Self-managed superannuation **2021** fund annual return

Who should complete this annual return? To complete this annual return Only self-managed superannuation funds (SMSFs) can complete ■ Print clearly, using a BLACK pen only. this annual return. All other funds must complete the Fund ■ Use BLOCK LETTERS and print one character per box. income tax return 2021 (NAT 71287). M TH 8 Т S The Self-managed superannuation fund annual return Place $|\mathcal{X}|$ in ALL applicable boxes. instructions 2021 (NAT 71606) (the instructions) can assist you to complete this annual return. Postal address for annual returns: The SMSF annual return cannot be used to notify us of a Australian Taxation Office change in fund membership. You must update fund details GPO Box 9845 via ABR.gov.au or complete the Change of details for [insert the name and postcode superannuation entities form (NAT 3036). of your capital city] For example; Australian Taxation Office GPO Box 9845 SYDNEY NSW 2001 Section A: Fund information To assist processing, write the fund's TFN at 1 Tax file number (TFN) Provided 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) Vlos Family Super Fund 65712218440 Australian business number (ABN) (if applicable) 3 **Current postal address** 4 PO Box 3685 Suburb/town State/territor Postcode 5000 Rundle Mall SA 5 Annual return status Is this an amendment to the SMSF's 2021 return? Yes Is this the first required return for a newly registered SMSF? B No Yes

6 SMSF auditor

Auditor's name Title: Mr X Mrs Miss Ms Other		
Family name		
Boys		
First given name Other given names		
Anthony William		
SMSF Auditor Number Auditor's phone number		
100014140 0410712708		
Postal address		
PO Box 3376		
Suburb/town	State/territory	Postcode
Rundle Mall	SA	5000
Date audit was completed A A A A A A A A A A A A A A A A A A A		
Was Part A of the audit report qualified? B No X Yes		
Was Part B of the audit report qualified? C No X Yes		
If Part B of 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 083419	Fund account number 774333001	
Fund account name		
Vlos Family Super Fund		

I would like my tax refunds made to this account. \mathbf{X} 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 name

Account number

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.

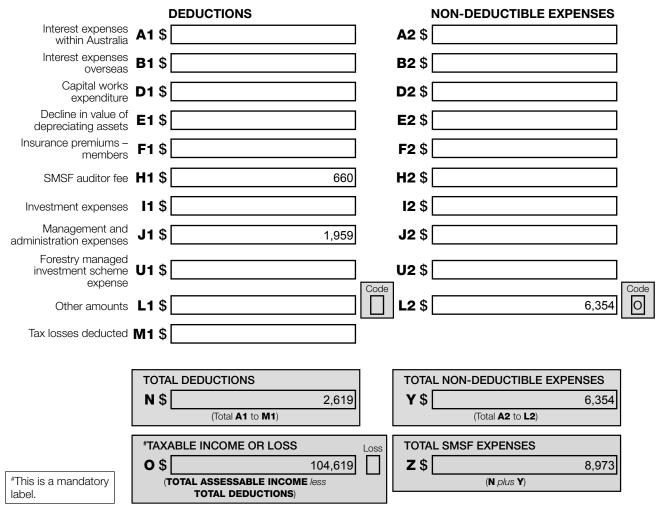
	Tax File Number Provided
8	Status of SMSF Australian superannuation fund A No Yes Yes Fund benefit structure B A Code Does the fund trust deed allow acceptance of the Government's Super Co-contribution and Low Income Super Amounts? C No Yes Yes X
9	Was the fund wound up during the income year? No X Yes) 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 X Go to Section B: Income. Yes A S Segregated assets method Mas an actuarial certificate obtained? D Yes A Section B
	 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.

