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.

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 However, you cannot lodge your tax return electronically if you do not quote your TFN.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

Not complete: 03/11/2021: 16:35

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 sour commitment to safegua		tralian Business Register (ABI	R) website (www.abr.g	ov.au) for further in	formation – it outlines	S
	an EFT direct debit s	some of your details will be pro ability from your nominated ac		al institution and the	e Tax Office's sponso	or
Tax file number (TFN)			Year	2021		
Name of partnership, trust, fund or entity	M J Hollman Su	perannuation Fund				
Total income or loss		Total deductions		Taxable income or loss		
I authorise my tax agent to	electronically transm	it this tax return via an approv	ed ATO electronic cha	annel.		
	ny aspect of the tax re	ensure that all income has be eturn, place all the facts befor				
 Declaration: I declare that the information provid the agent is authorised 	ed to the agent for th	e preparation of this tax retur urn.	n, including any applic	able schedules is to	rue and correct, and	_
Signature of partner, trustee or director				Date		
						<u>_</u>
for an EFT, all details below Important: Care should be Agent's Reference Number	gned by the partner, to must be completed. taken when completion 64941004	rustee or director prior to the	t of any refund will be		·]
L I authorise the refund to be		•	<u> </u>			İ
Signature	doposited directly to	the specified decount.	D	ate		
PA RT-C (a)	Inter	oosed entity electior	and-revocation	n (Section not requ	uired for this Return)	_
and that the informationand that the trustee for the purposes of	ation provided is true (s)/company/partners section 272-85 of Sc	vided on this form and any at and correct in every detail, s is/are making or revoking an thedule 2F to ITAA 1936 and to tole to make or revoke the elec	interposed entity elec	ction, the details of	which are set out abo	ove,
Signature of partner, trustee or			Da	ate		

Sensitive (when completed)

PART-C(b)	Family trust e	lection, revocation	or variation (Secti	on not required for this Return)
 and that the informati and that the trustee(s) for the purposes of se 		ct in every detail, ing or revoking a family trust to ITAA 1936 and that	election, the details of w	which are set out above, ke, vary or revoke the election i
Signature of trustee or if the trustee is a company, the public officer of the corporate trustee			Date	
PART D	Tax agent's cer	tificate (shared facil	ities only)	
	x return in accordance with the tration made by the entity that transfer, trustee, director or pub	t the information provided to	us for the preparation	of this tax return is true and
Agent's signature		Date	Client reference	MJHO70
Contact name	Catriona Rogers			

64941004

Agent's reference number

02 9267 7655

Agent's phone number

Not complete: 03/11/2021: 16:35

RN:100017882MS

Self-managed superannuation fund annual return

2021

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 2021* (NAT 71287).

The Self-managed superannuation fund annual return instructions 2021 (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).

Not complete: 03/11/2021: 16:35

Se	ection A: Fund information To assist processing, write the fund's
1	Tax file number (TFN) Tex file number (TFN) Tex file number (TFN)
	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)
M	J Hollman Superannuation Fund
3	Australian business number (ABN) (if applicable) 54 276 204 419
4	Current postal address
P	O Box 3125
Cul	ourb/town State/territory Postcode
	ONNELLS BAY State/territory Postcode NSW 2264
5	Annual return status Is this an amendment to the SMSF's 2021 return? A No X Yes
	Is this the first required return for a newly registered SMSF? B No X Yes

RN:100017882MS Self managed superannuation fund return 2021 Taxpayer/entity name: M J Hollman Superannuation Fund **SMSF** auditor 6 Auditor's name Mr X Mrs Other Title: Miss Family name Boys First given name Other given names Anthony SMSF Auditor Number Auditor's phone number 100 014 140 04 10712708 Postal address Box 3376 Suburb/town State/territory Postcode **RUNDLE MALL** SA 5000 Month Year Day Date audit was completed Was Part A of the audit report qualified? Yes Was Part B of the audit report qualified? Yes If Part B of the audit report was qualified, Χ **D** No Yes have the reported issues been rectified? 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. Fund's financial institution account details This account is used for super contributions and rollovers. Do not provide a tax agent account here. Fund BSB number Fund account number Fund account name I would like my tax refunds made to this account. Go to C. 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

provider. (For example, SMSFdataESAAlias). See instructions for more information..

Provide the electronic service address alias (ESA) issued by your SMSF messaging

Electronic service address alias

Taxpayer/entity name: M J Hollman Superannuation Fund

	Fund's tax file number (TFN)
8	Status of SMSF Australian superannuation fund A No Yes X 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 X
9	Was the fund wound up during the income year?
	No X Yes I 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 \$ 32589
	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 O 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.

