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

This declaration is to be completed where the tax return is to be lodged via an approved ATO electronic channel. It is the responsibility of the taxpayer to retain this declaration for a period of five years after the declaration is made, penalties may apply for failure to do so.

#### Privacy

The ATO is authorised by the *Taxation Administration Act 1953* to request the provision of tax file numbers (TFNs). The ATO will use the TFNs to identify each partner or beneficiary or entity in our records. It is not an offence not to provide the TFNs. However, you cannot lodge your tax return electronically if you do not quote your TFN.

Taxation law authorises the ATO to collect information and disclose it to other government agencies, including personal information about the person authorised to sign the declaration. For information about privacy go to ato.gov.au/privacy.

#### The Australian Business Register

The Commissioner of Taxation, as Registrar of the Australian Business Register, may use the ABN and business details which you provide on this tax return to maintain the integrity of the register.

Please refer to the privacy statement on the Australian Business Register (ABR) website (www.abr.gov.au) for further information – it outlines our commitment to safeguarding your details.

#### Electronic funds transfer - direct debit

Where you have requested an EFT direct debit some of your details will be provided to your financial institution and the Tax Office's sponsor bank to facilitate the payment of your taxation liability from your nominated account.

Tax file number (TFN)			Year	2021		
Name of partnership, trust, fund or entity	EM Earthmovers Superannuation Fund No. 2					
Total income or loss	136060	Total deductions	3361	Taxable income or loss	132699	

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:

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

Signature of partner, trustee or director	Date	

#### PART B

#### **ELECTRONIC FUNDS TRANSFER CONSENT**

This declaration is to be completed when an electronic funds transfer (EFT) of a refund is requested and the tax return is being lodged through an approved ATO electronic channel.

This declaration must be signed by the partner, trustee or director 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.

Agent's Reference Number	25809482	
Account Name	EM Earthmov	vers Super Fund No 2

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

Signature

Date

PART-C(a) ------Interposed entity-election and revocation (Section not required for this Return)

#### I/We declare 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,
- and that the trustee(s)/company/partners is/are making or revoking an interposed entity election, the details of which are set out above, for the purposes of section 272-85 of Schedule 2F to ITAA 1936 and that
- the trustee(s)/company/partners is/are able to make or revoke the election in accordance with that section.

Signature of partner, trustee or public officer

Date

#### PART-C(b)------Family trust-election, revocation-or variation (Section not required for this Return)

I/We declare that

- all the information required has been provided in this form and any attachments to this form,
- and that the information provided is true and correct in every detail,
- and that the trustee(s)/partners is/are making, varying or revoking a family trust election, the details of which are set out above, for the purposes of section 272-80 of Schedule 2F to ITAA 1936 and that
- the trustee(s) or, if the trustee is a company, the public officer of the corporate trustee is/are able to make, vary or revoke the election in
  accordance with that section.

Signature of trustee or		
if the trustee is a company,		
the public officer of		
the corporate trustee	Date	
•		

#### PART D Tax agent's certificate (shared facilities only)

declare that:

Г

- 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		Client referen	<sub>ce</sub> 1005454
Contac	t name	TTO CHARTERE	ED ACCO	UNTANTS		
Agent's phone number		08 82119426		Agent's	reference number	25809482

To assist processing, write the fund's TFN at the top of pages 3, 5, 7, and 9.

State/territory

SA

Postcode

5000

## 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).

## Section A: Fund information

#### 1 Tax 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)

EM Earthmovers S	uperannuation Fund
------------------	--------------------

No. 2

3 Australian business number (ABN) (if applicable)

63 709 435 082

Yes

Yes

#### 4 Current postal address

PO BOX 10243

Suburb/town

ADELAIDE BC

No

No

#### 5 Annual return status

Is this an amendment to the SMSF's 2021 return?	
---	--

Is this the first required return for a newly registered SMSF?

TFN

Taxpayer/entity name:	EM Earthmovers	Superannuation	Fund No. 2
-----------------------	----------------	----------------	------------

ile: Mr X Mrs Miss Ms Other		
imily name		
Boys		
rst given name Other given names		
Гопу		
MSF Auditor Number Auditor's phone number		
00 014 140 08 0410712708		
ostal address		
PO Box 3376		
Iburb/town RUNDLE MALL	State/territory	Postcode 5000
Day Month Year		
ate audit was completed <b>A</b>		
as Part B of the audit report qualified? <b>C</b> No X Yes		
Part B of the audit report was qualified, <b>D</b> No X Yes		
<b>Electronic funds transfer (EFT)</b> We need your self-managed super fund's financial institution details to pay any super pay	rments and tax refunds or	wing to you.
A Fund's financial institution account details		
	jent account here.	
This account is used for super contributions and rollovers. Do not provide a tax ag		
This account is used for super contributions and rollovers. Do not provide a tax ag         Fund BSB number       065149         Fund account number	10168441	