Section B: Income			
Do not complete this section if all superann the retirement phase for the entire year, there notional gain. If you are entitled to claim any t	e was no other incom	e that was asses	sable, and you have not realised a deferred
11 Income Did you have a capital gains tax (CGT) event during the year? G	No 🗙 Yes 🚺	\$10,000 or you e 2017 and the de	l loss or total capital gain is greater than elected to use the transitional CGT relief in ferred notional gain has been realised, ach a <i>Capital gains tax (CGT) schedule 2021</i> .
Have you applied an exemption or rollover?	No X Yes	Code	
	Net capital gain	A \$	
Gross rent and other leasi	ng and hiring income	в\$	
	Gross interest	C \$	
Forestry	managed investment scheme income	x \$	
Gross foreign income			Loss
D1 \$	Net foreign income	D \$	
Australian franking credits from a Ne	ew Zealand company	E \$	
	Transfers from foreign funds	F \$	Number 0
Gr	oss payments where	н \$	
Calculation of assessable contributions Assessable employer contributions	ABN not quoted Gross distribution	1\$	
R1 \$	from partnerships *Unfranked dividend		
plus Assessable personal contributions	amount	J \$	
R2 \$ 80,000	*Franked dividend amount	К\$	
plus **No-TFN-quoted contributions	*Dividend franking credit	L \$	
R3 \$ 0 (an amount must be included even if it is zero)	*Gross trust distributions	М\$	27,238 P
less Transfer of liability to life insurance company or PST	Assessable		
R6 \$	contributions (R1 plus R2 plus R3 less R6)	R \$	80,000
Calculation of non-arm's length income			Code
*Net non-arm's length private company dividends	*Other income	S \$	
plus *Net non-arm's length trust distributions	*Assessable income due to changed tax	т \$	
U2 \$	status of fund	÷	
plus *Net other non-arm's length income U3 \$	Net non-arm's length income (subject to 45% tax rate) (U1 plus U2 plus U3)	U \$	
#This is a mandatory	GROSS INCOME		
*If an amount is	(Sum of labels A to U)	W \$	107,238
entered at this label, check the instructions	rrent pension income	Y \$	
to ensure the correct tax treatment has TOTAL AS	SESSABLE NE (W less Y) V \$		107,238
been applied.			

Section C: Deductions and non-deductible expenses

12 Deductions and non-deductible expenses

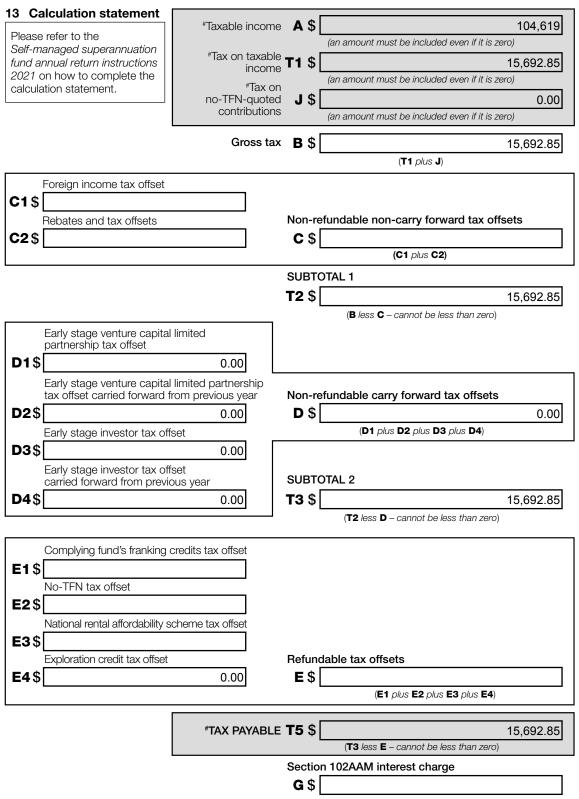
Under 'Deductions' list all expenses and allowances you are entitled to claim a deduction for. Under 'Non-deductible expenses', list all other expenses or normally allowable deductions that you cannot claim as a deduction (for example, all expenses related to exempt current pension income should be recorded in the 'Non-deductible expenses' column).

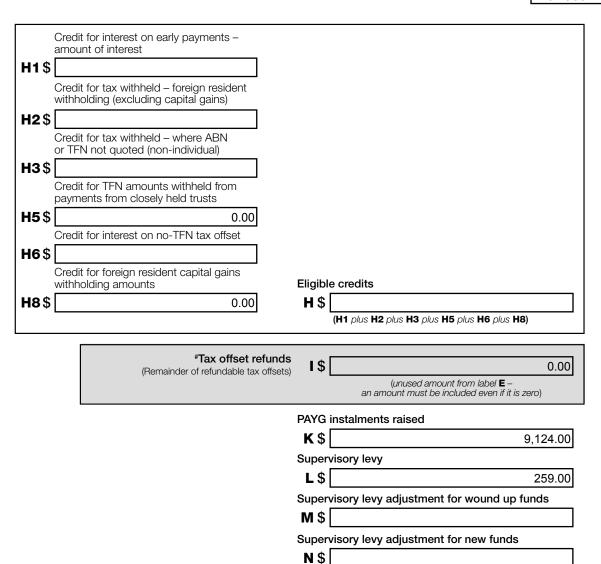


Section D: Income tax calculation statement

#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.