Not complete: 03/11/2021: 16:35

RN:100017882MS

Taxpayer/entity name: M J Hollman Superannuation Fund

ΗN	RN:100017882MS		
TFN			

Section B: Income

Do not complete this section if all superannuation interests in the SMSF were supporting superannuation income streams in the retirement phase for the entire year, there was no other income that was assessable, and you have not realised a deferred notional gain. If you are entitled to claim any tax offsets, you can record these at Section D: Income tax calculation statement.

If the total capital loss or total capital gain is greater than\$10,000

1 Income Did you have a capital gains tax	(C Na [V] Vaa [¬ \omega or you elected to use	s or total capital gain is greater than\$10,000 the transitional CGT relief in 2017 and the
(ČGT) event during the year?		Capital gains tax (CG	n has been realised, complete and attach a GT) schedule 2021.
Have you applied ar exemption or rollover?		Code	
	Net capital gain	A \$	-00
Gross rent and other lea	using and hiring income	В\$	-90
	Gross interest	C \$	-00
Forestr	y managed investment scheme income	X \$	-90
Gross foreign income			Loss
D1 \$	Net foreign income	D \$	-00
Australian franking credits from a I	New Zealand company	E \$	- 60 Number
	Transfers from foreign funds	F \$	-00
(Gross payments where ABN not quoted	н \$	-00
Calculation of assessable contributions Assessable employer contributions	Gross distribution from partnerships	I \$	-90 Loss
R1 \$ -90	*Unfranked dividend amount	J \$	-00
plus Assessable personal contributions R2 \$ -90	*Franked dividend	K \$	-00
plus **No-TFN-quoted contributions	*Dividend franking	L \$	-00
R3 \$ 0 -00 (an amount must be included even if it is zero,	*Grace truet	M \$	- 90 Code
less Transfer of liability to life insurance company or PST			
R6 \$ -00	Assessable contributions (R1 plus R2 plus R3 less R6)	R \$	0 -00
Calculation of non-arm's length income *Net non-arm's length private company dividence	70		Code
U1 \$ -90	"Other income	S \$	-00
plus *Net non-arm's length trust distributions U2 \$	*Assessable income due to changed tax status of fund	т \$	-90
plus *Net other non-arm's length income	Net non-arm's	. [
U3 \$	length income (subject to 45% tax rate) (U1 plus U2 plus U3)	U \$	-00
#This is a mandatory label.	GROSS INCOME (Sum of labels A to U)	w \$	0 •90 Loss
*If an amount is	current pension income	Y \$	-90
check the instructions to ensure the correct tax treatment has	BLE INCOME (W less Y) V \$		0 -00 Loss

Not complete: 03/11/2021: 16:35

been applied.

Taxpayer/entity name: M J Hollman Superannuation Fund

RN:100017882MS

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).

CTIBLE EXPENSES	NON-DEDU		DEDUCTIONS	
-90	A2 \$	-00	.1 \$	Interest expenses within Australia
-90	B2 \$	-00	1 \$	Interest expenses overseas
-90	D2 \$	-00	1 \$	Capital works expenditure
-90	E2 \$	-00	1 \$	Decline in value of depreciating assets
-90	F2 \$	-00	:1 \$	Insurance premiums – members
275 -00	H2 \$	-90	1 \$	SMSF auditor fee
-90	I2 \$	-00	1 \$	Investment expenses
4604 -90	J2 \$	-00	1 \$	Management and dministration expenses
-00	U2 \$	-60	1 \$	Forestry managed investment scheme expense
-90	L2 \$	-00	.1 \$	Other amounts
		-00	1 \$	Tax losses deducted
ICTIBLE EXPENSES		,	TOTAL DEDUCTIONS	
4879 -00	Y \$	-00	N \$	
12 to L2)	(Total		(Total A1 to M1)	
ENSES	TOTAL SMSF EXP	Loss	*TAXABLE INCOME OR LOSS	
4879 -00	Z\$	-00	0 \$	
olus Y)			(TOTAL ASSESSABLE INCOME less	This is a mandatory

#I his is a mandatory label.