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

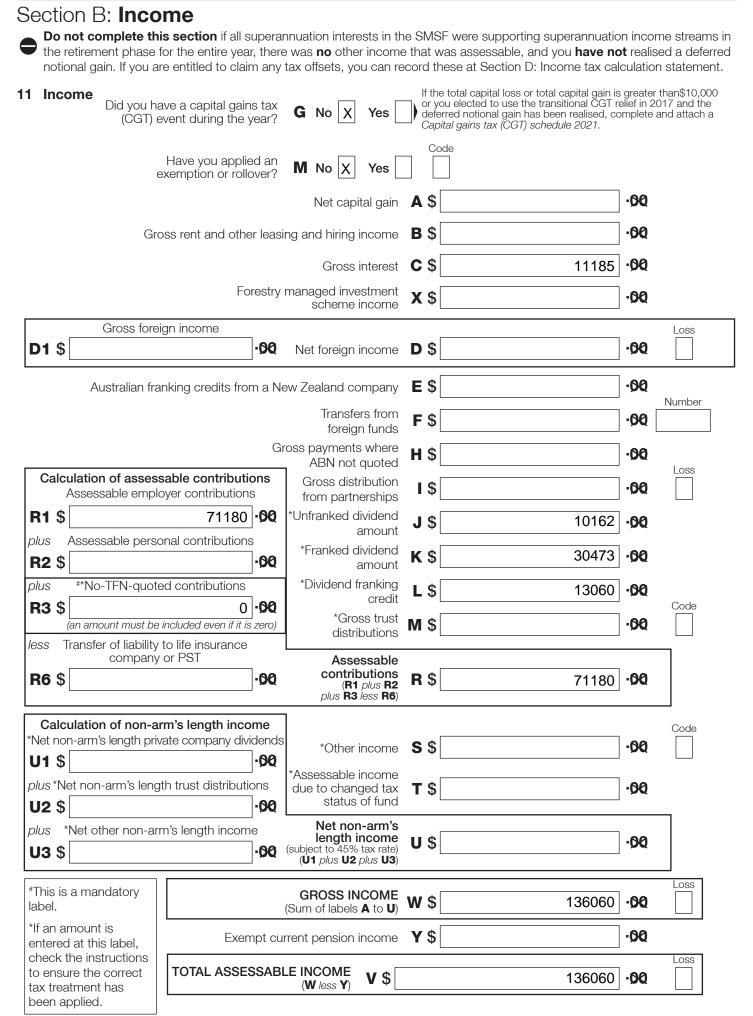
Provide the electronic service address alias (ESA) issued by your SMSF messaging provider. (For example, SMSF dataESAAlias). See instructions for more information...

Taxpayer/entity name: EM Earthmovers Superannuation Fund No. 2

	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	de
9	Vas the fund wound up during the income year?         No       X       Yes       Yes       Have all tax lodgment and payment which the fund was wound up         No       Yes       Yes       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?	
	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 <b>A</b> .	
	Io X Go to Section B: Income.	
	res ) 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?	
	<b>Yes</b> 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 <b>not</b> complete Section B: Income.)	
	If you are entitled to claim any tax offsets, you can list these at Section D: Income tax calculation statement.	

TFN

Taxpayer/entity name: EM Earthmovers Superannuation Fund No. 2



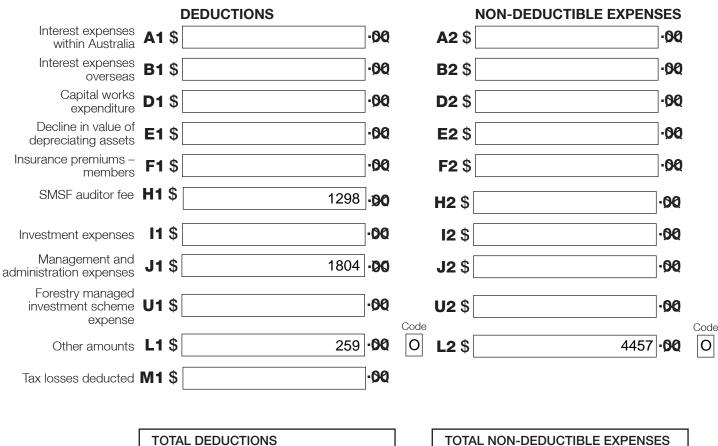
Taxpayer/entity name: EM Earthmovers Superannuation Fund No. 2

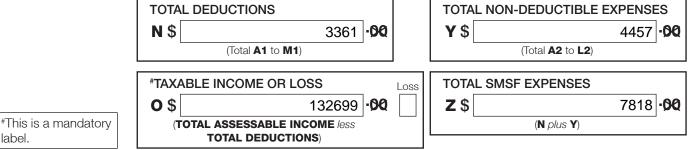
Fund's tax file number (TFN)

## 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).





label.

