** PLS Validation Report - CloudAuth **
ATO NATIONAL OFFICE SBR//02/12/2020 01:15:57PM//Page 1
VALIDATION REPORT NUMBER 001.1

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

TRANS NO. 001 20/203 DATE/TIME 02/12/2020//01:15:57//PM YEAR 2020

SENT 1
RECEIVED 1
ACCEPTED 1
REJECTED 0

RETURNS ACCEPTED F0097109.97// //97109097//M J Hollman Superannuation Fund//2020//MS

E10 END OF VALIDATION REPORT

RN:100017882MS

Self-managed superannuation fund annual return

WHO SHOULD COMPLETE THIS ANNUAL RETURN?

Only self-managed superannuation funds (SMSFs) can complete this annual return. All other funds must complete the Fund income tax return 2020 (NAT 71287).

The Self-managed superannuation fund annual return instructions 2020 (NAT 71606) (the instructions) can assist you to complete this annual return.

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

Se	ection A: Fund information			cessing, write the fund's
1	Tax file number (TFN)		TFN at the top of	pages 3, 5, 7, and 9.
	The ATO is authorised by law to request your TFN. You could increase the chance of delay or error in processing you	are not obliged to quot ur annual return. See th	e your TFN but not e Privacy note in th	quoting it e Declaration.
2	Name of self-managed superannuation fund (SMS	SF)		
М	J Hollman Superannuation Fund			
3	Australian business number (ABN) (if applicable)	54 276 204	419	
4	Current postal address			
PO	D Box 3125			
Sub	ourb/town		State/te	
В	ONNELLS BAY		NSV	V 2264
 5	Annual return status Is this an amendment to the SMSF's 2020 return?	A No X Yes		
	Is this the first required return for a newly registered SMSF?	B No X Yes		

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Taxpaver/entity name: M J Hollman Superannuation Fund

Taxpayer/entity name: M 3 Hollman Superannuation Fund	
6 SMSF auditor	
Auditor's name	
Title: Mr X Mrs Miss Ms Other	
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	
Day Month Year	
Date audit was completed A 04/11/2020	
Vas Part A of the audit report qualified? B No X Yes	
vas Part A of the addit report qualified?	
Nas Part B of the audit report qualified? C No X Yes	
If the audit report was qualified, 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.	
A Fund's financial institution account details This account is used for super contributions and rollovers. Do not provide a tax agent account here.	
Fund BSB number Fund account number	
Fund account name	
I would like my tax refunds made to this account. Go to C.	
B Financial institution account details for tax refunds	
This account is used for tax refunds. You can provide a tax agent account here.	
BSB number Account number	
Account name	
7,000 di Kilidinia	
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	
provider. (For example, Sivior dataleon-value), see instructions for more information.	
1 1 2	

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TFN

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?
9	Was the fund wound up during the income year? No X Yes) If yes, provide the date on which the fund was wound up
10	Exempt current pension income Did the fund pay retirement phase superannuation income stream benefits to one or more members in the income year?
	To claim a tax exemption for current pension income, you must pay at least the minimum benefit payment under the law. Record exempt current pension income at Label A.
	No Go to Section B: Income.
	Yes X Exempt current pension income amount A \$ 45795
	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.

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Taxpayer/entity name: M J Hollman Superannuation Fund

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Section	R٠	Income	2
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the retirement phase for	or the entire year, there	was no other income	e that was assessat	orting superannuation income streams ble, and you have not realised a deferr on D: Income tax calculation statemen
I Income Did you ha (CGT) e	ve a capital gains tax vent during the year?	G No X Yes	or you elected to us deferred notional ga	oss or total capital gain is greater than\$10,000 se the transitional CGT relief in 2017 and the ain has been realised, complete and attach a CGT) schedule 2020.
e	Have you applied an xemption or rollover?	M No X Yes	Code	
		Net capital gain	A \$	-60
Gro	ss rent and other leasi	ng and hiring income	В\$	-90
		Gross interest	c \$	-90
	Forestry	managed investment	x \$.bg
Gross foreig	gn income	30Homo moomo		Loss
D1 \$	-90	Net foreign income	D \$	-60
Australian fran	nking credits from a Ne	ew Zealand company	E \$	- 60
		Transfers from foreign funds	F\$	-9Q Number
	Gr	oss payments where	н \$	-90
Calculation of assess		ABN not quoted Gross distribution	1\$	-60 Loss
Assessable emplo	eyer contributions	from partnerships *Unfranked dividend	J \$	-90
olus Assessable perso		amount *Franked dividend		
R2 \$	-90	amount	K \$	-90
olus **No-TFN-quote	d contributions	*Dividend franking credit	L \$	- 90 Code
(an amount must be	included even if it is zero)	*Gross trust distributions	м \$	-90
ransfer of liability company	to life insurance or PST	Assessable contributions (R1 plus R2 plus R3 less R6)	R \$	0 -90
Calculation of non-ar	m's length income	<i>pias</i> No icco No)		Code
Net non-arm's length priv	ate company dividends	*Other income	s \$	-90
U1 \$ blus *Net non-arm's lengt U2 \$	th trust distributions	*Assessable income due to changed tax status of fund	т \$	-00
olus *Net other non-arr		Net non-arm's length income (subject to 45% tax rate) (U1 plus U2 plus U3)	U \$	-90
This is a mandatory abel.		GROSS INCOME (Sum of labels A to U)	w \$	0 -90 Loss
If an amount is entered at this label,	Exempt cu	rrent pension income	Y \$	-00
check the instructions o ensure the correct ax treatment has	TOTAL ASSESSABI	LE INCOME (W less Y)		0 -00 Loss
been applied. Not complete : 05/11/2020	0:08:55 [A]oll	Sensitive (when c	ompleted)	#Ollicoc Page

