CLEAVE HOLDINGS SUPERANNUATION

Self-managed superannuation fund annual return

2018

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 2018 (NAT 71287).

The Self-managed superannuation fund annual return instructions 2018 (NAT 71606) (the instructions) can assist you to complete this annual return.

Se 1	ction A: Fund information Tax file number (TFN)	797 346 637		
•	The Tax Office is authorised by law to requ	est your TFN. You are not obliged to quote your TFN but not annual return. See the Privacy note in the Declaration.	quoting it cou	uld increase the
2	Name of self-managed superannuat			
		CLEAVE HOLDINGS SUPERANNUATION FUND		
3	Australian business number (ABN)	24 667 706 213		
4	Current postal address	CLEAVE ACCOUNTING PTY LTD		
		PO Box 165		
		VIRGINIA BC	QLD	4014
6	Is this the first required return for a newly re	egistered SMSF? B N		
	Auditor's name Title	MR		
	Family name	BOYS		
	First given name	ANTHONY		
	Other given names			
	SMSF Auditor Number	100 014 140		
	Auditor's phone number	0410 712708		
	Use Agent address details?	SUPER AUDITS		
	address detaile.	BOX 3376		
		RUNDALL MALL	SA	5000
		Date audit was completed A		,
		Was Part B of the audit report qualified ?		
		If the audit report was qualified, have the reported compliance issues been rectified?	С	

FUND

7 Elec	tronic	funds	transfer	(EFT
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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	Financial institution You must provide the fitax refunds paid to a di	inancial institution deta	ils of your fund's non	inated super accour		your fund's
		Fund BSB number (must be six digits)	064000	Fund account nur	hber 11698312		
		Fund account name (for	or example, J&Q Citize	<u>*</u>	5)		
	В	Financial institutio If you would like your fi Tax refunds cannot be	und's tax refunds paid	to a different account	provide additional fi	nancial institution d	gent Trust Account?
		Fund BSB number (must be six digits)	or example, J&Q Citize	Account nur	aber		
	С	Electronic service at We will use your electronic	address alias onic service address a	lias to communicate	vith your fund about	ATO super paymen	ots.
8	St		Australian superanno rust deed allow accepta ment's Super Co-contri Low Income Super Co	ance of the ibution and	Y	Fund benefit struc	cture B A Code
9	N	as the fund wound of Print Y for yes or N for no.	up during the incon If yes, provide the which fund was wol	date on		Have all tax lodo and pay obligations been	ment
10	Did in t	tempt current pension of the fund pay retirement the income year?	nt phase superannuatio				or N for no.
	th	ie law. Record exempt o	current pension income				
		No, Go to Section B: In	pension income amount	t A			
			d you use to calculate		ension income?		
		Segr	egated assets method	В			
		Unsegr	egated assets method	C Was a	actuarial certificate	obtained?	Print Y for yes
	ı	Did the fund have any c	other income that was a	assessable?	Print Y for yes or N for no.	Yes, go to Section E	3: Income
							TFN quoted contributions. ete Section B: Income.)
		you are entitled to clain					

CLEAVE HOLDINGS SUPERANNUATION FUND

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.

Income	Did you have a capital gains tax (CGT) event during the year?	G Y Print Y for yes or N for no. \$10,000 or you el the deferred notion and attach a Capi	ected to use the CGT relief in 2017 a mal gain has been realised, complete ital Gains Tax (CGT) schedule 2018	ınd
	Have you applied an exemption or rollover?	M N Print Y for yes	, ,	
		Net capital gain	Α 0	
		Gross rent and other leasing and hiring income	В	
		Gross interest	C 5	
		Forestry managed investment scheme income	Х	
Gross	foreign income			Loss
D1		Net foreign income	D	Loss
	Austr	alian franking credits from a New Zealand company	E	
		Transfers from foreign funds	F	Numb
		Gross payments where ABN not quoted	Н	
1	on of assessable contributions sable employer contributions	Gross distribution from partnerships	1	Loss
plus Assessable personal contributions R2 0 plus #*No-TFN-quoted contributions R3 0 (an amount must be included even if it is zero) less Transfer of liability to life insurance company or PST	* Unfranked dividend amount	J		
	* Franked dividend amount	K 771		
	* Dividend franking credit	L 330		
	must be included even if it is zero)	* Gross trust distributions	M	Code
	Assessable contributions		7	
R6	0	(R1 plus R2 plus R3 less R6)	R 0	
Calculation	on of non-arm's length income			
	on-arm's length private			Code
U1		* Other income	S	
plus * Net n	non-arm's length trust distributions	*Assessable income due to changed tax status of fund	Т	
plus * Net of	ther non-arm's length income	Not non arm's longth income		1
U3		Net non-arm's length income (subject to 45% tax rate) (U1 plus U2 plus U3)	U	
* If an amour	andatory label nt is entered at this label, check the to ensure the correct tax s been applied.	GROSS INCOME (Sum of labels A to U)	W	Loss
		Exempt current pension income	Υ	
		TOTAL ASSESSABLE INCOME	V 1,106	Loss