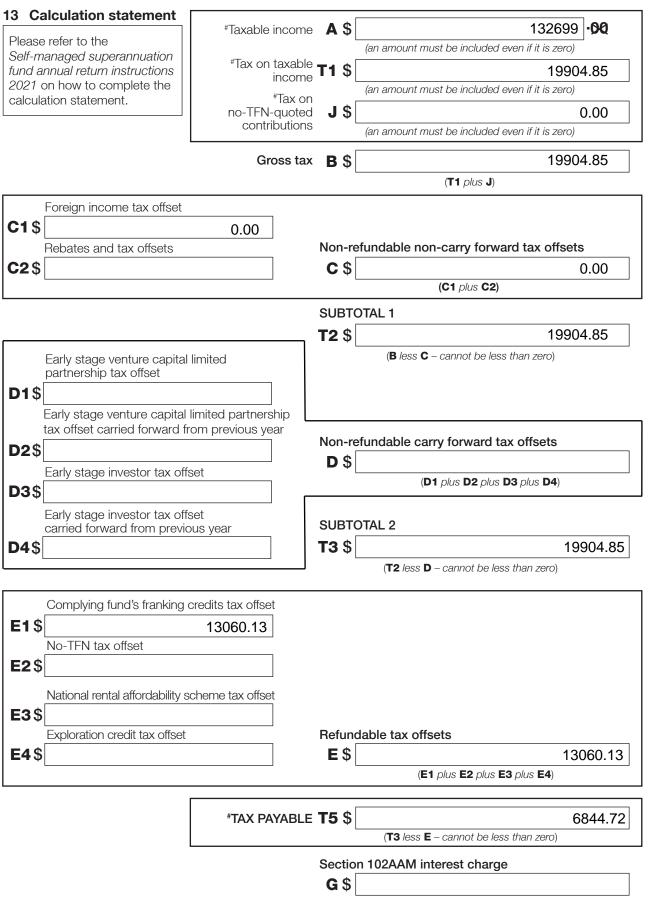
0

N

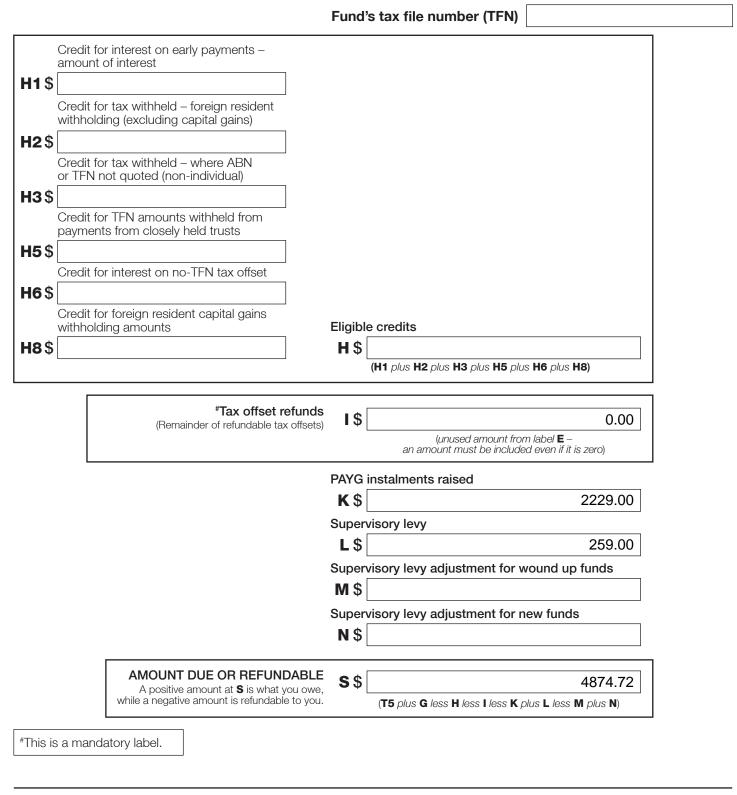
## Section D: Income tax calculation statement

#### <sup>#</sup>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.



Taxpayer/entity name: EM Earthmovers Superannuation Fund No. 2

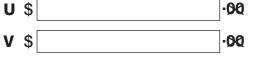


## Section E: Losses

#### 14 Losses

If total loss is greater than \$100,000, complete and attach a Losses schedule 2021.