Taxpayer/entity name: M J Hollman Superannuation Fund

Fund's tax file number (TFN)	

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Section C: Deductions and non-deductible expenses

12 Deductions and non-deductible expenses

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

		DEDUCTIONS		NON-	DEDUCTIBLE EXPENS	SES
Interest expenses within Australia			-90	A2 \$		-00
Interest expenses overseas		\$	-90	B2 \$		-90
Capital works expenditure	D1	\$	-90	D2 \$		-00
Decline in value of depreciating assets	E4	\$	-90	E2 \$		-00
nsurance premiums – members	E4	\$	-90	F2 \$		-00
SMSF auditor fee	H1	\$	-90	H2 \$	550	-90
Investment expenses	11	\$	-00	I2 \$		·90
Management and ministration expenses	J1	\$	-90	J2 \$	5318	-00
Forestry managed investment scheme expense		\$	- 90	U2 \$		-90
Other amounts	L1	\$	-90	L2\$		-00
Tax losses deducted	М1	\$	-00			
	тс	OTAL DEDUCTIONS		TOTAL NO	N-DEDUCTIBLE EXPENSI	ES
	N	(Total A1 to M1)	-90	Y \$	5868 (Total A2 to L2)	-90
	1	AXABLE INCOME OR LOSS	Lo	55	SF EXPENSES	
his is a mandatory	0	(TOTAL ASSESSABLE INCOME /	0 -60	_ z \$	5868 (N plus Y)	-00

#This is a mandatory label.

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Taxpayer/entity name: M J Hollman Superannuation Fund

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Section D: Income tax calculation statement

#Important:

Section B label R3, Section C label O and Section D labels A,T1, J, T5 and I are mandatory. If you leave these labels blank, you will have specified a zero amount.

3 C:	ecified a zero amount.		ir.		1
		#Taxable income	A \$		-00
	refer to the anaged superannuation	#T	-	(an amount must be included even if it is zero)	
fund a	nnual return instructions	#Tax on taxable income			0.00
	on how to complete the ation statement.	#Tax on		(an amount must be included even if it is zero)	
	ation diatomont.	no-TFN-quoted			0.00
		contributions		(an amount must be included even if it is zero)	
		Gross tax	в\$	(0.00
			1	(T1 plus J)	
	Foreign income tax offset				
C1\$		0.00			
	Rebates and tax offsets		Non-re	fundable non-carry forward tax offsets	
C2\$			C \$	(0.00
		11-11		(C1 plus C2)	
			SUBTO	OTAL 1	
			T2 \$	(0.00
	Early stage venture capital	limited		(B less C - cannot be less than zero)	
	partnership tax offset				
D1\$					
	Early stage venture capital				
1	tax offset carried forward for	rom previous year	Non-re	fundable carry forward tax offsets	
D2\$			D \$	-	
9	Early stage investor tax off	set	- T	(D1 plus D2 plus D3 plus D4)	
D3\$					
	Early stage investor tax off carried forward from previous	set ous vear	SUBTO	OTAL 2	
D4\$	ourned forward from previo	Jas your	тз \$		
Ψ			- [(T2 less D – cannot be less than zero)	
	Complying fund's franking	credits tax offset			
E1\$		12903.91			
	No-TFN tax offset				
E2 \$					
	National rental affordability s	scheme tax offset			
E3\$					
	Exploration credit tax offset		Refund	lable tax offsets	
			E\$	129	903.9
E4 \$			· L	(E1 plus E2 plus E3 plus E4)	
E4 \$					
E4 \$			-		
E4 \$		*TAX PAYABLE	T5 \$		0.0