Not complete: 03/11/2021: 16:35

TOTAL DEDUCTIONS)

Taxpayer/entity name: M J Hollman Superannuation Fund

RN :100017882MS	
TFN	٦

Section D: Income tax calculation statement

#Important:

Not complete: 03/11/2021: 16:35

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.

ave specified a zero amount. 3 Calculation statement [
Please refer to the	#Taxable income	A \$		0 -90
Self-managed superannuation	#Toy on toyolala	ı	(an amount must be included even if it is ze	ero)
and annual return instructions	#Tax on taxable income			0.00
021 on how to complete the alculation statement.	#Tax on	. 1	(an amount must be included even if it is ze	ero)
	no-TFN-quoted contributions			0.00
	Continuations		(an amount must be included even if it is ze	ero)
	Gross tax	B \$		0.00
			(T1 plus J)	
Foreign income tax offset				
;1\$ <u> </u>	0.00			_
Rebates and tax offsets		ı	efundable non-carry forward tax offs	
2\$		C \$	(C1 plus C2)	0.00
		SUBTO	<u> </u>	
		T2 \$	JIAL I	0.00
Forly stage venture conital l	imitad	ΙΖΨ	(B less C – cannot be less than zero)	0.00
Early stage venture capital I partnership tax offset	irnited		(2 loos 2 carrier se locs triair 2016)	
01\$				
Early stage venture capital li				
tax offset carried forward fro	om previous year	Non-re	efundable carry forward tax offsets	
02\$		D\$	indicable carry forward tax offsets	
Early stage investor tax offs	et	– Ψ	(D1 plus D2 plus D3 plus D4)	
)3\$				
Early stage investor tax offs carried forward from previous		SUBTO	OTAL 2	
04\$	Jo your	T3 \$		
			(T2 less D – cannot be less than zero)	
Complying fund's franking o				
E1 \$	8579.05			
No-TFN tax offset				
2\$				
National rental affordability so	heme tax offset			
3\$				
Exploration credit tax offset		Refun	dable tax offsets	
E4 \$		E \$		8579.05
			(E1 plus E2 plus E3 plus E4)	
Γ	#			
	*TAX PAYABLE	155	(TO loss E. samet he has the	0.00
L			(T3 less E – cannot be less than zero)	
		Sectio	n 102AAM interest charge	
		C C		

RN	:1	00	017	7882	2MS
----	----	----	-----	------	-----

		Fund's tax file number (TFN)
	Credit for interest on early payments – amount of interest	
H1\$		
	Credit for tax withheld – foreign resident withholding (excluding capital gains)	
12 \$		
	Credit for tax withheld – where ABN or TFN not quoted (non-individual)	
13 \$		
	Credit for TFN amounts withheld from payments from closely held trusts	
H 5 \$	paymonts from closely field trades	
	Credit for interest on no-TFN tax offset	
H6\$		
	Credit for foreign resident capital gains	Elisabeta ann alba
uo ¢	withholding amounts	Eligible credits H \$
H8\$		(H1 plus H2 plus H3 plus H5 plus H6 plus H8)
	#Tax offset refund	ds ts) 1\$ 8579.05
	(Remainder of refundable tax offsets	ts) 5379.03 (unused amount from label E –
		an 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 \$
	AMOUNT DUE OR REFUNDABLI A positive amount at S is what you owe	-8320.05
	while a negative amount is refundable to you	Du. (T5 plus G less H less I less K plus L less M plus N)
This is	a mandatory label.	
	on F. Losses	
	ion E: Losses	T. I
4 Lo	sses	Tax losses carried forward to later income years
4 Lo	otal loss is greater than \$100,000, te and attach a Losses schedule	