Tax losses carried forward to later income years Net capital losses carried forward to later income years



Taxpayer/entity name: EM Earthmovers Superannuation Fund No. 2

TFN

Section F	: N	/lemb	ber ir	nforma	tion
-----------	-----	-------	--------	--------	------

Musolino					
rst given name		Other given name	3		<b>」</b>
Paul		Elliott			
lember's TFN ee the Privacy note in the Declaration	n.			Date of birth	Month 26/12/1970
	-NING ACCOL	JNT BALANCE \$			651482.73
Refer to instructions					031402.73
r completing these bels.		Proceeds f	om prii	mary residence disposal	
Employer contributions				ay Month Yea	
A \$	25000.00	Receipt da	te <sup>Da</sup>	iy Montri rea	
ABN of principal employer	20000.00	H1	foroign	auparappuation fund am	
A1 \$			loreign	superannuation fund amo	
Ψ		I\$			
Personal contributions		Non-asses	sable fo	oreign superannuation fur	nd amount
B \$		J \$			
CGT small business retirement exen	nption	Transfer fro	m rese	erve: assessable amount	
C \$		K \$			
CGT small business 15-year exemp	tion amount	Transfer fro	m rese	erve: non-assessable amo	nunt
D \$		L S			
		Contributio	ons fror	n non-complying	
Personal injury election		funds and	previou	usly non-complying funds	3
E \$		Т \$			
Spouse and child contributions					
F \$		Any other (including S	contribu Super C	utions Co-contributions and er Amounts)	
Other third party contributions		_	e Supe	er Amounts)	
G \$		M \$			
		NTRIBUTIONS	N \$		<b>25000.00</b>
Other transactions	Allo	-	<b>)</b> \$		104083.15
Accumulation phase account	balance	Inward rollovers and	<b>&gt;</b> \$		
S1 \$	780565.88	transfers	•		
Retirement phase account – Non CDBIS	balance		ג \$		
S2 \$	0.00	transfers			Ca
Retirement phase account		Lump Sum R	1 \$		
- CDBIS		Income stream <b>R</b>	o ¢ [		
<b>S3</b> \$	0.00	payments	< ⊅ _		
0 TRIS Count CLO		UNT BALANCE	S \$		780565.88
		ion phase value <b>X</b>	1 \$		
	Retireme	ent phase value 🗙	2 \$		
			·		
hr	Outstanding I	mited recourse	1\$		

#### RN:100017882MS

#### Self managed superannuation fund return 2021

Taxpayer/entity name: EM Earthmovers Superannuation Fund No. 2

Fund's tax file number (TFN)

Title: Mr X Mrs Miss Ms	Other						
Family name							
First given name		Other given par	m00				
Aaron		Other given nar	mes				
		30111			Day	Month	Year
Member's TFN See the Privacy note in the Declaration					Date of birth	27/04/19	72
Contributions	NING ACCOL	JNT BALANCE	\$			613375.32	
Refer to instructions		Draaad		. prim	ary residence disposal		l
for completing these labels.		H \$		грппа	ary residence disposal		
		· .					
Employer contributions A \$	25000.00	Receipt	date	Day	Month Year	_	
*	25000.00	H1					
ABN of principal employer		Assessal	ble foi	eign s	uperannuation fund amou	unt	
A1 \$		I \$					
Personal contributions		Non-ass	sessab	ole fore	eign superannuation func	l amount	
B \$		J \$					
	ntion		from	rooon			
CGT small business retirement exem	puon	K \$	Irom	reserv	e: assessable amount		
CGT small business 15-year exempt	ion amount		from	reserv	e: non-assessable amou	l Int	
D \$		L \$					
Personal injury election					non-complying		
E \$		T \$		eviousi	y non-complying funds		
Spouse and child contributions		I P					
F \$		Any othe	er cor	ntributi	ons		
Other third party contributions		(includin Low Inc	ig Sup ome S	ber Co Super J	-contributions and Amounts)		
G \$		М\$			,		
	TOTAL CO	NTRIBUTIONS	N :	\$		25000.00	
	(Sum o	f labels <b>A</b> to <b>M</b> )					Loss
Other transactions	Allo	ocated earnings or losses	0 9	\$		97808.64	
Accumulation phase account k		rollovers and	P	\$			
	36183.96	transfers Outward					
Retirement phase account – Non CDBIS	balance	rollovers and transfers	Q	\$			
S2 \$	0.00	Lump Sum payment	R1 :	5			Code
Retirement phase account b – CDBIS	alance	Income		·			Code
S3 \$	0.00	stream	<b>R2</b>	\$			
0 TRIS Count CLC		UNT BALANCE S2 plus S3)	SS	6		736183.96	
		ion phase value	X1 :	\$			
	Retirem	ent phase value	X2 :	\$			
ha	Outstanding	imited recourse gement amount	Y	·			
		gernont arnount					

