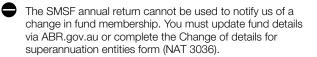
Self-managed superannuation 2020 fund annual return

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.



To complete this annual return

■ Print clearly, using a BLACK pen only.



■ Place X in ALL applicable boxes.

Postal address for annual returns:

Australian Taxation Office GPO Box 9845 [insert the name and postcode of your capital city]

For example;

Australian Taxation Office **GPO Box 9845** SYDNEY NSW 2001

To assist processing, write the fund's TFN at

Section A: Fund information

1 Tax file number (TFN)

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)

3 Australian business number (ABN) (if applicable)

4 **Current postal address**

Sub	urb/town			State/territory	Postcode
5	Annual return status Is this an amendment to the SMSF's 2020 return?	A No	Yes		
	Is this the first required return for a newly registered SMSF?	B No	Yes		

6 SMSF auditor Auditor's name Title: Mr Mrs Miss Ms Other Family name		
First given name Other given names		
SMSF Auditor Number Auditor's phone number		
Postal address		
Suburb/town	State/territory	Postcode
Day Month Year Date audit was completed A / /		
Was Part A of the audit report qualified? B No Yes		
Was Part B of the audit report qualified? C No 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 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

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.

8	Status of SMSF		Australian superannuation fund		Yes	Fund benefit structure B	Code				
			e fund trust deed allow acceptance vernment's Super Co-contribution a Low Income Super Amoun	ind CNC	Yes						
9	Was t No		bund up during the income year If yes, provide the date on which the fund was wound up	ear? Month	Year	Have all tax lodgment and payment obligations been met? No	Yes				
10	Exempt current pension income Did the fund pay retirement phase superannuation income stream benefits to one or more members in the income year?										
	-		exemption for current pension incc pt current pension income at Label		ust pay at leas	st the minimum benefit payment under	the law.				
	No	Go to Sec	tion B: Income.								
	Yes	Yes Exempt current pension income amount A \$									
		Which method did you use to calculate your exempt current pension income?									
			Segregated assets method B								
	Unsegregated assets method C Was an actuarial certificate obtained? D Yes										
	Did the fund have any other income that was assessable?										
	E Yes Go to Section B: Income.										
	No 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.)										
	-		tled to claim any tax offsets, you ca ion D: Income tax calculation staten								

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.

notional gain. If you are entitled to cla	im any t	ax offsets	s, you can	record	d these at Section D: Income tax calculation statement.
11 Income Did you have a capital gains t (CGT) event during the yea		No	Yes	\$10 201	e total capital loss or total capital gain is greater than 0,000 or you elected to use the transitional CGT relief in 7 and the deferred notional gain has been realised, nplete and attach a <i>Capital gains tax (CGT) schedule</i> 2020
Have you applied exemption or rollove	an M er? M	No	Yes		
		Net	capital gai	n A	\$
Gross rent and oth	ner leasir	ng and hi	iring incom	е В	\$
		G	ross interes	st C	\$
F	orestry r		l investmer eme incom		\$
Gross foreign income					Loss
D1 \$		Net for	eign incom	e D	\$
Australian franking credits fro	om a Ne	w Zealar	nd compar	y E	\$
			ansfers fror oreign func		\$
			nents wher I not quote		\$
Calculation of assessable contribution Assessable employer contribution			s distributio partnership		\$
R1 \$		*Unfrank	ked dividen amour		\$
plus Assessable personal contribution R2 \$	ns	*Frank	ked dividen amour	d K	\$
<i>plus **</i> No-TFN-quoted contributions R3 \$	6	*Divide	end frankin cred	g I	\$
(an amount must be included even if it less Transfer of liability to life insurance	,		*Gross tru: distributior		
company or PST		cc	Assessabl ontribution (R1 plus R us R3 less R	s R	\$
Calculation of non-arm's length inc *Net non-arm's length private company di U1 \$		*0	ther incom	e S	\$
plus *Net non-arm's length trust distribu	tions	due to d	able incom changed ta atus of fun	×Т	\$
<i>plus</i> *Net other non-arm's length incor U3 \$	me	len (subject to	t non-arm gth incom 45% tax rat s U2 plus U 3	U	\$
#This is a mandatory label.	(SS INCOM abels A to U		Loss
*If an amount is entered at this label,			sion incom		\$
check the instructions to ensure the correct tax treatment has		SESSAB 1E (W less			Loss
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).