Not complete: 03/11/2021: 16:35

Taxpayer/entity name: M J Hollman Superannuation Fund

RN	:100017882MS
TFN	

Section F: **Member information**

Section 1. Welliber IIII	Omnaud	ווכ				
MEMBER 1						
Title: Mr Mrs Miss Ms X	Other					
Family name]					
Hollman						
First given name		Other given nam	nes			
Lorraine		Gaye				
Member's TFN See the Privacy note in the Declaration.				Date of birth	Day Month	Year
Contributions	NING ACCOL	JNT BALANCE \$	5		286823.00	
Refer to instructions		Proceeds	from	orimary residence disp	000	
for completing these labels.		H \$	ПОПТ	oninary residence disp	<u>Joan</u>	
Employer contributions		Receipt c	late	Day Month	Year	
A \$		Н1				
ABN of principal employer		Assessab	le forei	gn superannuation fund	amount	
A1 \$		I \$		<u> </u>		
Personal contributions			essable	e foreign superannuation	on fund amount	
B \$		J \$[
CGT small business retirement exemp	otion		rom re	serve: assessable amo	ount	
C \$	7.1011	K \$		oorver acceptable arms	2011	
CGT small business 15-year exempti	ion amount	Transfer f	rom re	eserve: non-assessable	amount	
D \$		L \$[
Personal injury election				om non-complying		
E \$		ı	a prev	iously non-complying	funds	
Spouse and child contributions		T \$				
F \$		Any other	r contr	ibutions		
Other third party contributions		(including Low Inco	g Supe me Su	r Co-contributions and per Amounts)	ı	
G \$		M \$		· /		
·		. [
		NTRIBUTIONS labels A to M)	N \$			Loss
Other transactions	Allo	cated earnings or losses	o \$		115499.01	
Accumulation phase account b	oalance 0.00	Inward rollovers and transfers	P \$			
Retirement phase account to — Non CDBIS		Outward rollovers and	Q \$			
	91207.35	transfers Lump Sum	54 A			Code
Retirement phase account b - CDBIS	alance	payment Income	R1 \$			Code
S3 \$	0.00	stream payments	R2 \$		11115.70	M
0 TRIS Count CLO		JNT BALANCE S2 plus S3)	S \$		391207.35	
		on phase value	X1 \$			
	Retireme	ent phase value	K2 \$			
bor	Outstandina li	mited recourse gement amount	Y \$			

Taxpayer/entity name: M J Hollman Superannuation Fund

	F	und's ta	ax fil	le nı	umber (TFN)		
MEMBER 2							
	Other						
Family name							
Hollman First given name	Other	given nan	nes				
Michael		nes					
Member's TFN See the Privacy note in the Declaration.					Date of birth	Day Month	Year
Contributions	NO ACCOUNT DAI	ANOE	<u> </u>			040000 5	<u></u>
Refer to instructions for completing these abels.	_			n prir	mary residence dispo	313308.5	<u> </u>
Employer contributions		Receipt o	date	Day	y Month	Year	
A \$		H1					
ABN of principal employer A1 \$		Assessab	ole fo	reign	superannuation fund	d amount	
A1 \$		I \$					
Personal contributions		Non-ass	essal	ble fo	oreign superannuatio	n fund amount	
B \$		J \$					
CGT small business retirement exempt			from	rese	rve: assessable amo	unt	
C \$		K \$					
CGT small business 15-year exemption		Transfer L \$	from	rese	rve: non-assessable	amount	
D \$		•	tions		n non-complying		
Personal injury election					isly non-complying f	iunds	
E \$		T \$					
Spouse and child contributions F \$		Any othe	er cor	ntribi	ıtions		
Other third party contributions		(including	a Sur	per C	Co-contributions and er Amounts)		
G \$		M \$					
	TOTAL CONTRIBU		N	\$] .
Other transactions	Allocated e	arnings losses	0	\$		127298.99	e Loss
Accumulation phase account ball \$1 \$		Inward ers and ansfers	P	\$			
Retirement phase account ba - Non CDBIS	lance C	Outward ers and ransfers	Q	\$			
S2 \$ 429		np Sum I ayment I	R1 :	\$			Code
Retirement phase account bal	arice	Income		_			Code
S3 \$	0.00 pa	stream ayments	R2 :	\$_		11115.7	0 M
0 TRIS Count CLOS	NG ACCOUNT BA		S	\$		429491.8	1
	Accumulation phas		X1	<u> </u>			$\overline{}$
	Retirement phas	se value `	X2	s =			\exists
. 0	utstanding limited re		Υ:	` =			_