TFN

Taxpayer/entity name: EM Earthmovers Superannuation Fund No. 2

MEMBER 3						
Title: Mr Mrs X Miss M Family name	s Other					
Musolino					]	
First given name		Other given nar	mes		1	
Christine		Ann Jose	ohine			
<b>Member's TFN</b> See the Privacy note in the Declara	ation.			Date of birth	Month 27/04/196	Year 7
Contributions	OPENING ACCOL	JNT BALANCE	\$		370095.12	
Refer to instructions L for completing these labels.		Proceed	s from prim	ary residence disposal		
Employer contributions		Receipt	date	Month Year	] 	
A \$	12969.11	H1				
ABN of principal employer		Assessal	ble foreign s	superannuation fund amo	bunt	
A1 \$		I \$				
Personal contributions		Non-ass	sessable for	eign superannuation fur	id amount	
B \$		J \$				
CGT small business retirement e	xemption	Transfer	from reserv	ve: assessable amount		
C \$		К\$				
CGT small business 15-year exe	mption amount	Transfer	from reserv	ve: non-assessable amo	unt	
D \$		L \$				
Personal injury election				non-complying ly non-complying funds	1	
E \$		Т \$			, 	
Spouse and child contributions						
F \$		Any othe (includin	er contribut g Super Co	ions o-contributions and Amounts)		
Other third party contributions	]			Amounts)		
G \$		M \$				
		NTRIBUTIONS f labels <b>A</b> to <b>M</b> )	N \$		12969.11	
Other transactions	Allo	ocated earnings or losses	<b>O</b> \$		59867.14	
Accumulation phase accou	unt balance	Inward rollovers and	Р\$			
S1 \$	442931.38	transfers Outward				
Retirement phase accor – Non CDBIS	unt balance	rollovers and transfers	<b>Q</b> \$			Cada
<b>S2</b> \$	0.00	Lump Sum payment	R1 \$			Code
Retirement phase accou – CDBIS	int balance	Income				Code
S3 \$	0.00	stream payments	<b>R2</b> \$			
0 TRIS Count	CLOSING ACCO	UNT BALANCE S2 plus S3)	<b>S</b> \$		442931.38	
	Accumulat	ion phase value	X1 \$			
	Retirem	ent phase value	X2 \$			
	Outstanding I borrowing arrang	imited recourse gement amount	Y \$			

Sensitive (when completed)

TFN

Taxpayer/entity name: EM Earthmovers Superannuation Fund No. 2

MEMBER 4					
Title: Mr Mrs X Miss Ms Other					
Family name				]	
First given name	Other given na	mes			
Sally		11103			
Member's TFN See the Privacy note in the Declaration.			Date of birth	Month 24/04/19	Year 71
Contributions		ф [		000005.45	
Refer to instructions	COUNT BALANCE	\$		328295.15	
for completing these		s from	primary residence disposal		
	<b>H</b> \$				
Employer contributions     A   \$     8211.0	Receipt	date	Day Month Year		
A U OZ 11.0 ABN of principal employer		bla farai	ion our avance stice fund and		
All \$			ign superannuation fund amo		
··· \$	_ I\$				
Personal contributions	Non-ass	sessable	e foreign superannuation fun	d amount	
B \$	J\$				
CGT small business retirement exemption	Transfer	from re	eserve: assessable amount		
C \$	К \$				
CGT small business 15-year exemption amour	nt Transfer	from re	eserve: non-assessable amo	unt	
D \$	L \$				
Personal injury election			rom non-complying		
E \$		nd prev	iously non-complying funds		
Spouse and child contributions	─ Т\$				
F \$	Any oth	er contr	ibutions		
Other third party contributions	(includin     Low Inc	ig Supe ome Su	er Co-contributions and uper Amounts)		
G \$	М\$				
					]
	CONTRIBUTIONS m of labels <b>A</b> to <b>M</b> )	N \$		8211.00	
Other transactions	Allocated earnings or losses	<b>O</b> \$		53118.19	
Accumulation phase account balance	Inward rollovers and	Р\$			
<b>S1</b> \$ 389624.34	transfers	FΨ			
Retirement phase account balance – Non CDBIS	Outward rollovers and transfers	<b>Q</b> \$			Code
<b>S2</b> \$ 0.00	Lump Sum	<b>R1</b> \$			
Retirement phase account balance – CDBIS	Income				Code
<b>S3</b> \$ 0.00	streampayments	<b>R2</b> \$			
	COUNT BALANCE	<b>S</b> \$		389624.34	
Accum	ulation phase value	X1 \$			
Retir	ement phase value	<b>X2</b> \$			
Outstandi borrowing an	ng limited recourse rangement amount	<b>Y</b> \$			