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Taxpayer/entity name: M J Hollman Superannuation Fund

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		Fund	's tax file number (TFN)	
	redit for interest on early payments -			
	mount of interest			
H1 \$ [we like for the consideration and the second control of the second			
	redit for tax withheld – foreign resident ithholding (excluding capital gains)			
12\$				
	redit for tax withheld – where ABN			
t t	TFN not quoted (non-individual)			
∤3 \$[redit for TFN amounts withheld from			
	ayments from closely held trusts			
I5\$[
Č	redit for interest on no-TFN tax offset			
16 \$ [
(redit for foreign resident capital gains ithholding amounts	Eligibl	e credits	
18\$	initioning amounts	H\$		
Ψ			(H1 plus H2 plus H3 plus H5 plus	s H6 plus H8)
	7			
	*Tax offset refunds			12903.91
	(Remainder of refundable tax offsets)		(unused amount from an amount must be include	n label E –
		DAVG	instalments raised	
		K\$	Installients raised	
		•	visory levy	
		L\$	visory levy	259.00
			└──visory levy adjustment for w	
		M \$	visory levy adjustifient for w	Tourid up Idrids
			visory levy adjustment for n	ow funde
		N \$	visory levy adjustifient for fi	ew lulius
		IA A		
	AMOUNT DUE OR REFUNDABLE	S\$		-12644.91
	A positive amount at S is what you owe, while a negative amount is refundable to you.	3 4	(T5 plus G less H less I less K p	
	Willie a Hegative amount is returnable to year.		(15 plus Gless Hiess Hess Kp	ilus E less in plus inj
This is	n mandatory label.			
ecti	on E: Losses			
1 Los	ses Ta		s carried forward U \$	
If to	al loss is greater than \$100,000,		ter income years	
			tal losses carried v \$	
2020.			-	
			Λ	
	I Rollman		1110	No Charace

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RN:100017882MS

Taxpayer/entity name: M J Hollman Superannuation Fund

RN	:100017882MS
TFN	

Section	F:	٨	/lem	ber	inf	orn	nation
---------	----	---	------	-----	-----	-----	--------

MEMBER 1							
Title: Mr Mrs Miss Ms Ms	X Other						
Family name							
Hollman		Other given nar	mac				
First given name Lorraine		Gaye	1103				
		Gaye				Day Month	Year
Member's TFN See the Privacy note in the Declaratio	n.				Date of birth		_
Contributions	ENING ACCOL	INT BALANCE	\$			380749.00	
Refer to instructions for completing these labels.				oriman	y residence dis	posal	<u>11)</u>
Employer contributions		* l	doto	Day	Month	Year	
A \$		Receipt	uale				
			lo foroi	an cur	perannuation fu	nd amount	
ABN of principal employer		.1	ne iorei	JII SUL		TO ALTIOUTE	
A1 \$		I \$					
Personal contributions		Non-ass	essable	foreiç	n superannuat	ion fund amount	
B \$		J \$					
	motion	•	from ro		assessable an	acupt	
CGT small business retirement exer	Приоп	K \$	TOTT TO	301 00.	assessable an	Tourit	
	- Al o roo o s und					le empount	
CGT small business 15-year exemp	Iransfer L \$	from re	serve:	non-assessab	ie amount		
D \$					a compliance		
Personal injury election		funds ar	nd previ	iously	on-complying non-complying	funds	
E \$		т \$					
Spouse and child contributions							
F \$		Any othe	er contri	ibutior	ns :ontributions an	ıd	
Other third party contributions		Low Inc	ome Su	per Ar	ontributions ar mounts)		
G \$		M \$					_
		NTRIBUTIONS f labels A to M)	N \$				Loss
Other transactions	Allo	ocated earnings or losses	o \$			81677.00	1 .
Accumulation phase account	balance	Inward rollovers and	P \$]
S1 \$	0.00	transfers	. •				J
Retirement phase accoun - Non CDBIS		Outward rollovers and transfers	Q \$				Code
	286823.00	Lump Sum payment	R1 \$				
Retirement phase account – CDBIS	balance	Income	 				Code
S3 \$	0.00	stream payments	R2 \$			12249.00] <u>[М]</u>
0 TRIS Count CL		UNT BALANCE S2 plus S3)	S \$			286823.00	
	Accumulat	ion phase value	X1 \$				
	Retireme	ent phase value	X2 \$				1
	Outstanding	imited recourse	Y \$				i V
b	orrowing arrang	gement amount	- Ψ			1 11- 00-1	Page 9