RN:100017882MS

Taxpayer/entity name: M J Hollman Superannuation Fund

RN:100017882MS	
TFN	7

MEMBER 3								
Title: Mr Mrs Miss Ms	Other							
Family name								
First given name		Other given na	ımes					
			-					
Member's TFN See the Privacy note in the Declaration					Date of birth	Day	Month	Year
Contributions	NIINO ACCOL	JNT BALANCE	e					ī
Refer to instructions for completing these labels.	NING ACCOC			orima	ry residence dis	posal		
Employer contributions		Receipt	doto	Day	Month	Year		
A \$		H1	uale [-,	<u> </u>			
ABN of principal employer			_ ble foreig	gn su	perannuation fu	nd amount		
A1 \$		I \$			-			
		•		foroi	gn superannua	tion fund ar	mount	
Personal contributions B \$				10161	girsuperannua	lion fund ai		
· L		J \$						
CGT small business retirement exem	ption			serve	: assessable an	nount		
	·	K \$						
CGT small business 15-year exempt	ion amount	Transfer L \$		serve	: non-assessab	le amount		
D \$								
Personal injury election		funds a	utions tr ind previ	om n ously	on-complying non-complying	funds		
E \$		т \$						
Spouse and child contributions								
F \$		(includir	er contri ng Super	r Co-c	contributions ar	nd		
Other third party contributions		Low Inc	come Su	per A	mounts)			
G \$		M \$						_
		NTRIBUTIONS f labels A to M)	N \$					Loss
Other transactions	Allo	ocated earnings or losses	o \$[
Accumulation phase account b	palance	Inward rollovers and transfers	P \$[
Retirement phase account I – Non CDBIS	balance	Outward rollovers and transfers	Q \$[
S2 \$		Lump Sum	R1 \$					Code
Retirement phase account b - CDBIS	alance	payment Income	Ψ[J LJ Code
S3 \$		stream payments	$_{_{ m S}}$ R2 $\$[$					
TRIS Count CLO		UNT BALANCE S2 plus S3)						
		ion phase value	X1 \$					_]
		ent phase value]
hoi		imited recourse gement amount	٠ ١					

Taxpayer/entity name: M J Hollman Superannuation Fund

RN :100017882MS	
TFN	

MEMBER 4						
Title: Mr Mrs Miss Ms	Other					
Family name						
First given name		Other given nan	nes			
Manuels and TEN				1	Day Month	Year
Member's TFN See the Privacy note in the Declaration				Date of birth		
Contributions		NIT DAL ANIOE	<u> </u>			$\overline{1}$
Refer to instructions	INING ACCOU	NT BALANCE \$				
for completing these			s from pri	mary residence dis	posal	
labels.		H \$				
Employer contributions A \$		Receipt of	date Da	ay Month	Year	
		H1				
ABN of principal employer A1 \$		Г	Die Toreign	superannuation fui	nd amount	
7.3		I \$				
Personal contributions		Non-asse	essable fo	oreign superannuat	ion fund amount	
B \$		J \$				
CGT small business retirement exem	ption	Transfer t	from rese	erve: assessable am	nount	
C \$		K \$				
CGT small business 15-year exempt	ion amount	Transfer	from rese	erve: non-assessab	le amount	
D \$		L \$				
		Contribu	ıtions fror	n non-complying		
Personal injury election				usly non-complying	funds	
E \$		T \$				
Spouse and child contributions F \$		Anyotho	v oontribu	utiono		
· L		(including	er contribu g Super C	Co-contributions an	ıd	
Other third party contributions G \$		_	ome Supe	er Amounts)		
G \$		M \$				_
	TOTAL CON	NTRIBUTIONS	N \$			
	,	labels A to M)				Loss
Other transactions	Allo	cated earnings or losses	o \$			
Accumulation phase account b	palance	Inward	D Φ			_ ¬
S1 \$		rollovers and transfers	P \$			
Retirement phase account	balance	Outward rollovers and	Q \$			
- Non CDBIS		transfers				 Code
S2 \$		Lump Sum payment	R1 \$			
Retirement phase account be — CDBIS	alance	Income				Code
S3 \$		stream payments	R2 \$ _			
TRIS Count CLC	SING ACCOL	JNT BALANCE	S \$			7
		S2 plus S3)	၁ စု			
		on phase value	X1 \$			_ _
			· · · · ·			_
		nt phase value	· -			_
ho	rrowing arrang	mited recourse	Y \$			

RN:100017882MS Self managed superannuation fund return 2021 Taxpayer/entity name: M J Hollman Superannuation Fund Section G: Supplementary member information MEMBER 5 Code Mrs Other Miss Ms Title: Mr Account status Family name First given name Other given names Member's TFN Date of birth If deceased, date of death See the Privacy note in the Declaration. Month Month Contributions OPENING ACCOUNT BALANCE \$ Refer to instructions Proceeds from primary residence disposal for completing these labels. Н \$ Employer contributions Receipt date Month Year \$ **H1** ABN of principal employer Assessable foreign superannuation fund amount A1 \$ \$ Non-assessable foreign superannuation fund amount Personal contributions \$ В \$ CGT small business retirement exemption Transfer from reserve: assessable amount \$ C \$ CGT small business 15-year exemption amount Transfer from reserve: non-assessable amount \$ \$ Contributions from non-complying Personal injury election funds and previously non-complying funds \$ \$ Spouse and child contributions \$ Any other contributions (including Super Co-contributions and Low Income Super Amounts) Other third party contributions \$ M

