071.65
	(T2 less D -cannot be less than zero)
Complying fund's franking credits tax offset	
No-TFN tax offset	
E2	
National rental affordability scheme tax offset	
E3	
Exploration credit tax offset	Refundable tax offsets
E4	0.00
	(E1 plus E2 plus E3 plus E4)
	0.081.65
	#TAX PAYABLE T5 2,071.65
	(T3 less E - cannot be less than zero)
	On attendant Annual Control of Control

Fund's tax file number (TFN) XXX XXX XXX

#This is a mandatory label.  Total amount of tax payable  (T5 plus G less H less I less K plus L less M plus N)  Tax losses carried forward to later income years  Tax losses carried forward to later income years		Fullu S tax file fluifiber (1FN) AAAAAAAA
#This is a mandatory label.  Eligible credits  #Total amount of tax payable  #Total amount of ta	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)  H3  Credit for TFN amounts withheld from payments from closely held trusts	Fullu's tax file fluifiber (TFN)
(Remainder of refundable tax offsets)  (unused amount from label Ean amount must be included even if it is zero  PAYG instalments raised  K Supervisory levy L 259.00  Supervisory levy adjustment for wound up funds  M Supervisory levy adjustment for new funds  N  Total amount of tax payable  (T5 plus G less H less I less K plus L less M plus N)  Pattinis is a mandatory label.  Tax losses  Losses  If total loss is greater than \$100,000, complete and attach a Losses	Credit for foreign resident capital gains withholding amounts	H 0.00
#This is a mandatory label.  Total amount of tax payable  #Total amount of tax payable  (T5 plus G less H less I less K plus L less M plus N)  #Total loss is greater than \$100,000, complete and attach a Losses  Tax losses carried forward to later income years		(Remainder of refundable tax offsets)
#This is a mandatory label. (T5 plus G less H less I less K plus L less M plus N)  ection E: Losses Losses  If total loss is greater than \$100,000, complete and attach a Losses		Supervisory levy  L 259.00  Supervisory levy adjustment for wound up funds  M  Supervisory levy adjustment for new funds
Losses  If total loss is greater than \$100,000, complete and attach a Losses  Tax losses carried forward to later income years	#This is a mandatory label.	
complete and attach a Losses		
schedule 2022.  Net capital losses carried forward to later income years	complete and attach a Losses	Net capital losses carried
Net capital losses brought forward from prior years  Non-Collectables  Collectables  Net capital losses carried forward to later income years	Non-Collectables from prior years	

# Section F / Section G: Member Information

			See the Privacy	note in t	he Declaration.	Member
Title	Mr		Member'sTFN	XXX	XXX XXX	1
Familyname	Johnson					Account status
First given name	Nicholas				v v	O Code
Other given names						
	Date of birth 19	/06/1974	If deceas date of de			
			DENING ACCOUNTS			1.00
Contributions		OF	PENING ACCOUNT BA	ALANC	<u> </u>	
Refer to instruction	ons for completing	these labels.		_	Proceeds from prima	ary residence disposal
Employer contrib	utions				Receipt date	
A	21,676.00				H1	
ABN of principal	employer	J			ssessable foreign s	superannuation
A1				Ī	und amount	
Personal contribu	utions_	_			Non-assessable fore	eign superannuation
В				f	und amount	
	ess retirement exer	nption			Transfer from reserv	ve.
С				а	assessable amount	
CGT small busin				_	K	
D	•••	]			Fransfer from reserv non-assessable amo	
Personal injury e	lection	J			L	
<b>=</b>		]		C	Contributions from no nd previously non-co	on-complying funds
Spouse and child	d contributions	_		Ī	T	
F				A	ny other contribution super Co-contribution	ns (including
Other third party	contributions	_		S I	Super Co-contribution ncome Super Amoui	ns and low nts)
G					M	
	TOTAL	_ CONTRIBUTION:	2 N 2	1,676	5 00	
	IOTAL	CONTRIBUTION	(Sum of label			
ther transaction	ne		(0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		•	
	nase account balar	200			Allocated earnings o	r losses Loss 7,419.37 L
S1	354,675.63	¬		_		
	se account balance	]			nward rollovers and 34	transfers 40,417.65
- Non CDBIS		,				
S2	0.00	]			Outward rollovers an	nd transfers
Retirement phas -CDBIS	se account balance					
S3	0.00				ump Sum payments	; Code
					ncome stream paym	ents Code
					<u> </u>	
0 TF	RISCount	CL	OSING ACCOUNT BAL	ANCE	<b>S</b> 3!	54,675.28
		,_			(S1 plus S2 plus	S S3)
			Accumulation phase v	/alue	<b>X1</b> 35	54,675.63
			Retirement phase	value 2	X2	0.00
			Outstanding limited reco	ourse	Y	0.00
		bo	rrowing arrangement am	ount	ഥ	3.00