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Taxpaver/entity name: M J Hollman Superannuation Fund

Taxpayer entry Harrie. W o Hollman Superdimidation	Fund's tax file number (TFN)
MEMBER 2	
Title: Mr X Mrs Miss Ms Other	
Family name Hollman	
First given name	Other given names
Michael	James Day Month Year
Member's TFN See the Privacy note in the Declaration.	Date of birth
	UNT BALANCE \$ 414468.00
Refer to instructions for completing these labels.	Proceeds from primary residence disposal H \$
Employer contributions	Receipt date Day Month Year
A \$	H1
ABN of principal employer	Assessable foreign superannuation fund amount
A1 \$	I \$
Personal contributions	Non-assessable foreign superannuation fund amount
В \$	J \$
CGT small business retirement exemption	Transfer from reserve: assessable amount
C \$	K \$
CGT small business 15-year exemption amount	Transfer from reserve: non-assessable amount L \$
Personal injury election	Contributions from non-complying
E \$	funds and previously non-complying funds
Spouse and child contributions	T \$
F \$	Any other contributions (including Super Co-contributions and
Other third party contributions	Low Income Super Amounts)
G \$	M \$
	ONTRIBUTIONS N \$ of labels A to M)
Other transactions Al	located earnings or losses 0 \$ 88909.00
Accumulation phase account balance	Inward rollovers and P \$
S1 \$ 0.00	transfers Outward
Retirement phase account balance - Non CDBIS	rollovers and transfers Code
S2 \$ 313309.00	Lump Sum R1 \$
Retirement phase account balance – CDBIS	Income
S3 \$	stream R2 \$ 12249.00 M
	DUNT BALANCE \$ \$ 313309.00
Accumula	ation phase value X1 \$
Retiren	nent phase value X2 \$
Outstanding borrowing arrai	limited recourse ngement amount
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Taxpayer/entity name: M J Hollman Superannuation Fund

RN:	100017882 M S	
TFN		

rst given name		Other given names					
rst given hame		Other given harnes					
lember's TFN					Day	Month	Year
ee the Privacy note in the Declaration				Date of birth			
Contributions	NING ACCOUN	IT BALANCE \$					
Refer to instructions	111111111111111111111111111111111111111		o prin	nary residence disp	ocal		Į.
r completing these bels.		H \$	трпп	lary residence disp	osar		
Employer contributions			Day	Month	Year	_	
A \$		Receipt date					
ABN of principal employer			reign	superannuation fun	d amount		
A1 \$		ı \$					
			ale fo	reign superannuati	on fund an	mount	
Personal contributions B \$		· ·	36 10	Teigh Superai indati	or faria ar		
1		J \$					
CGT small business retirement exem	ption		reser	ve: assessable am	ount	_	
C \$		K \$					
CGT small business 15-year exempt	ion amount		reser	ve: non-assessable	e amount		
D \$		L \$	_				
Personal injury election		Contributions funds and pre	from evious	non-complying sly non-complying	funds		
E \$		T \$					
Spouse and child contributions		. •					
F \$		Any other cor	ntribu ner C	tions o-contributions and	H		
Other third party contributions			Supe	o-contributions and Amounts)		_	
G \$		м \$					
	TOTAL CON	TRIBUTIONS N	\$				
		abels A to M)	_				Loss
Other transactions	Alloc	ated earnings or losses	\$				
Accumulation phase account to	valance	Inward					
S1\$	Jaian ice	rollovers and P :	\$				
Retirement phase account	balance	Outward rollovers and Q	s				
– Non CDBÍS		transfers					Code
S2 \$		Lump Sum R1	\$				
Retirement phase account b - CDBIS	alance	Income	.				Code
S3 \$		stream R2 spayments	D				, 🗀
TRIS Count CLC	SING ACCOU	NT BALANCE S	\$				
	(S1 plus S2						
	Accumulatio	n phase value X1	\$				
	Retiremer	nt phase value X2 :	\$				
		·	=				1 >
bo	Outstanding lim rrowing arrange	ement amount 🏻 🍍 '	Ψ	ted) 14/1	11 0		Pag