Other transactions Allocated earnings 0\$ or losses Inward Accumulation phase account balance rollovers and **P**\$ **S1**\$ transfers Outward Retirement phase account balance rollovers and – Non CDBİS transfers Code **S2**\$ Lump Sum R1 \$ payment Retirement phase account balance Code Income - CDBIS stream R2 \$ **S3**\$ payments TRIS Count CLOSING ACCOUNT BALANCE \$\$

TOTAL CONTRIBUTIONS
(Sum of labels **A** to **M**)

N \$

(S1 plus S2 plus S3)

Accumulation phase value X1 \$

Retirement phase value **X2** \$

Outstanding limited recourse borrowing arrangement amount

Loss

Self managed superannuation fund return 2021Taxpayer/entity name: M J Hollman Superannuation Fund

RN:100017882MS					
TFN					

MEMBER 6 Title: Mr	Other				Account status
Family name					
First given name		Other given names			
Member's TFN See the Privacy note in the Declaration		of birth Month Year		If deceased, date Day Month	of death Year
Contributions	NING ACCOL	JNT BALANCE \$ [
Refer to instructions for completing these labels.	TVIIVG AGGGC	L	om primary res	sidence disposal	<u></u>
Employer contributions A \$		Receipt dat	te Day	Month Year]
ABN of principal employer A1 \$		Assessable I \$	foreign supera	nnuation fund amou	nt
Personal contributions B \$		Non-assess	sable foreign su	uperannuation fund	amount
CGT small business retirement exem	ption	Transfer fro	m reserve: ass	essable amount	
CGT small business 15-year exempt D \$	ion amount	Transfer fro	m reserve: nor	n-assessable amour	nt
Personal injury election E \$		funds and	ons from non-copreviously non-	omplying -complying funds	
Spouse and child contributions F \$		T \$ Any other of (including S	contributions Super Co-contr	ibutions and	
Other third party contributions G \$		Low Incom M \$	e Super Amou	nts)	
		NTRIBUTIONS Note: 1 https://doi.org/10.1008/1008/	1 \$		Loss
Other transactions	Allo	ocated earnings or losses	\$		
Accumulation phase account b	palance	transfers	\$		
Retirement phase account to - Non CDBIS	balance	transfers	\$		Code
Retirement phase account b – CDBIS	palance	Lump Sum Rayment Rayment Income stream Rayment			Code
TRIS Count CLO		payments UNT BALANCE	S \$		
		S2 <i>plus</i> S3) ion phase value X	1 \$		
		ent phase value X	*		
bor			/ \$		

Self managed superannuati	on fund re	eturn 2021	RN :100017882MS
Taxpayer/entity name: M J Hollman Sup	erannuation F	und	
MEMBER 7			
Title: Mr Mrs Miss Ms	Other		Account status
Family name			Account status
		Out.	
First given name		Other given names	
Member's TFN			ed, date of death
See the Privacy note in the Declaration). Day	Month Year Day N	Month Year
Contributions			
	NING ACCO	JNT BALANCE \$	
Refer to instructions for completing these		Proceeds from primary residence dis	posal
abels.		H \$	
Employer contributions		Receipt date Day Month	Year
A \$		H1	
ABN of principal employer A1 \$		Assessable foreign superannuation fur	amount
Ψ		\$	
Personal contributions		Non-assessable foreign superannuat	ion fund amount
B \$		J \$	
CGT small business retirement exem	ption	Transfer from reserve: assessable an	nount
	:	K \$	
CGT small business 15-year exempt D \$	lion amount	Transfer from reserve: non-assessab	<u>le amount</u>
		Contributions from non-complying	
Personal injury election		funds and previously non-complying	funds
E \$		т \$	
Spouse and child contributions F \$		Any other contributions	
Other third party contributions		(including Super Co-contributions an Low Income Super Amounts)	d
G \$		M \$	
		NTRIBUTIONS N \$ flabels A to M)	
Other transactions	Allo	ocated earnings	Loss
A course detice phase account h	nolongo	Inward	
Accumulation phase account &	palance	rollovers and transfers P\$	
Retirement phase account	balance	Outward rollovers and Q \$	
- Non CDBİS		transfers	Code
Retirement phase account by	palance	Lump Sum R1 \$	
- CDBIS		Income stream R2 \$	Code
S3 \$		payments 12 V	
TRIS Count CLC		UNT BALANCE S\$	
		S2 plus S3)	
	Accumulat	ion phase value X1 \$	
	Dating	ant phase value VO C	I I