SMSF Return 2022	Span Super Fund	XXXX XXXXXXXX	Page 8 of 10

15	<b>ASSETS</b>

15a	Australian managed investments	Listed trusts	A					
		Unlisted trusts	B 50,000					
		Insurance policy	С					
		Other managed investments	D					
15b	Australian direct investments	Cash and term deposits	<b>E</b> 309,536					
		Debt securities						
	Limited recourse borrowing arrangements							
	Australian residential real property	Loans	G					
	J1	Listed shares	Н					
	Australian non-residential real property  J2	Unlisted shares						
	Overseas real property  J3	Limited recourse borrowing arrangements	0					
	Australian shares	Non-residential real property	K					
	J4 Overseas shares	Residential real property	L					
	J5	Collectables and personal use assets	M					
	Other	Other assets	0					
	Property count							
	J7							
15c	Other investments	Crypto-Currency	N					
15d	Overseas direct investments	Overseas shares	P					
		Overseas non-residential real property	Q					
		Overseas residential real property	R					
		Overseas managed investments	S					
		Other overseas assets						
		5.110. 370.0000 00000						
		TOTAL AUSTRALIAN AND OVERSEAS ASSETS (Sum of labels A to T)	<b>U</b> 359,536					
15e	In-house assets							
.00	Did the fund have a loan to related parties (k	, lease to or investment in, nown as in-house assets) e end of the income year?  A Print Y for yes or N for no.						
15f	Limited recourse borrowing arrangement	nts						
	If the fund had be							
Did the members or related parties of the fund use personal guarantees or other security for the LRBA?  B  Print Y for yes or N for no.								
_								

# 16 LIABILITIES

Borrowings for limited recourse borrowing arrangements						
V1						
Permissible temporary borrowings  V2						
Other borrowings V3	Borrowings	<b>V</b> 0				
(total of all C	Total member closing account balances (LOSING ACCOUNT BALANCEs from Sections F and G)					
	X					
	Other liabilities	Y 4,861				
	TOTAL LIABILITIES	<b>Z</b> 359,536				
Section I: Taxation of financial arrar						
	Total TOFA gains	Н				
	Total TOFA losses					
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 2021–22 income year, write 2022).						
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 2022.						
or fund is making one or more	tion, write the earliest income year specified. If the trust elections this year, write the earliest income year being sed entity election or revocation 2022 for each election.					
	oking an interposed entity election, print R, and complete attach the Interposed entity election or revocation 2022.	D				

SMSF Return 2022 Span Super Fund XXXX XXXXXXXXX Page 10 of 10

#### Section K: Declarations

Penalties may be imposed for false or misleading information in addition to penalties relating to any tax shortfalls.

#### Important

Before making this declaration check to ensure that all income has been disclosed and the annual return, all attached schedules and any additional documents are true and correct in every detail. If you leave labels blank, you will have specified a zero amount or the label was not applicable to you. If you are in doubt about any aspect of the annual return, place all the facts before the ATO.

#### **Privacy**

The ATO is authorised by the Taxation Administration Act 1953 to request the provision of tax file numbers (TFNs). We will use the TFN to identify the entity in our records. It is not an offence not to provide the TFN. However if you do not provide the TFN, the processing of this form may be delayed.

Taxation law authorises the ATO to collect information and disclose it to other government agencies. For information about your privacy go to ato.gov.au/privacy.

#### TRUSTEE'S OR DIRECTOR'S DECLARATION:

I declare that, the current trustees and directors have authorised this annual return and it is documented as such in the SMSF's records. I have received a copy of the audit report and are aware of any matters raised therein. The information on this annual return, including any attached schedules and additional documentation is true and correct.

Authorised trustee's, director's or publ	ic officer's	signature						
						Day Month Ye		
					Date	21/03/202	23	
Preferred trustee or director con	tact detail	s:						
	Title	Mr						
Fa	Johnson							
First gi	Nicholas							
Other giv								
		Area code	Number					
Pho	ne number	61	04395827	17				
Ema	il address	heather@sunshinecoastax.com.au						
Non-individual trustee name (if a	pplicable)	Span Super Pty Ltd						
ABN of non-individu	ial trustee	NN NNN NNI	I NNN					
7.2.7 0. 1.0.7 1					Llua			
		Time taken to p	Time taken to prepare and complete this annual return					
The Commissioner of Taxation, as F	Registrar of t	the Australian Bu	siness Registe	er, may use the ABN a	and business	details which vo	ou	
provide on this annual return to mai								
TAV ACENTIC DECL ADATION								
TAX AGENT'S DECLARATION:    HEATHER LYNNE BYRNE	1							
declare that the Self-managed sup		n fund annual ret	urn 2022 has b	peen prepared in acco	rdance with	information prov	vided	
by the trustees, that the trustees h the trustees have authorised me to	ave given m	ne a declaration s						
	louge tills	annuar return.				Day Month Yea		
Tax agent's signature					Date	21/03/202	3	
Tax agent's contact details					_			
Title	Ms							
Family name	Byrne							
First given name	Heather							
Other given names								
Tax agent's practice	taxsunshinecoast.com.au							
Area code Number								
Tax agent's phone number	61	0439582	1717					
Tax agent number	0605801	L5		Reference number	SPASUPE	:R		

Sensitive (when completed)

Detailed