Taxpayer/entity name: M J Hollman Superannuation Fund

RN	:100017882MS
TFN	

MEMBER 4			
Title: Mr Mrs Miss Ms Other			
Family name			
	Other given names		
First given name	Other given names		
		Day	Month Year
Member's TFN See the Privacy note in the Declaration.		Date of birth	
Contributions			
OPENING AC	COUNT BALANCE \$		
Refer to instructions for completing these	Proceeds from prin	nary residence disposal	
labels.	H \$		
Employer contributions	Receipt date	/ Month Year	
A \$	H1		
ABN of principal employer		superannuation fund amou	unt
A1 \$] _{\$}		
			Lomount
Personal contributions		reign superannuation fund	amount
В \$	J \$		
CGT small business retirement exemption	Transfer from rese	rve: assessable amount	
C \$	K \$		
CGT small business 15-year exemption amou	nt Transfer from rese	rve: non-assessable amou	nt
D \$	L \$		
	Contributions fron	non-complying	
Personal injury election	funds and previou	sly non-complying funds	
E \$	т \$		
Spouse and child contributions		11-	
F \$	Any other contribu	itions o-contributions and r Amounts)	
Other third party contributions		r Amounts)	
G \$	M \$		
TOTAL	CONTRIBUTIONS N \$		
	im of labels A to M)		Loss
Other transactions	Allocated earnings or losses		
	or losses		
Accumulation phase account balance	rollovers and ransfers		
S1 \$	Outward		
Retirement phase account balance – Non CDBIS	rollovers and Q\$		0.1
S2 \$	Lump Sum R1 \$		Code
Retirement phase account balance	Payo =		Code
- CDBIS	Income stream R2 \$		
S3 \$	payments		
TRIS Count CLOSING AC	COUNT BALANCE S\$		
(S1)	olus S2 plus S3)		
Accum	ulation phase value X1 \$		
Reti	rement phase value X2 \$		1
	· -		
	ng limited recourse rangement amount	1 1 11-11	Page 1
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Z Nolla	non,		7

Self managed superannuation			RN :100017882MS
Taxpayer/entity name: M J Hollman Sup			
Section G: Supplemer MEMBER 5 Title: Mr Mrs Miss Ms Family name	Other	emper information	Account status
livet diven nome		Other given names	
First given name		Other given maries	
Member's TFN See the Privacy note in the Declaration		of birth If deceased, do	ate of death Year
Contributions	-		
Refer to instructions	NING ACCOU	NT BALANCE \$	
for completing these abels.		Proceeds from primary residence disposa	
Employer contributions		Receipt date Day Month Yo	ear
A \$		H1	
ABN of principal employer A1 \$		Assessable foreign superannuation fund an	nount
Y. 2		I \$	
Personal contributions		Non-assessable foreign superannuation fu	amount
B \$		J \$	
CGT small business retirement exem	ption	Transfer from reserve: assessable amount	
C \$		K \$	
CGT small business 15-year exempt	ion amount	Transfer from reserve: non-assessable am	iount
D \$		Contributions from non-complying	
Personal injury election		funds and previously non-complying fund	ds
E \$		т \$	
Spouse and child contributions F \$		Any other contributions	
-		(including Super Co-contributions and Low Income Super Amounts)	
Other third party contributions G \$		M \$	
		NTRIBUTIONS N \$ labels A to M)	Loss
Other transactions	Allo	cated earnings or losses	
Accumulation phase account b	palance	rollovers and transfers	
Retirement phase account I - Non CDBIS	balance	Outward rollovers and transfers	Code
S2 \$		Lump Sum 📭 🛊	
Retirement phase account b - CDBIS	alance	Income	Code
S3 \$		stream R2 \$	
TRIS Count CLO		JNT BALANCE S \$	
		on phase value X1 \$	
		ent phase value X2 \$	

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Outstanding limited recourse borrowing arrangement amount

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Self managed superannuation fund return 2020 Taxpayer/entity name: M J Hollman Superannuation Fund