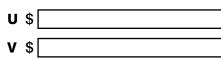


AMOUNT DUE OR REFUNDABLE A positive amount at **S** is what you owe, while a negative amount is refundable to you. (T5 plus **G** less **H** less **I** less **K** plus **L** less **M** plus **N**)

"This is a mandatory label.

Section E: Losses

If total loss is greater than \$100,000, complete and attach a Losses schedule 2021. Tax losses carried forward to later income years Net capital losses carried forward to later income years



mber	Provide

	Tax File Number Provided	
Section F: Member informat	tion	
MEMBER 1		
Title: Mr X Mrs Miss Ms Other		
Family name		
Wloszczak		
First given name	Other given names	
Andrzej		
Member's TFN See the Privacy note in the Declaration. Provided	ed Date of birth Provided	
Contributions OPENING ACCO	OUNT BALANCE \$ 67,871.02	
Refer to instructions for completing these lab	abels. Proceeds from primary residence disposal	
Employer contributions	Dessint data	
A \$		
ABN of principal employer A1	Assessable foreign superannuation fund amount	
Personal contributions		
	Non-assessable foreign superannuation fund amount	
CGT small business retirement exemption		
C \$		
CGT small business 15-year exemption an		
D \$	Hanslei Honneseive. Hon assessable amount	
Personal injury election		
E \$	Contributions from non-complying funds and previously non-complying funds	
Spouse and child contributions	T \$	
F \$	Any other contributions	
 Ψ Other third party contributions 	(including Super Co-contributions and Low Income Super Amounts)	
G \$	M \$	
• •		
TOTAL CONTRIBUTION	NS N \$ 25,000.00	
	(Sum of labels A to M)	
Other transactions All	Allocated earnings	DSS L
Accumulation phase account balance	Inward rollovers and P \$	
S1 \$ 92,699.40	transfora	
	- Outward	
Retirement phase account balance – Non CDBIS	rollovers and Q \$	
S2 \$ 0.00		
	payments RIS	
Retirement phase account balance – CDBIS		ode
S3 \$ 0.00	stream R2 \$	
	payments	
0 TRIS Count CLOSING ACCO	COUNT BALANCE S \$ 92,699.40	
	(S1 plus S2 plus S3)	
^		
Accumula	lation phase value X1 \$	
Retirem	ment phase value X2 \$	
Outstanding	g limited recourse v ¢	
	g limited recourse Y \$	
Page 8 OFFI	FICIAL: Sensitive (when completed)	

MEMBER 2	
Tamily name WIoszczak	
First given name Other given names Barbara Image: Context of the second	
Member's TFN Provided Date of birth Provided See the Privacy note in the Declaration. Provided Provided Provided	
Contributions OPENING ACCOUNT BALANCE \$ 68,198.91	
 Refer to instructions for completing these labels. Proceeds from primary residence disposal H \$ 	
Employer contributions	
A \$ H1 / / /	
ABN of principal employer Assessable foreign superannuation fund amount	
A1 I \$	
nalisie nonreserve. assessable amount	
Personal injury election Contributions from non-complying funds and previously non-complying funds	
Spouse and child contributions T \$	
E C Any other contributions	
• Ψ (including Super Co-contributions and Low Income Super Amounts)	
G \$ M \$	
TOTAL CONTRIBUTIONS N \$ 25,000.00 (Sum of labels A to M)	
Other transactions Allocated earnings O \$ 154.88	
or losses	
Accumulation phase account balance rollovers and P \$	
S1 \$ 93,044.03 transfers	
Outward Retirement phase account balance Outward rollovers and Q \$	
- Non CDBIS	
payments ••• •	
Retirement phase account balance	
S3 \$ 0.00 stream R2 \$	
	_
0 TRIS Count CLOSING ACCOUNT BALANCE \$\$ 93,044.03	
(S1 plus S2 plus S3)	
Accumulation phase value X1 \$	
Retirement phase value X2 \$	
Outstanding limited recourse borrowing arrangement amount	
OFFICIAL: Sensitive (when completed) Page 9	