	DEDUCTIONS	NON-DEDUCTIBLE EXPENSES
Interest expenses within Australia	A1 \$	A2 \$
Interest expenses overseas	ЫŞ	B2 \$
Capital works expenditure	D1 \$	D2 \$
Decline in value of depreciating assets		E2 \$
Insurance premiums – members	F1 \$	F2 \$
SMSF auditor fee	H1 \$	H2 \$
Investment expenses	l1 \$	12 \$
Management and administration expenses		J2 \$
Forestry managed investment scheme expense	U1 \$	U2 \$
Other amounts	L1 \$	L2 \$
Tax losses deducted	M1 \$	

	TOTAL DEDUCTIONS		TOTAL NON-DEDUCTIBLE EXPENSES
	N \$		Y \$
	(Total A1 to M1)		(Total A2 to L2)
	#TAXABLE INCOME OR LOSS	Loss	TOTAL SMSF EXPENSES
	O \$		Z \$
[#] This is a mandatory label.	(TOTAL ASSESSABLE INCOME less TOTAL DEDUCTIONS)		(N plus Y)

Section D: Income tax calculation statement

#Important:

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



		(H1 plus H2 plus H3 plus H5 plus H6 plus H8)	
H8 \$	6	H\$	
	Credit for foreign resident capital gains withholding amounts	Eligible credits	
H6 \$			
	Credit for interest on no-TFN tax offset		
H5 \$;		
	Credit for TFN amounts withheld from payments from closely held trusts		
Н3\$	6		
	Credit for tax withheld – where ABN or TFN not quoted (non-individual)		
H2\$	6		
	Credit for tax withheld – foreign resident withholding (excluding capital gains)		
H1\$	6		
	Credit for interest on early payments – amount of interest		



Section E: Losses

14 Losses

If total loss is greater than \$100,000, complete and attach a Losses schedule 2020. Tax losses carried forward U \$

Net capital losses carried forward to later income years

Section F: Member information

MEMBER 1

Title: Mr Mrs Miss Ms Other

Family name

First given name

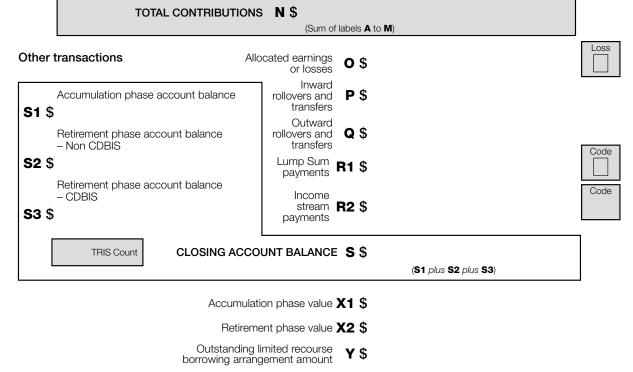
Other given names

Date of birth

Member's TFN

See the Privacy note in the Declaration.

OPENING ACCOUNT BALANCE \$ Contributions Proceeds from primary residence disposal Refer to instructions for completing these labels. н \$ Employer contributions Receipt date Day Month Yea A \$ H1 ABN of principal employer Assessable foreign superannuation fund amount A1 L \$ Personal contributions Non-assessable foreign superannuation fund amount **B** \$ J S CGT small business retirement exemption Transfer from reserve: assessable amount С Κ \$ CGT small business 15-year exemption amount Transfer from reserve: non-assessable amount D \$ Personal injury election Contributions from non-complying funds and previously non-complying funds Е \$ Т Spouse and child contributions Any other contributions (including Super Co-contributions and Low Income Super Amounts) F \$ Other third party contributions G \$ Μ \$



Page 8

MEMBER 2

Title: Mr Other Mrs Miss Ms Family name

First given name

Other given names

Member's TFN See the Privacy note in the Declaration.