TFN

Section G: Supplemen	tary me	mber i	nfor	mati	on			
MEMBER 5								Code
Title: Mr Mrs Miss Ms	Other						Account statu	s
Family name								
First given name		Other given	namoo					
			liaines					
Member's TFN	Date of	birth			If decea	sed, date o	of death	
See the Privacy note in the Declaration.	Day	Month Y	ear	-	Day	Month	Year	
Contributions	IING ACCOUN		- ¢				]	
Refer to instructions		NI BALANG	□ Φ _				]	
for completing these				n primar	y residence o	disposal		
labels.		H (	5					
Employer contributions			pt date	Day	Month	Year	7	
A \$		H1						
ABN of principal employer		Asses	sable for	reign sup	perannuation	fund amour	1t	
A1 \$		I	\$					
Personal contributions		Non-a	assessal	ole foreiç	gn superannı	uation fund a	amount	
B \$		J	\$					
CGT small business retirement exemp	tion	-	·	rosonio:	assessable	amount		
C \$			<b>\$</b>		2336332016	amount		
			Ŧ				]	
CGT small business 15-year exemption		Irans	s [	reserve:	non-assess	able amoun	<u>t</u>	
D \$								
Personal injury election					n-complying non-complyi			
E \$		т	\$ 			0	]	
Spouse and child contributions		•					]	
F \$		Any c	ther cor	ntribution	IS			
Other third party contributions		(Inclui Low I	ncome	Super Co-c Super Ar	ontributions nounts)	and		
G \$		М	\$					
Γ								
	TOTAL CON	TRIBUTION abels <b>A</b> to <b>M</b> )	IS N	\$				
L Other transactions		ated earning	19					oss
	/ 100	or losse		\$				
Accumulation phase account ba	alance	Inwa rollovers ar		\$				
S1 \$		transfe	rs	Ψ				
Retirement phase account b – Non CDBIS	alance	Outwa rollovers ar	nd Q	\$				
<b>S2</b> \$		transfe					Cc	ode
Retirement phase account ba		Lump Su payme	m <b>R1</b> :	\$				
- CDBIS		Incom		<b>•</b>				ode
<b>S3</b> \$		payme	m <b>R2</b> : nts	5			L	
TRIS Count CLOS			CE S	¢			]	
	(S1 plus S2		JL 3.	₽			]	
	Accumulatio		ue <b>X1</b>	\$				
				·				
		it phase valu		·				
C borr	Outstanding lim owing arrange	ment amou	nt Y	\$				

Sensitive (when completed)

RN :100017882MS

TFN

Taxpayer/entity name:	EM Earthmovers Superannuation Fund No. 2

MEMBER 6	(	Code
Title: Mr Mrs Miss Ms Other	Account status	
Family name		
First given name	Other given names	
Member's TFN Da	ate of birth If deceased, date of death	
See the Privacy note in the Declaration.	Month Year Day Month Year	
Contributions		
Refer to instructions		
for completing these	Proceeds from primary residence disposal	
labels.	Н \$	
Employer contributions	Receipt date Day Month Year	
A \$	H1	
ABN of principal employer	Assessable foreign superannuation fund amount	
A1 \$		
	*	
Personal contributions	Non-assessable foreign superannuation fund amount	
<b>B</b> \$	J\$	
CGT small business retirement exemption	Transfer from reserve: assessable amount	
C \$	K \$	
CGT small business 15-year exemption amour	nt Transfer from reserve: non-assessable amount	
D \$	L \$	
	Contributions from non-complying	
Personal injury election	funds and previously non-complying funds	
E \$	— т \$	
Spouse and child contributions		
F \$	Any other contributions (including Super Co-contributions and	
Other third party contributions	Low Income Super Amounts)	
G \$	M \$	
	CONTRIBUTIONS N \$	
	or losses <b>O</b> \$	
Accumulation phase account balance	Inward rollovers and <b>P \$</b>	
S1 \$	transfers	
Retirement phase account balance	Outward rollovers and <b>Q \$</b>	
– Non CDBIS	transfers Code	
	Lump Sum R1 \$	
Retirement phase account balance – CDBIS	Income	
S3 \$	stream <b>R2 \$</b>	
Accumi	nulation phase value X1 \$	
Retire	rement phase value X2 \$	
Outstandir borrowing arr	ing limited recourse rangement amount	