MEMBER 3					
Title: Mr X Mrs Miss	Ms Other				
Family name					
Wloszczak					
First given name		Other given name	es]
Michael				Day	Month Year
Member's TFN See the Privacy note in the [Declaration. Provided			Date of birth	Provided
Contributions	OPENING ACCOUN	NT BALANCE \$		1	91,977.17
Refer to instructions for	or completing these label	s. Pro	ceeds fro	m primary residence dispo	osal
Employer contribution	ons		ceipt date	Day Month	Year
A \$		H1			
ABN of principal em	ployer	Ass	essable fo	preign superannuation fund	d amount
A1			\$		
Personal contributio	-		n-assessa	able foreign superannuatio	n fund amount
B \$	15,00	0.00 J	\$		
	retirement exemption			n reserve: assessable amo	unt
- +	15-year exemption amo	K	\$		
D \$		Trai		n reserve: non-assessable	amount
Personal injury elect	ion		\$	from non-complying fun	40
E \$		anc	previous	s from non-complying fund Iy non-complying funds	15
Spouse and child co	ontributions	Т	\$		
F \$		Any	/ other co	ntributions per Co-contributions and	
Other third party cor	ntributions			Super Amounts)	
G \$		M	\$		
то	TAL CONTRIBUTIONS	N \$	ala A ta M	15,000.00	
		(Sum of lab	is a lo ivi,)	
Other transactions	Alloc	ated earnings or losses) \$		7,865.73
Accumulation phase	e account balance	Inward rollovers and	P \$		
S1 \$	214,842.90	transfers	Ť		
Retirement phase a		Outward rollovers and	ג \$		
– Non CDBIS		transfers	× •		Code
S2 \$	0.00	Lump Sum R.	1 \$		
Retirement phase a	ccount balance	payments n			
– CDBIS		Income stream	a ¢ 🗌		
S3 \$	0.00	payments	εψ		
	L				
0 TRIS Count	CLOSING ACCOU	INT BALANCE	S \$	2	14,842.90
				(S1 plus S2 plus S3)	
	Accumulatio	n phase value X	1 \$		
		nt phase value X			
	Outstanding lin borrowing arrange	ement amount	Y \$		
Page 10	OFFIC	AL: Sensitive (when cor	mpleted)	

MEMBER 4				
	1iss Ms Other]
Family name				
Wloszczak				
First given name		Other given names		
Nadia				
Member's TFN See the Privacy note in th	he Declaration. Provided		Date of birth	Month Year Provided
Contributions	OPENING ACCOU	NT BALANCE \$		68,703.03
Refer to instruction	as for completing these labe	ls. Proceeds fr	rom primary residence dis	posal
Employer contrib	outions	■ Ψ Receipt dat	te Day Month	Year
A \$		H1		Teal
ABN of principal	employer		foreign superannuation fu	nd amount
A1		I \$	0	
Personal contrib	utions		sable foreign superannuat	ion fund amount
B \$	15,00	0.00 J \$	• •	
	ess retirement exemption	Transfer fro	om reserve: assessable am	nount
C \$		К \$_		
	ess 15-year exemption amo	ount Transfer fro	om reserve: non-assessabl	e amount
D \$		L \$		
Personal injury e	lection		ons from non-complying fu	nds
E \$	deentrikutiene		usly non-complying funds	
Spouse and child F \$		+	contributions	
Γ ⊅ Other third party	contributions	(including S	Super Co-contributions an	d
G \$	Contributions	M \$	ne Super Amounts)	
• • [J
	TOTAL CONTRIBUTIONS	N \$	15,000.00	
		(Sum of labels A to I		
				Loss
Other transactions	Alloc	or losses 0 \$		1,386.97
		Inward _ t		
	nase account balance	rollovers and P \$		
S1 \$	85,090.00	transfers Outward		
	e account balance	rollovers and Q \$		
– Non CDBIS		transfers		Code
S2 \$	0.00	Lump Sum R1 \$		
	e account balance			Code
– CDBIS		Income stream R2 \$		
S3 \$	0.00	payments		
	٦ ^ـ]
0 TRIS Coun	t CLOSING ACCOL	JNT BALANCE S \$		85,090.00
			(S1 plus S2 plus S3)	
	Accumulatic	on phase value X1 \$		
		nt phase value X2 \$		
	Outstanding lir			J
	borrowing arrange			
	OFFIC	IAL: Sensitive (when co	ompleted)	Page 11