RN:100017882MS	
TFN	

MEMBER 6	1				Code
Title: Mr Mrs Miss Ms	Other			Account status	
Family name				1	
First given name		Other given names		J.	
- U					
Member's TFN See the Privacy note in the Declaration		of birth Month Year	If deceased, dat	te of death	
See the Privacy hote in the Declaration	. Day	MORIN TOGI	Day		
Contributions					
OPE	NING ACCOL	INT BALANCE \$			
Refer to instructions for completing these		Proceeds from primary	residence disposal		
labels.		H \$			
Employer contributions		Receipt date Day	Month Year	:	
A \$		H1			
ABN of principal employer		Assessable foreign supe	erannuation fund amo	ount	
A1 \$		I \$			
Personal contributions		Non-assessable foreign	n superannuation fun	id amount	
B \$		J \$			
CGT small business retirement exem	ntion	Transfer from reserve:	assessable amount		
C \$		K \$			
CGT small business 15-year exempt	ion amount	Transfer from reserve:	non-assessable amo		
D \$		L \$			
		Contributions from nor	n-complying		
Personal injury election		funds and previously n	on-complying funds	;	
E \$		т \$			
Spouse and child contributions F \$		Any other contributions	8		
		(including Super Co-co Low Income Super Arr	ontributions and		
Other third party contributions G \$		M \$	lourits)		
4		Ψ Ψ			
		NTRIBUTIONS N \$			
Other transactions		cated earnings		Loss	
Other transactions	AllC	or losses • \$			
Accumulation phase account b	palance	Inward rollovers and P\$			
S1 \$		transfers			
Retirement phase account I - Non CDBIS	balance	Outward rollovers and Q \$			
S2 \$		transfers Lump Sum R1 \$		Code	
Retirement phase account b	alance	paymon		Code	
The state of the s		Income stream R2 \$			
S3 \$		payments			
TRIS Count CLO		UNT BALANCE \$\$			
Li.		ion phase value X1 \$			
		ent phase value X2 \$			
	Outstanding I	imited recourse Y\$			
boi Not complete : 05/11/2020 : 08:55		gement amount • • • Gensitive (when completed)	11 / //	A X P	age 13
_ 4	///	Priler	NIJU	- thinks	
\sim	Vou	Sandy Comment	V		

Self managed superannuation fund return 2020 Taxpayer/entity name: M J Hollman Superannuation Fund

	01788	2MS	
N			

MEMBER 7					Cod	de
Title: Mr Mrs Miss Ms	Other				Account status	_
		Other given nam	206			
First given name		Other given nan	103			
Member's TFN See the Privacy note in the Declaration.	Date o	f birth Month Year		If deceased, date Day Month	te of death Year	
Contributions	JING ACCOUN	NT BALANCE \$	\$			
Refer to instructions for completing these labels.				primary residence disposal		
Employer contributions		Receipt o	date	Day Month Yea	r	
A \$		H1		V . 6		
ABN of principal employer		Assessab	ole fore	ign superannuation fund amo	ount ———	
A1 \$		I \$				
Personal contributions		Non-ass	essabl	e foreign superannuation fur	nd amount	
B \$		J \$				
CGT small business retirement exemp	otion	Transfer	from re	eserve: assessable amount		
C \$		K \$				
CGT small business 15-year exempti	on amount		from re	eserve: non-assessable amo	ount	
D \$		L \$				
Personal injury election		Contribu	utions f	from non-complying viously non-complying funds	S	
E \$		T \$				
Spouse and child contributions	1	ıψ				
F \$		Any othe	er cont a Supe	ributions er Co-contributions and		
Other third party contributions				er Co-contributions and uper Amounts)		
G \$		м \$				
		ITRIBUTIONS labels A to M)	N \$		Loss	
Other transactions	Allo	cated earnings or losses	0\$			
Accumulation phase account b	palance	Inward rollovers and transfers	P \$			
Retirement phase account - Non CDBIS	balance	Outward rollovers and transfers	Q \$		Code	
S2 \$ Retirement phase account b	palance	Lump Sum payment	R1 \$;	Code	
- CDBIS	, and the second	Income stream payments	R2 \$;		
TRIS Count CLC		JNT BALANCE 82 plus S3)	S \$			
	Accumulati	on phase value	X1 \$	3		
		ent phase value	X2 \$	>		
bo	Outstanding li	mited recourse gement amount	Y \$,	7	

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Self managed superannuation fund return 2020Taxpayer/entity name: M J Hollman Superannuation Fund

RN:100017882MS
Account status
d, date of death
posal
Year
d amount
on fund amount
ount
e amount
Carroant
funds
d
d
Loss
Code
Code
1