Retirement phase value **X2** \$

Outstanding limited recourse borrowing arrangement amount

Self managed superannuation fund return 2021Taxpayer/entity name: M J Hollman Superannuation Fund

RN:100017882MS
TFN
Account status Code
eed, date of death Month Year
sposal
Year
und amount
ation fund amount
mount
ole amount
g funds
nd
Loss
Code
1 1

MEMBER 8					Co
Title: Mr Mrs Miss Ms	Other				Account status
Family name					
		0.11			
First given name		Other given nar	nes		
Member's TFN		of birth		If deceased, date	of death
See the Privacy note in the Declaration). Day	Month Year		Day Month	Year
Contributions	NING ACCOL	JNT BALANCE	\$		
Refer to instructions	INING ACCC				
for completing these labels.		Proceeds H \$	s from p	rimary residence disposal	
Employer contributions		. Г	-1-4- [Day Month Year	
A \$		Receipt o	date '	Say Worth Fear	
ABN of principal employer			∟ ole foreio	n superannuation fund amou	 ınt
A1 \$		I \$,,	
			ooooblo	foreign augustangustian fund	amount
Personal contributions B \$. 1	essable	foreign superannuation fund	amount
		J \$			
CGT small business retirement exem	ption		from res	serve: assessable amount	
		K \$			
CGT small business 15-year exempt	ion amount		from res	serve: non-assessable amou	<u>nt</u>
D \$		L \$			
Personal injury election		Contribu funds ar	utions fro nd previo	om non-complying busly non-complying funds	
E \$		T \$			
Spouse and child contributions		ıψ			
F \$		Any othe		outions Co-contributions and	
Other third party contributions		Low Inco		per Amounts)	
G \$		M \$			
	TOTAL CO	NTRIBUTIONS	N \$		
		f labels A to M)	<u>π</u>		Loss
Other transactions	Allo	ocated earnings or losses	o \$		
Accumulation phase account b	nalance	Inward			
S1 \$	Jaidi 100	rollovers and transfers	P \$		
Retirement phase account	balance	Outward rollovers and	Q \$		
- Non CDBIS		transfers			Code
	alamaa	Lump Sum payment	R1 \$[
Retirement phase account b – CDBIS	alance	Income	во ф		Code
S3 \$		stream payments	H2 \$ [
TRIS Count CLO	SING ACCO	UNT BALANCE	s \$		
		S2 plus S3)	- Ψ_		
	Accumulat	ion phase value	X1 \$		
	Retireme	ent phase value	X2 \$ [
	Outstandina l	imited recourse	Y \$		
boi	rrowing arrang	gement amount	- Ψ		

Taxpayer/entity name: M J Hollman Superannuation Fund

RN :100017882MS

Section H: Assets and liabilities 15 ASSETS 33515 -90 Listed trusts A \$ 15a Australian managed investments Unlisted trusts **B** \$ 00 Insurance policy C\$ 00 Other managed investments **D** \$ -00 11320 -00 15b Australian direct investments Cash and term deposits **E**\$ Limited recourse borrowing arrangements 188 -00 Debt securities **F** \$ Australian residential real property -00 -00 Loans G \$ **J1**\$ Australian non-residential real property Listed shares **H** \$ 766481 -00 **J2**\$ -00 -00 Unlisted shares Overseas real property **J3**\$ -00 Limited recourse **J**\$ 00 borrowing arrangements Australian shares **J4**\$ -00 Non-residential **K** \$ -00 real property Overseas shares Residential **L** \$ -00 -00 **J5**\$ real property Collectables and M \$ Other -00 personal use assets 00 **J6**\$ Other assets **O** \$ 9195 -00 Property count **J7**\$ 15c Other investments Crypto-Currency N \$ 00 15d Overseas direct investments Overseas shares **P** \$ -00 -00 Overseas non-residential real property **Q** \$ -00 Overseas residential real property **R** \$ -00 Overseas managed investments \$\$ 00 Other overseas assets **T** \$ TOTAL AUSTRALIAN AND OVERSEAS ASSETS **U** \$ 820699 -00 (Sum of labels A to T) 15e In-house assets

Did the fund have a loan to, lease to or investment in, related parties (known

as in-house assets) at the end of the

income year?