1

S ian managed investments ian managed investments organ direct investments organ direct investments organ residential real property alian non-residential real property	Listed trusts Unlisted trusts Insurance policy ther managed investments Cash and term deposits ts Debt securities	B C D	\$ [\$ [301,733	
ian direct investments ed recourse borrowing arrangemen alian residential real property	Insurance policy ther managed investments Cash and term deposits	C D	\$[\$[301,733	
ian direct investments ed recourse borrowing arrangemen alian residential real property	ther managed investments Cash and term deposits	D	\$[
ian direct investments ed recourse borrowing arrangemen alian residential real property	ther managed investments Cash and term deposits	D	\$[
ian direct investments ed recourse borrowing arrangemen alian residential real property	Cash and term deposits				
ed recourse borrowing arrangemen alian residential real property	ta			158,934	
S		F	-	100,001	
	Loans				
\$	Listed shares				
eas real property	Unlisted shares	I	\$_		
lian shares	Limited recourse borrowing arrangements	J	\$		
6	Non-residential	κ	\$		
eas shares	Residential		s [
			-		
3					
rty count	Other assets	0	\$L	40,031	
nvestments	Crypto-Currency	N	\$[
as direct investments	Overseas shares	Ρ	\$[
Overseas n	on-residential real property	Q	\$[
Overse	eas residential real property	R	\$[
Overs	seas managed investments	S	\$[
	Other overseas assets	Т	\$		
		U	\$[500,698	
		Limited recourse borrowing arrangements Limited recourse borrowing arrangements Non-residential real property Residential real property Collectables and personal use assets Other assets Other assets Other assets Overseas non-residential real property Overseas residential real property Overseas managed investments Other overseas assets Other overseas assets	Limited recourse J Limited recourse J Limited recourse J Limited recourse J Non-residential real property K Residential real property L Collectables and M personal use assets O Other assets O The sease of the sease	Limited recourse J \$ Limited recourse J \$ Limited recourse J \$ Limited recourse J \$ Non-residential K \$ Residential L \$ Residential L \$ Collectables and M \$ Collectables and M \$ Other assets O \$ Investments Crypto-Currency N \$ as direct investments Overseas shares P \$ Overseas non-residential real property Q \$ Overseas residential real property Q \$ Overseas managed investments S \$ Other overseas assets T \$ TOTAL AUSTRALIAN AND OVERSEAS ASSETS U \$ (Sum of labels A to T) See assets	eas real property Limited recourse J \$ Non-residential real property Residential L \$ Collectables and M \$ Collectables and M \$ Collectables and M \$ Other assets Other assets O \$ 40,031 Overseas shares P \$ Overseas non-residential real property Q \$ Overseas managed investments Overseas managed investments Sources assets TOTAL AUSTRALIAN AND OVERSEAS ASSETS U \$ 500,698 (Sum of labels A to T)

			Tax File Num	ber Provided
financial institution?				
LIABILITIES				
Borrowings for limited recourse borrowing arrangements				
V1 \$				
Permissible temporary borrowings				
V2 \$				
Other borrowings				
V3 \$	Borrowings	V	/ \$	
		w	\$	485,676
	Reserve accounts	X	\$	
	Other liabilities	Y	′\$	15,022
	TOTAL LIABILITIES	z	\$	500,698
	If the fund had an LRBA were the LRBA borrowings from a licensed financial institution? Did the members or related parties of the fund use personal guarantees or other security for the LRBA? LIABILITIES Borrowings for limited recourse borrowing arrangements V1 \$ Permissible temporary borrowings V2 \$ Other borrowings V3 \$ 	If the fund had an LRBA were the LRBA borrowings from a licensed financial institution? Did the members or related parties of the fund use personal guarantees or other security for the LRBA? LIABILITIES Borrowings for limited recourse borrowing arrangements V1 \$	If the fund had an LRBA were the LRBA borrowings from a licensed financial institution? A No Yes Did the members or related parties of the fund use personal guarantees or other security for the LRBA? B No Yes Scurity for the LRBA?	Limited recourse borrowing arrangements If the fund had an LRBA were the LRBA borrowings from a licensed financial institution? Did the members or related parties of the fund use personal guarantees or other security for the LRBA? B No Yes B orrowings for limited recourse borrowing arrangements V1 \$ Permissible temporary borrowings V2 \$ Other borrowings V3 \$ Borrowings A no Ya \$ Borrowings for limited recourse borrowings V2 \$ Other borrowings V3 \$ Borrowings Account balances (total of all CLOSING ACCOUNT BALANCEs from Sections F and G) Reserve accounts X \$ Reserve accounts