RN :100017882MS

TFN

Taxpayer/entity name: EM Earthmovers Superannuation Fund No. 2

MEMBER 7			Code
Title: Mr Mrs Miss Ms	Other	Account statu	
Family name			
First given name		Other given names	
Member's TFN See the Privacy note in the Declaration		e of birth If deceased, date of death Month Year Day Month Year	
Contributions		UNT BALANCE \$	
Refer to instructions			
for completing these labels.		Proceeds from primary residence disposal <b>H</b> \$	
Employer contributions		Receipt date Day Month Year	
<b>A</b> \$		H1	
ABN of principal employer		Assessable foreign superannuation fund amount	
A1 \$		I \$	
Personal contributions		Non-assessable foreign superannuation fund 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 amount	
D \$		L \$	
Personal injury election		Contributions from non-complying	
E \$		funds and previously non-complying funds	
Spouse and child contributions		<b>T</b> \$	
F \$		Any other contributions	
Other third party contributions		(including Super Co-contributions and Low Income Super Amounts)	
G \$		M \$	
[			
		ONTRIBUTIONS N \$	99
Other transactions	Allo	located earnings or losses of \$	
Accumulation phase account b	alance	Inward rollovers and transfers	
S1 \$ Retirement phase account b	balance	Outward	
– Non CDBİS		transfers	de
<b>S2</b> \$		Lump Sum R1 \$	7
Retirement phase account b – CDBIS	alance		de T
<b>S3</b> \$		stream <b>R2 \$</b>	
TRIS Count CLO		DUNT BALANCE <b>S</b> \$	
		s S2 plus S3) ation phase value X1 \$	
		nent phase value X2 \$	
bor	rrowing arran	Imited recourse Y\$	

Sensitive (when completed)

RN:100017882MS

TFN

_			
Taxpayer/entity name:	EM Earthmovers	Superannuation Fu	und No. 2

MEMBER 8					С	ode
Title: Mr Mrs Miss Ms	Other				Account status	
Family name					1	
Eirot eiron nome						
First given name     Other given names						
Tate:       Mrs       Miss       Ms       Other       Accor         Farnily name       Other given names       Other given names       If deceased, date of death         First given name       Other given names       If deceased, date of death       If deceased, date of death         See the Privacy note in the Declaration.       Image: Member's TFN       Date of birth       If deceased, date of death         See the Privacy note in the Declaration.       Image: Member's TFN       Date of birth       If deceased, date of death         See the Privacy note in the Declaration.       Image: Member's TFN       Date of birth       If deceased, date of death         Contributions       OPENING ACCOUNT BALANCE \$       Image: Member's TFN       Development       Member's TFN         Contributions       OPENING ACCOUNT BALANCE \$       Image: Member's TFN       North       View         Contributions       Proceeds from primary residence disposal       Image: Member's TFN       North       View         Contributions       Proceeds from primary residence disposal       Image: Member's TFN       North       View         A S       Image: Member's TFN       Sessable foreign superannuation fund amount       I       \$         A S       Image: Sessable foreign superannuation fund amount       I       \$       \$		e of death				
There is in the image is in the						
Trime: Mr Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs						
Contributions			\$			
Refer to instructions						
		_	s from primary	/ residence disposal		
		· L		Month Voor		
			date Day	Month Tear		
			le foreian sur	perannuation fund amo		
		г				
÷		* [				
		,	essable foreig	n superannuation fund	d amount	
ВЭ		J \$				
-	otion	Transfer	from reserve:	assessable amount		
С\$		K \$				
CGT small business 15-year exempti	on amount		from reserve:	non-assessable amou	unt	
D \$		L \$				
Personal injury election		Contribu funds an	itions from no	n-complying		
E \$						
Spouse and child contributions		1 5				
F \$		Any othe	er contribution			
Other third party contributions		Low Inco	g Super Co-c ome Super Ar	nounts)		
G \$		М\$				
Γ					]	
			N \$			
Other transactions	Allo	cated earnings	0 \$			
		_	••			
	alance	rollovers and	Р\$			
	alance	Outward				
– Non CDBİS		rollovers and transfers	Q \$		Code	
S2 \$		Lump Sum	R1 \$			
Retirement phase account ba	alance	paymont			Code	
		stream payments	R2 \$			
					]	
TRIS Count CLOS		UNT BALANCE S2 plus S3)	S \$			
L		ion phase value )	¥1 ¢			
		-				
		ent phase value	X2 \$			
) bor	Jutstanding l rowing arrang	imited recourse gement amount	Y \$			

as in-house assets) at the end of the

income year?