Date of birth

Refer to instructions f	or completing these labels.	Proceeds from primary residence disposal
Employer contributi	005	De e siste dete
A \$		Hecelpt date Day Month Year
ABN of principal en	nplover	Assessable foreign superannuation fund amount
A1		
Personal contribution	ons	Non-assessable foreign superannuation fund amoun
B \$		J
CGT small business	s retirement exemption	Transfer from reserve: assessable amount
C \$		K \$
CGT small business	s 15-year exemption amount	Transfer from reserve: non-assessable amount
D \$		L \$
Personal injury elec	tion	Contributions from non-complying funds
E \$		and previously non-complying funds
Spouse and child c	ontributions	T \$
F \$		Any other contributions
Other third party co	ntributions	(inćluding Super Co-contributions and Low Income Super Amounts)
G \$		M \$

	TOTAL CONTRIBUTIONS N \$						
		(Sum of labels A to M)					
Other t	ransactions A	Allocated earnings or losses O \$	Loss				
S1 \$	Accumulation phase account balance	Inward rollovers and P \$ transfers					
	Retirement phase account balance – Non CDBIS	Outward rollovers and Q \$ transfers	Code				
S2 \$		Lump Sum payments R1 \$	Code				
	Retirement phase account balance – CDBIS	Income stream R2 \$ payments	Code				
	TRIS Count CLOSING ACC	COUNT BALANCE S \$]				
		(S1 plus S2 plus S3)					
	Accumul	lation phase value X1 \$					
	Retire	ment phase value X2 \$					
	Outstanding borrowing arra	g limited recourse angement amount Y \$					

5a A	Australian managed investments	Listed trusts	A	\$ ۱
		Unlisted trusts	B	3 \$
		Insurance policy	С	: \$
	Oth	er managed investments		
15b A	Australian direct investments	Cash and term deposits	E	\$
	Limited recourse borrowing arrangements Australian residential real property	Debt securities	F	\$
	J1 \$	Loans	G	\$
	Australian non-residential real property J2 \$	Listed shares	Η	I \$
	Οverseas real property	Unlisted shares	l	I \$
	J3 \$			
	Australian shares	Limited recourse		
	J4 \$	borrowing arrangements	s u	J \$
	Overseas shares	Non-residential	Ľ	с ф
	J5 \$	real property	n	ζ\$
	Other	Residential real property	L	- \$
	J6 \$	Collectables and personal use assets	M	I \$
	Property count J7	Other assets		
 15c (Other investments	Crypto-Currency		
15d C	Overseas direct investments	Overseas shares		·
	Overseas non	residential real property	G	₹ \$
	Overseas	s residential real property	R	8\$
	Oversea	as managed investments	S	\$
		Other overseas assets	T	\$
	TOTAL AUSTRALIAN ANI (Sum of label		U	J \$

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?

Yes

\$

15f	Limited recourse borrowing arrangements If the fund had an LRBA were the LRBA borrowings from a licensed financial institution?	A	No	١	/es			
	Did the members or related parties of the fund use personal guarantees or other security for the LRBA?	В	No	١	/es			
16	LIABILITIES							
	Borrowings for limited recourse borrowing arrangements							
	V1 \$							
	Permissible temporary borrowings							
	V2 \$							
	Other borrowings							
	V3 \$			Borrow	wings	V	\$	
	Total member closi (total of all CLOSING ACCOUNT BALANCEs fro					w	\$	
			Rese	rve acco	ounts	X	\$	
			0	ther liab	oilities	Y	\$	
		-	τοτα	L LIABI	ILITIES	Z	\$	

Section I: Taxation of financial arrangements

17 Taxation of financial arrangements (TOFA)



Total TOFA losses | \$

Section J: Other information

Family trust election status

If the trust or fund has made, or is making, a family trust election, write the four-digit **income year specified** of the election (for example, for the 2019-20 income year, write **2020**). If revoking or varying a family trust election, print **R** for revoke or print **V** for variation, and complete and attach the *Family trust election, revocation or variation 2020*. Interposed entity election status
If the trust or fund has an existing election, write the earliest income year specified. If the trust or fund is making one or more elections this year, write the earliest income year being specified and complete an *Interposed entity election or revocation 2020* for each election.
If revoking an interposed entity election, print **R**, and complete and attach the *Interposed entity election or revocation 2020*.