Section I: **Taxation of financial arrangements** 17 Taxation of financial arrangements (TOFA)

Total TOFA gains	Н	\$
Total TOFA losses	ı	\$

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 2020–21 income year, write 2021).	A
If revoking or varying a family trust election, print R for revoke or print V for variation, and complete and attach the <i>Family trust election, revocation or variation 2021.</i>	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 <i>Interposed entity election or revocation 2021</i> for each election.	c
If revoking an interposed entity election, print R , and complete and attach the <i>Interposed entity election or revocation 2021</i> .	D 🗌

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 public officer's signature

	Day Month Year
	Date / /
Preferred trustee or director contact details:	
Title: Mr X Mrs Miss Ms Other	
Wloszczak	
First given name Other given names	
Andrzej	
Phone number 08 82719555	
Email address	
Nan individual trustee name (if applicable)	
Non-individual trustee name (if applicable)	
ABN of non-individual trustee	
Time taken to prepare and complete this annual ret	urn Hrs
The Commissioner of Taxation, as Registrar of the Australian Business Register, provide on this annual return to maintain the integrity of the register. For further in	
TAX AGENT'S DECLARATION: I declare that the Self-managed superannuation fund annual return 2021 has beer provided by the trustees, that the trustees have given me a declaration stating tha correct, and that the trustees have authorised me to lodge this annual return. Tax agent's signature	
	Day Month Year
Tax agen <u>t's</u> contact details	
Title: Mr X Mrs Miss Ms Other	
Family name	
Lounder	
First given name Other given names	
Phillip	
Tax agent's practice	
PDK Financial Synergy Pty Ltd	
Tax agent's phone number Reference number	Tax agent number
08 82719555 VLOSSF	25452589

100017996BP

202%

Losses schedule

Companies and trusts that do not join consolidated groups should complete and attach this schedule to their 202F tax return. Superannuation funds should complete and attach this schedule to their 202F tax return. Print neatly in BLOCK LETTERS with a black or blue ballpoint pen only. Print one letter or number in each box. Do not use correction fluid or tape. Place X in all applicable boxes. Refer to *Losses schedule instructions 202F*, available on our website **ato.gov.au** for instructions on how to complete this schedule. **Tax file number (TFN)** Provided Name of entity Vlos Family Super Fund

Australian business number

65712218440

Part A - Losses carried forward to the 202%-2& income year - excludes film losses

1	Tax losses carried forward to later income years			
	Year of los	5	_	
	20€–2	FE	3	
	201J–G	€ (;[
	201Ì –1	J [<u>_</u>	
	201Ĭ –1	E		
	201Î –1			
	2011 –11 an earlier income year			
	Tota	l	ו	
	Transfer the amount at U to the Tax losses carrie	d foi	ward	I to later income years label on your tax return.

2 Net capital losses carried forward to later income years

Year of loss	
2020–21	H
2019–20	I
201Ì –19	J
201ï –1Ì	К
201Î –1Ï	L
2011 –11 and earlier income years	M
Total	V
Transfer the amount at V to the Net capital losses carried for	rward to later income years label on your tax return.

...