IEMBER 8 ttle: Mr Mrs Miss	Ms Other			Account status
amily name				
rst given name		Other given names		
rst given name				
/lember's TFN	Date of		If deceased, date	of death Year
ee the Privacy note in the Decl	aration. Day	Month Year	Day Month	1001
ontributions	OPENING ACCOUN	IT BALANCE \$		
Refer to instructions	OPENING ACCOON		No. and Standard	
r completing these		Proceeds from primar	y residence disposal	
pels.		Н \$	Voor	
Employer contributions		Receipt date Day	Month Year	
A \$		H1	tion fund amou	
ABN of principal employer		Assessable foreign su	perannuation fund amou	
A1 \$		I \$		
Personal contributions		Non-assessable forei	gn superannuation fund	amount
B \$		J \$		
	t avamption	-	: assessable amount	
CGT small business retiremen	(exemption	K \$		
				nt
CGT small business 15-year 6	exemption amount		e: non-assessable amou	TH.
D \$		L \$		
Personal injury election		Contributions from n	on-complying runds	
E \$				
Spouse and child contribution	is	T \$		
F \$		Any other contribution	ons	
Other third party contributions		(including Super Co- Low Income Super A	Amounts)	
G \$		M \$		
- ·		ITRIBUTIONS N \$ abels A to M)		Loss
Other transactions		cated earnings		
		or losses		
Accumulation phase ac	ocount balance	rollovers and transfers		
Retirement phase ac	count balance	Outward rollovers and transfers		Code
S2 \$		Lump Sum 🗖 &		
Retirement phase ac	count balance	paymone		Code
- CDBIS		Income stream R2 \$		
S3 \$		payments		
TRIS Count		JNT BALANCE S \$ 2 plus S3)		
		on phase value X1 \$		1
		ent phase value X2 \$		
	Outstanding li	mited recourse y\$	1 1	
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	INalla	an .	" "	·6 [

Taxpayer/entity name: M J Hollman Superannuation Fund

RN:100017882MS		
TFN		

a Australian managed investments		Listed trusts	A	\$	24907	90
		Unlisted trusts	В	\$[90
		Insurance policy	C	\$		-00
	Other	managed investments	D	\$		-00
b Australian direct investments	C	ash and term deposits	E	\$[16474	-90
Limited recourse borrowing arranger	nents	Debt securities	F	\$[-00
Australian residential real property J1 \$	-00	Loans	G	\$		-00
Australian non-residential real property		Listed shares			545474	-00
J2 \$	-00			-		-00
Overseas real property	_ [Unlisted shares	_	\$		-50
J3 \$	90	Limited recourse prrowing arrangements	J	\$[-00
Australian shares J4 \$	-00	Non-residential	V	\$		-00
Overseas shares		real property	I			
J5 \$	-90	Residential real property		\$		-90
Other	_	Collectables and personal use assets	M	\$		·90
J6 \$	-00	Other assets	0	\$	13277	-00
Property count J7 \$		1				
97 \$						
5c Other investments		Crypto-Currency	N	1\$		-00
5d Overseas direct investments		Overseas shares	F	\$		-00
	eas non-	residential real property	, G	\$		-00
		residential real property		. 11		-60
						-00
	Oversea	s managed investments	3	5 \$		46. -01
		Other overseas assets	3 7	Г\$		-00
TOTAL AUSTRALI	AN AND	OVERSEAS ASSETS A to T)	ι	J \$	600132	-90

or investment in, related parties (known as in-house assets) at the end of the income year?

Self managed superannuation fund return and return superannuation Fundary superannuation fu		TFN	
financial institution?	A No Yes Yes Yes		
16 LIABILITIES			
Borrowings for limited recourse			
borrowing arrangements V1 \$ -60			
Permissible temporary borrowings			
V2 \$ -90			
Other borrowings		A	-60
V3 \$	Borrowings V	\$	-90
Total member closing total of all CLOSING ACCOUNT BALANCEs fro	ng account balances	\$ 600132	-00
(total of all CLOSING ACCOUNT BALANCES III		\$	-00
	1,000,100		-00
	Other liabilities Y	\$	-500
	TOTAL LIABILITIES Z	\$ 600132	-90
Section I: Taxation of financia 17 Taxation of financial arrangements (TOF)	I arrangements A) Total TOFA gains H \$		-00
			t.
	Total TOFA losses \$		-90
Section J: Other information			
Family trust election status If the trust or fund has made, or is making, a fam specified of the election (for exa If revoking or varying a family trust of	ample, for the 2019–20 incorelection, print R for revoke or	me year, write 2020. r print V for variation,	
and complete and attach the H Interposed entity election status If the trust or fund has an existing election, we or fund is making one or more election specified and complete an Interposed entitle	write the earliest income year	specified. If the trust tincome year being C	
	interposed entity election, p	orint R , and complete	
and attach	the Interposed entity election	or revocation 2020.	
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RN:100017882MS

Taxpayer/entity name: M J Hollman Superannuation Fund

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TFN		

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Section	K:	Declarations

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

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/ beliven

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.