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, directo	r's or public officer's signature					
		Date	Day	Month	/	Year
Preferred trustee or di	ector contact details:					
Title: Mr Mrs Miss Family name	Ms Other					
First given name	Other given names					
Phone number Email address						
Non-individual trustee name	(if applicable)					
ABN of non-individual truste	e					
	Time taken to prepare and complete this annual return	н	rs			
The Commissioner of Taprovide on this annual r	exation, as Registrar of the Australian Business Register, may use eturn to maintain the integrity of the register. For further informatic	e the ABN on, refer to	l and b o the in	ousiness d Istructions	ətails wh	nich you
provided by the trustees, the	N: ed superannuation fund annual return 2020 has been prepare tt the trustees have given me a declaration stating that the info stees have authorised me to lodge this annual return.					'n
Tax agent's signature						
		Date	Day	Month	/	Year
Tax agent's contact de	ails					
Title: Mr Mrs Miss Family name	Ms Other					
First given name	Other given names					
Tax agent's practice						
Tax agent's phone number	Reference number	-	Tax ag	ent numb	er	

Losses schedule



Companies and trusts that do not join consolidated groups should complete and attach this schedule to their 2020 tax return. Superannuation funds should complete and attach this schedule to their 2020 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 \overline{X} in all applicable boxes.

Refer to *Losses schedule instructions 2020*, available on our website **ato.gov.au** for instructions on how to complete this schedule.

1 Tax losses carried forward to later income years

Tax file number (TFN)

Name of entity

Australian business number

Part A - Losses carried forward to the 2020-21 income year - excludes film losses

	Year of loss
В	2019–20
С	2018–19
D	2017–18
Е	2016–17
F	2015–16
G	2014–15 and earlier income years
U	Total

Transfer the amount at U to the Tax losses carried forward to later income years label on your tax return.

2	Net capital losses carried forward to later income years	
_	Year of loss	
	2019–20	Η
	2018–19	I
	2017–18	J
	2016–17	Κ
	2015–16	_
	2014–15 and earlier income years	Μ
	Total	V
	Transfor the amount at V to the Net conital leases corriad for	

Transfer the amount at V to the Net capital losses carried forward to later income years label on your tax return.

Part B – Ownership and business continuity test - company and listed widely held trust only

Complete item **3** of **Part B** if a loss is being carried forward to later income years 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 2019–20 income year, no loss has been claimed as a deduction, applied against a net capital gain or, in the case of companies, losses have not been transferred in or out.

Whether continuity of majority	Year of loss			
ownership test passed	2019–20	A	Yes	No
Note : If the entity has deducted, applied, transferred in or transferred out (as applicable) in the 2019–20 income year a loss incurred in	2018–19	В	Yes	No
any of the listed years, print X in the Yes or No box to indicate whether the entity has satisfied	2017–18	С	Yes	No
he continuity of majority ownership test in respect of that loss.	2016–17	D	Yes	No
	2015–16	Е	Yes	No
	2014–15 and earlier income years	F	Yes	No

2 Amount of losses deducted/applied for which the continuity of majority ownership test is not passed but the business continuity test is satisfied - excludes film losses

Tax losses	G
Net capital losses	н

No

3 Losses carried forward for which the business continuity test must be satisfied before they can be deducted/ applied in later years - excludes film losses

	Tax losses	I		
	Net capital losses	J		
4	Do current year loss provisions apply? Is the company required to calculate its taxable income or tax loss for the year under Subdivision 165-B or its net capital gain or net capital loss for the year under Subdivision 165-CB of the <i>Income Tax Assessment Act</i> <i>1997</i> (ITAA 1997)?	K	Yes	I