		•	Tax File Number Provided
Part B – Ownership and busi	ness continuity	y te	est – company and listed widely held trust only
Complete item 3 of Part B if a loss is being carried	forward to later income ye	ears	and the business continuity test has to be
satis ied in relation to that loss. Do not complete items 1 or 2 of Part B if, in the 20)20–21 income year, no los	ss ha	as been claimed as a deduction, applied
against a net capital gain or, in the case of compar			
1 Whether continuity of majority	Year of loss		
ownership test passed	2020–21	_	Yes No
Note: If the entity has deducted, applied,	2020 21	~	
transferred in or transferred out (as applicable) in the 2020–21 income year a loss incurred in	2019–20	В	Yes No
any of the listed years, print X in the Yes or No box to indicate whether the entity has satisfied	2018–19	С	Yes No
the continuity of majority ownership test in respect of that loss.	2017–18	Р	Yes No
	2017-18	U	
	2016–17	Ε	Yes No
	2015–16 and earlier	F	Yes No
	income years		
2 Amount of losses deducted/applied for whi		jorit	y ownership test is not passed but the
business continuity test is satisfied - exclude	es film losses	_	
	Tax losses	G	
	Net capital losses	Н	
3 Losses carried forward for which the busin applied in later years – excludes film losses	ess continuity test must	t be	satisfied before they can be deducted/
	Tax losses		[]
	100000	•	
	Net capital losses	J	
4 De ourrent veer less provisions apply?			
4 Do current year loss provisions apply? Is the company required to calculate its taxable inc			
the year under Subdivision 165-B or its net capital ga for the year under Subdivision 165-CB of the <i>Income</i>	in or net capital loss Tax Assessment Act	K	Yes No
<i>1997</i> (IŤAA 1997)?			
Part C – Unrealised losses – compan	iv only		
Note : These questions relate to the operation of Subdiv			
Has a changeover time occurred in relation to the con after 1.00pm by legal time in the Australian Capital Te		L	Yes No
11 November 1999?			
If you printed X in the No box at L, do not complete M,			
At the changeover time did the company satisfy the r net asset value test under section 152-15 of ITAA 199		Μ	Yes No
If you printed X in the No box at M , has the company it had an unrealised net loss at the changeover time?	determined	Ν	Yes No
If you printed X in the Yes box at N , what was the arr unrealised net loss calculated under section 165-115		0	

	Та	x File Number	Provided
Part D – Life insurance companies			
Complying superannuation class tax losses carried forward to later income years	Ρ		
Complying superannuation net capital losses carried forward to later income years	Q		
Part E – Controlled foreign company losses			
Current year CFC losses	м		
CFC losses deducted	Ν		
CFC losses carried forward	0		
Part F – Tax losses reconciliation statement			
Balance of tax losses brought forward from the prior income year	Α		
ADD Uplift of tax losses of designated infrastructure project entities	в		
SUBTRACT Net forgiven amount of debt	_		
	_		
ADD Tax loss incurred (if any) during current year	D		
ADD Tax loss amount from conversion of excess franking offsets	Ε		
SUBTRACT Net exempt income	F		
SUBTRACT Tax losses forgone	G		
SUBTRACT Tax losses deducted	H		
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		
Total tax losses carried forward to later income years	J		
Transfer the amount at J to the Tax losses carried for	ware	d to later income yea	rs label on your tax return.

Tax File Number Provided	
the schedule is not lodged with the income tax return you are required to sign and date the schedule.	
nportant lefore making this declaration check to ensure that all the information required has been provided on this form and any a o this form, and that the information provided is true and correct in every detail. If you are in doubt about any aspect of t lace 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**

Taxpayer's declaration

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

Signature

Andrzej Wloszczak	08 82719555			
Contact person	Daytime contact	number (in	iclude are	ea code)
	Date	/	/	/
		Day	Month	Year

202%

Capital gains tax (CGT) schedule

When completing this form

Print clearly, using a black or dark blue pen only.



- only. income tax return or the self-managed superannuation fund annual return.
 - Refer to the Guide to capital gains tax 202F available on our website at ato.gov.au for instructions on how to complete this schedule.

Use in conjunction with company, trust, fund

Do not use correction fluid or covering stickers.
 Sign next to any corrections with your full signature (not initials).

Tax file number (TFN)	Provided	

We are authorised by law to request your TFN. You do not have to quote your TFN. However, if you don't it could increase the chance of delay or error in processing your form.