return, including any attached schedules a		na correct.
Authorised trustee's, director's or public of	A	Day Month Year
111 / Sollie or	- Lakellwan	Date 29/11/2010
Preferred trustee or director conta	ct details:	
Title: Mr X Mrs Miss Ms O	ther	
Family name		
Hollman		
First given name	Other given names	
Michael James		
Phone number 02 92677655		
Email address		
Non-individual trustee name (if applicable)		
Holrof Pty LtdHollman		m;
ABN of non-individual trustee	14002965611	
Time taken t	o prepare and complete this annual re	eturn Hrs
	_	A DAL I business details which
The Commissioner of Taxation, as Reyou provide on this annual return to main	egistrar of the Australian Business Re tain the integrity of the register. For fu	gister, may use the ABN and business details which rther information, refer to the instructions.
information provided by the trustees, that is true and correct, and that the trustees	at the trustees have given the a ueu	2020 has been prepared in accordance with laration stating that the information provided to me ual return.
Tax agent's signature		Day Month Year
		Date
Tax agent's contact details		
	Other	
Family name		
Rogers	Other given names	
First given name Catriona		
Tax agent's practice		
The Rogers Group Ltd Partners	ship	
	Reference number	Tax agent number
Tax agent's phone number 02 9267 7655	мЈНО70	64941004
	australian Taxation Office, GPO Box	9845, IN YOUR CAPITAL CITY
10=0	3	MI Hollium Page 18
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PART A

Electronic lodgment declaration (Form P, T, F, SMSF or EX)

his declaration is to be completed where the tax return is to be lodged via an approved ATO electronic channel. It is the responsibility of
his declaration is to be completed where the tax return is to be fought in made, penalties may apply for failure to do so.
he 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 taxpayer to retain this declarat	ion for a period of five years after the	e declaration is made, penaities ma	y apply for failure to do 30.
Tax File Number		Year of return	2020
Name of Partnership, Trust, Fund or Entity	M J Hollman Superannuatio	n Fund	
Total Income/Loss	Total Deduction	ons Taxable	Income/Loss
TFNs to identify each partner or ben lodge your tax return electronically if		it an offence not to provide the Trivis.	lowever, you cannot
Taxation law authorises the ATO to the person authorised to sign the de	collect information and disclose it to otle claration. For information about privac	her government agencies, including persy go to ato.gov.au/privacy	rsonal information about
tax return to maintain the integrity of	Registrar of the Australian Business Re f the register.		
Please refer to the privacy statemer commitment to safeguarding your d	nt on the Australian Business Register (etails.	(ABR) website (www.abr.gov.au) for fu	rther information - it outlines our
Electronic funds transfer - direct Where you have requested an EFT to facilitate the payment of your taxa	debit direct debit some of your details will be ation liability from your nominated accor	e provided to your financial institution a unt.	ınd the Tax Office's sponsor bank
I authorise my tax agent to electron	ically transmit this tax return via an app	proved ATO electronic channel.	
Important: Before making this declevery detail. If you are in doubt abo for false or misleading statements of	laration please check to ensure that all ut any aspect of the tax return, place al on tax returns.	income has been disclosed and the ta Il the facts before the Tax Office. The t	x return is true and correct in ax law provides heavy penalties
any applicable schedules is tr	s document to the Commissioner of Tax	A	1/holling -
or Director	14 9 there	mes /	Date Wt/11/Works
PART D	Tax agent's certificate (sh	ared facilities only)	
* We have received a declaration i	rship declare that: in accordance with the information supmade by the entity that the information of trustee, director or public officer to loc	provided to us for the preparation of the	is tax returns a de
Agent's Signature	n/ Holluson	- Ballion	Date 29/11/2020
Agent's phone Agent's Contact Name Agent's reference number	02 9267 7655 Catriona Rogers 64941004	Client's reference	MJHO70

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Not complete

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Dividends Received 2020

Client ref

Page 01 of 01 MJHO70

ABN ———	54 276 204 419		
Gross (exclud	dividends ling distributions fro	m cash management, property and certai	n other unit trusts)
Distrib	utions from Trusts	nt or Listed Property Trusts	
includi	ng Cash Mahagemer	t of Listed Froporty France	
Trust Na TFN	me	AS Per Schedule	Trust Type
Subtota	ls		

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M J Admin

Taxation Estimate For the year ended 30 June 2020

Tax File Number: MJHO70 Return Code: Date prepared: 05/11/2020 M J Hollman Superannuation Fund Description: \$ \$ **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 12,903.91 Refundable franking credits 12,903.91 **TAX PAYABLE T5 Less Eligible Credits** 12,903.91 Remainder of refundable tax offsets 12,903.91 -12,903.91 Add: 259.00

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TOTAL AMOUNT REFUNDABLE

Supervisory levy

Mf Hellinar

259.00

12,644.91