## Section H: Assets and liabilities

15	ASSETS						
15a	Australian managed investments		Listed trusts	A	\$		-00
			Unlisted trusts	В	\$		-00
			Insurance policy	С	\$		-00
		Othe	r managed investments	D	\$		-00
15b	Australian direct investments	(	Cash and term deposits	Е	\$	1241689	-00
	Limited recourse borrowing arrangen Australian residential real property	nents	Debt securities	F	\$		-00
	J1 \$	·00	Loans	G	\$		-00
	Australian non-residential real property	-	Listed shares	Н	\$	1112975	-00
	<b>J2</b> \$	-00	Unlisted shares		\$		-00
	Overseas real property		UTINSTED STRATES	_	Ψ		
	J3 \$ Australian shares	<b>.00</b>	Limited recourse orrowing arrangements		\$		-00
	J4 \$	-00	Non-residential	ĸ	\$		-00
	Overseas shares		real property		· L		
	J5 \$	-00	Residential real property	L	\$		-00
	Other		Collectables and	М	\$		-00
	J6 \$	·00	personal use assets		. г		]
	Property count		Other assets	0	2		-00
	J7 \$	]					
L	L		J				

15c	Other investments	Crypto-Currency	Ν	\$	<b>.00</b>
15d	Overseas direct investments	Overseas shares	Ρ	\$	-00
		Overseas non-residential real property	Q	\$	<b>.00</b>
		Overseas residential real property	R	\$	<b>.00</b>
		Overseas managed investments	S	\$	<b>.00</b>
		Other overseas assets	т	\$	<b>.00</b>
	TOTAL AUS	STRALIAN AND OVERSEAS ASSETS (Sum of labels <b>A</b> to <b>T</b> )	U	\$ 2354664	-00
15e	<b>In-house assets</b> Did the fund have a log or investment in, related p			\$	• <b>00</b>

TFN

Taxpayer/entity name: EM Earthmovers Superannuation Fund No. 2

<b>15f</b> Limited recourse borrowing arrangements If the fund had an LRBA were the LRBA borrowings from a licensed financial institution?	Yes
<b>B</b> No	Yes

#### 16 LIABILITIES

Borrowings for limited recourse borrowing arrangements					
V1 \$	-00				
Permissible temporary borrowings					
V2 \$	•00				
Other borrowings					
V3 \$	-00	Borrowings	V	\$	-00
Total memb otal of all CLOSING ACCOUNT BALAN		ng account balances m Sections F and G)	w	\$ 2349305	-00
		Reserve accounts	Χ	\$	-00
		Other liabilities	Y	\$ 5359	-00
		TOTAL LIABILITIES	Ζ	\$ 2354664	-00

## Section I: Taxation of financial arrangements

17	Taxation of financial arrangements (TOFA)			
	Total TOFA gains	Н\$	Ø-	Q
	Total TOFA losses	Ι\$	•0•	Q

## 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 <b>income year</b>	
	<b>specified</b> of the election (for example, for the 2020–21 income year, write 2021. If revoking or varying a family trust election, print <b>R</b> for revoke or print <b>V</b> for variation,	]
B	B 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 C specified and complete an Interposed entity election or revocation 2021 for each election.	
	If revoking an interposed entity election, print R, and complete	
	and attach the Interposed entity election or revocation 2021. ${\sf D}$	

TFN

Taxpayer/entity name: EM Earthmovers Superannuation Fund No. 2

### Section K: Declarations

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

#### Important

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

#### Privacy

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

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

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

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

Authorised trustee's, director's or public officer's signature

			Day	Month	Year
		Date			
Preferred trustee or director contact details:					
Title: Mr Mrs X Miss Ms Other					
Family name					
Musolino					
First given name Other give	en names				
Pauline					
Phone number 08 82674777 Email address					]
Non individual trustoo namo (if applicable)					
Non-individual trustee name (if applicable) Paul E Musolino Christine AJ MusolinoAaron J I	Musolino and Sall	Musoli	no		
		y WiuSoli			
ABN of non-individual trustee					
Time taken to prepare and comple	te this annual return	I	Hrs		
The Commissioner of Taxation, as Registrar of the Australia you provide on this annual return to maintain the integrity of the					
<b>TAX AGENT'S DECLARATION:</b> I declare that the <i>Self-managed superannuation fund</i> with information provided by the trustees, that the trustees h to me is true and correct, and that the trustees have authorised Tax agent's signature	nave given me a decla	aration sta			
		7	Day	Month	Year
		Date			
Tax agent's contact details       Title:     Mr       Mrs     Miss       Ms     Other					
Family name				1	
ACCOUNTANTS					
First given name Other give					
	RTERED				
Tax agent's practice					
TTO CHARTERED ACCOUNTANTS					
Tax agent's phone number Reference r			Tax	agent numbe	
08 82119426 1005454	1			25809482	
Postal address for annual returns: Australian Taxation Of	fice, GPO Box 9845, I	N YOUR (	CAPITA	LCITY	
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