Part C - Unrealised losses - company only

Note: These questions relate to the operation of Subdivision 165-CC of ITAA 1997.			
Has a changeover time occurred in relation to the company after 1.00pm by legal time in the Australian Capital Territory on 11 November 1999?	L	Yes	No
If you printed X in the No box at L , do not complete M , N or O .			
At the changeover time did the company satisfy the maximum net asset value test under section 152-15 of ITAA 1997?	м	Yes	No
If you printed X in the No box at M , has the company determined it had an unrealised net loss at the changeover time?	Ν	Yes	No
If you printed X in the Yes box at N , what was the amount of unrealised net loss calculated under section 165-115E of ITAA 1997?	0		

Part D – Life insurance companies

omplying superannuation class tax losses carried forward to later income years	Ρ
mplying superannuation net capital losses carried forward to later income years	Q

Part E – Controlled foreign company losses

- Current year CFC losses
 - CFC losses deducted N
- CFC losses carried forward O

Part F – Tax losses reconciliation statement

 Balance of tax losses brought forward from the prior income year
 A

 ADD Uplift of tax losses of designated infrastructure project entities
 B

 SUBTRACT Net forgiven amount of debt
 C

 ADD Tax loss incurred (if any) during current year
 D

 ADD Tax loss amount from conversion of excess franking offsets
 E

 SUBTRACT Net exempt income
 F

 SUBTRACT Tax losses forgone
 G

 SUBTRACT Tax losses deducted
 H

 Conly 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 forward to later income years label on your tax return.

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**

Taxpayer's declaration

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

Signature

	Day	Month		Year
Date	/	1	/	

Contact person

Daytime contact number (include area code)

Capital gains tax (CGT) schedule

When completing this form

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



- Do not use correction fluid or covering stickers.
- Sign next to any corrections with your full signature (not initials).
- Use in conjunction with company, trust, fund income tax return or the self-managed superannuation fund annual return.
- Refer to the *Guide to capital gains tax 2020* available on our website at **ato.gov.au** for

instructions on how to complete this schedule.

Tax file number (TFN)

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)

Taxpayer's name

1 Current year capital gains and capital losses

Shares in companies listed on an Australian securities exchange	A \$	Capital gain	Capital loss K \$
Other shares			L \$
Units in unit trusts listed on an Australian securities exchange	C \$		M\$
Other units	D \$		N \$
Real estate situated in Australia	E \$		O \$
Other real estate	F \$		P \$
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 \$		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 \$		

2020

2	Capital losses	
	Total current year capital losses	A \$
	Total current year capital losses applied	B \$
	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 .
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 and transfer the total to label V – Net capital losses carried forward to later income years on your tax return.
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 5D (cannot be less than zero). Transfer the amount at A to label A – Net capital gain on your tax return.

7	Earnout arrangements		
	Are you a party to an earnout arrangement? A Yes, as a buyer (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 details requested here for each additional earnout arrangement.	d attach a separate sheet to this schedule provic	ling the
	How many years does the earnout arrangement run for?	В	
	What year of that arrangement are you in?	C	
	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 your non-qualifying arrangement in the income year.	E \$	LOSS
	Request for amendment		
	If you received or provided a financial benefit under a look-through earr to seek an amendment to that earlier income year, complete the followi		'ou wish
	Income year earnout right created	F	
	Amended net capital gain or capital losses carried forward	G \$	LOSS
8	Other CGT information required (if applicable)		CODE
	Small business 15 year exemption - exempt capital gains	A \$	/
	Capital gains disregarded by a foreign resident	В\$	
	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 \$	

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	Y	'ear
		/	/	
Contact name				
Daytime contact number (include area code)				

Electronic L	_odgment 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.

Privacv

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

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	
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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.

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

Signature

Date

1

1

Year

Tax Agent's 8 YWU/U/jcb

I declare that:

- 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	/	/			
Contact name	Client Reference					
Agent's Phone Number	UU [·] 5 [YbhˈBia VYf					