Australian business number (ABN) 65712218440

Taxpayer's name

Vlos Family Super Fund

1 Current year capital gains and capital losses

Shares in companies		Capital gain	Capital loss
listed on an Australian securities exchange	Α\$		К\$
Other shares	в\$		L \$
Units in unit trusts listed on an Australian securities exchange	C \$		M\$
Other units	D \$		N \$
Real estate situated in Australia	Е\$		O \$
Other real estate	F \$		Р\$
Amount of capital gains from a trust (including a managed fund)	G \$		
Collectables	Н\$		Q \$
Other CGT assets and any other CGT events	I\$		R \$
Amount of capital gain previously deferred under transitional CGT relief for superannuation funds	S \$	0	Add the amounts at labels K to R and write the total in item 2 label A – Total current year capital losses .
Total current year capital gains	J \$		

100017996BW

		Tax File Number	Provided
2	Capital losses		
	- Total current year capital losses	A \$	
	Total current year capital losses applied	в\$	
	Total prior year net capital losses applied	C \$	
	Total capital losses transferred in applied (only for transfers involving a foreign bank branch or permanent establishment of a foreign financial entity)	D \$	
	Total capital losses applied	E \$	
		Add amounts at B , C and	d D.
3	Unapplied net capital losses carried forward		
	Net capital losses from collectables carried forward to later income years	A \$	
	Other net capital losses carried forward to later income years	в\$	
		Add amounts at A and B to label V - Net capital la to later income years or	osses carried forward
4	CGT discount		
	Total CGT discount applied	A \$	
5	CGT concessions for small business		
	Small business active asset reduction	A \$	
	Small business retirement exemption	в\$	
	Small business rollover	C \$	
	Total small business concessions applied	D \$	
		•	
6	Net capital gain		
	Net capital gain	A \$	
		1J less 2E less 4A less 5 zero). Transfer the amour capital gain on your tax	nt at A to label A – Net

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		Tax File Number	Provided
7	Earnout arrangements		
	Are you a party to an earnout arrangement? A Yes, as a buyer \square (Print \mathcal{X} in the appropriate box.)	Yes, as a seller	No
	If you are a party to more than one earnout arrangement, copy and attac details requested here for each additional earnout arrangement.	ch a separate sheet to thi	s schedule providing the
	How many years does the earnout arrangement run for?		
	What year of that arrangement are you in?		
	If you are the seller, what is the total estimated capital proceeds from the earnout arrangement? D \$		
	Amount of any capital gain or loss you made under E \$		
	Request for amendment		
	If you received or provided a financial benefit under a look-through earnout rig to seek an amendment to that earlier income year, complete the following:	ght created in an earlier ir	ncome year and you wish
	Income year earnout right created F		
	Amended net capital gain or capital losses carried forward G \$		/ [/
8	Other CGT information required (if applicable)		CODE
	Small business 15 year exemption – exempt capital gains ${f A}$		/
	Capital gains disregarded by a foreign resident B \$		
	Capital gains disregarded as a result of a scrip for scrip rollover $$ C \$		
	Capital gains disregarded as a result of an inter-company asset rollover $$ D \$		
	Capital gains disregarded by a demerging entity E \$		

Provided

Taxpayer's declaration

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

I declare that the information on this form is true and correct.	
Signature	
	Date Day Month Year
Contact name	
Andrzej Wloszczak	
Daytime contact number (include area code)	
08 82719555	

Electronic Lodgment Declaration (SMSF)

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	Name of Fund	Year
Provided	Vlos Family Super Fund	2021

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:

- All the information provided to the agent for the preparation of this tax return, including any applicable schedules is true and correct; and
 - I authorise the agent to lodge this tax return.

Signature of Partner, Trustee, or Director	Date	/	1

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, 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.

5WW≿ibhBUaY"	Vlös Family Super Fund		
Account Number	083419 774333001	Client Reference	VLOSSF

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

Signature	Date	/	/	

Tax Agent's 8 YWUfUfjcb

I declare that:

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- I have prepared this tax return in accordance with the information supplied by the partner, trustee, director or public officer
- I have received a declaration made by the entity that the information provided to me for the preparation of this tax return is true and correct; and
- I am authorised by the partner, trustee, director or public officer to lodge this tax return, including any applicable schedules.

Agent's signature […]			Date	1	1
Contact name	Phillip Lounder		Client Reference	VLOSSF	
Agent's Phone Num	ber 08 82719555	H	UI 5 [YbhBia VYf	25452589	