DQ

Yes

\$

Self managed superannuation fund return 2021							RN :100017882MS	
	Limited recourse borrowing arrange e fund had an LRBA were the LRBA bor from a financial ins	rowings licensed titution?	A No Yes Yes Yes					
16	LIABILITIES							
	Borrowings for limited recourse borrowing arrangements							
	V1 \$	-90						
	Permissible temporary borrowings							
	V2 \$	-00						
	Other borrowings V3 \$	-00	Borrowings	V	\$		-90	
	Total mer	nber closi	ng account balances	.,	•			
	(total of all CLOSING ACCOUNT BALA	NCEs fro	in Sections Fand G	_	\$	820699	-90	
			Reserve accounts	X	\$		-00	
			Other liabilities	Y	\$		-90	
			TOTAL LIABILITIES	Z	\$	820699	-90	
	ction I: Taxation of fina Taxation of financial arrangemen		_				-00	
]	
			Total TOFA losses \$				-00	
Se	ction J: Other informa	tion						
	illy trust election status If the trust or fund has made, or is maki	ng, a fami	ly trust election, write the	fou	ur-digit income year			
	specified of the election of	on (for exa	mple, for the 2020–21 inc election, print R for revoke	con e or	ne year, write 2021.	A <u> </u>		
B _{Ir}	nterposed entity election status If the trust or fund has an existing or or fund is making one or mo specified and complete an In	election, v re electio	vrite the earliest income yens this year, write the earli	ear iest	specified. If the trust income year being			
	If rev	oking an	interposed entity election	ı, pr	rint R , and complete			
	an	d attach t	ne Interposed entity electi	ion	or revocation 2021.	D		

Taxpayer/entity name: M J Hollman Superannuation Fund

1114	
TFN	
1	

DNI -100017882MS

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.

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 Date Preferred trustee or director contact details: Family name Hollman First given name Other given names Michael James 02 92677655 Phone number Email address Non-individual trustee name (if applicable) Holrof Pty LtdHollman ABN of non-individual trustee 14002965611 Time taken to prepare and complete this annual return Hrs The Commissioner of Taxation, as Registrar of the Australian Business Register, may use the ABN and business details which you provide on this annual return to maintain the integrity of the register. For further information, refer to the instructions. TAX AGENT'S DECLARATION: declare that the Self-managed superannuation fund annual return 2021 has been prepared in accordance with information provided by the trustees, that the trustees have given me a declaration stating that the information provided to me is true and correct, and that the trustees have authorised me to lodge this annual return. Tax agent's signature Day Month Year Date Tax agent's contact details Mrs Miss Other Title: Mr Family name Rogers First given name Other given names Catriona Tax agent's practice The Rogers Group Ltd Partnership Tax agent's phone number Reference number Tax agent number

MJHO70

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

Not complete: 03/11/2021: 16:35

9267 7655

02

64941004

Taxation Estimate For the year ended 30 June 2021

Return Code: MJHO70 Tax File Number: Description: M J Hollman Superannuation Fund Date prepared: 03/11/2021 \$ \$ **Summary of Taxable Income** Business and Investment Income: No-TFN contributions **Taxable Income** Tax on Taxable Income **Gross Tax SUBTOTAL T2** Less Refundable tax offsets 8,579.05 Refundable franking credits 8,579.05 **TAX PAYABLE T5 Less Eligible Credits** Remainder of refundable tax offsets 8,579.05 8,579.05 -8,579.05 Add: 259.00 Supervisory levy 259.00 **TOTAL AMOUNT REFUNDABLE** 8,320.05

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. Tax File Number Year of return 2021 M J Hollman Superannuation Fund Name of Partnership, Trust, Fund or Entity **Total Deductions** Taxable Income/Loss Total Income/Loss 0 0 0 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. 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 I have provided to my registered tax agent for the preparation of this tax return, including any applicable schedules is true and correct, and * I authorise the agent to give this document to the Commissioner of Taxation. Signature of Partner, Trustee Date or Director PART D Tax agent's certificate (shared facilities only) We, The Rogers Group Ltd Partnership declare that: * 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 * We are authorised by the partner, trustee, director or public officer to lodge this tax return, including any applicable schedules. Agent's Signature Date Agent's phone 02 9267 7655 Client's reference MJHO70 Agent's Contact Name Catriona Rogers Agent's reference number 64941004

Not complete 03/11/2021 : 16:45

Form F Dividends Received 2021
M J Hollman Superannuation Fund Clie

ABN

54 276 204 419

Page 01 of 01 Client ref MJHO70

Gross dividends
(excluding distributions from cash management, property and certain other unit trusts)

Distributions from Trusts
Including Cash Management or Listed Property Trusts

Trust Name
TFN

AS Per Schedule
Trust Type

Subtotals

Not complete 03/11/2021 : 16:45