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 expens within Austra	ses alia A1	A2
Interest expens overse	eas 📴	B2
Capital wo expendite	rks ure D1	D2
Decline in value depreciating ass		E2
Insurance premium: membe	s – F1	F2
Death benefit increa	ase G1	
SMSF auditor	fee H1 275	H2
Investment expens	ses I1	12
Management a administration expens	ses	J2
Forestry manag investment scheme exper	ged use U1	Code U2
Other amou	nts L1	L2
Tax losses deduct	ted M1	
	TOTAL DEDUCTIONS	TOTAL NON-DEDUCTIBLE EXPENSES
	N 534	Y 0
	(Total A1 to M1)	(Total A2 to L2)
	#TAXABLE INCOME OR LOSS	Loss TOTAL SMSF EXPENSES
	O 572	Z 534
	(TOTAL ASSESSABLE INCOME TOTAL DEDUCTIONS)	E less (N plus Y)
†This is a mandatory label.		

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.

13 Calculation statement

Please refer to the Self-managed superannuation fund annual return instructions 2018 on how to complete the calculation statement.

#Taxable income A	572
(an amount mu	st be included even if it is zero)
#Tax on taxable income T1	85.80
(an amount mu	st be included even if it is zero)
#Tax on no-TFN- quoted contributions	0.00
(an amount mu	st be included even if it is zero)
Gross tax B	85.80
	(T1 plus J)

FUND	
Foreign income tax offset C1 Rebates and tax offsets C2	Non-refundable non-carry forward tax offsets 0.00 (C1 plus C2)
	SUBTOTAL 1 T2 85.80 (B less C –cannot be less than zero)
Early stage venture capital limited partnership tax offset D1 Early stage venture capital limited partnership tax offset carried forward from previous year D2 Early stage investor tax offset D3 Early stage investor tax offset carried forward from previous year D4	Non-refundable carry forward tax offsets 0.00 (D1 plus D2 plus D3 plus D4)
	SUBTOTAL 2 T3 85.80 (T2 less D –cannot be less than zero)
Complying fund's franking credits tax offset E1	Refundable tax offsets
E4	(E1 plus E2 plus E3 plus E4)

#TAX PAYABLE T5	0.00
(T3 less I	E - cannot be less than zero)

Section 102AAM interest charge

G

CLEAVE HOLDINGS SUPERANNUATION FUND

Credit for interest on early payments – amount of interest H1 Credit for tax withheld – foreign resident withholding (excluding capital gains) H2 Credit for tax withheld – where ABN or TFN not quoted (non-individual)	
Credit for TFN amounts withheld from payments from closely held trusts H5 Credit for interest on no-TFN tax offset H6	
Credit for foreign resident capital gains withholding amounts	Eligible credits
H8	H 0.00
	(H1 plus H2 plus H3 plus H5 plus H6 plus H8)
	#Tax offset refunds (Remainder of refundable tax offsets). (unused amount from label Ean amount must be included even if it is zero)
	PAYG instalments raised
	K
	Supervisory levy
	Supervisory levy adjustment
	for wound up funds
	Supervisory lovy adjustment
	Supervisory levy adjustment for new funds
	N
	Total amount of tax payable S 13.99
#This is a mandatory label.	(T5 plus G less H less I less K plus L less M plus N)
Section E: Losses 14 Losses	
If total loss is greater than \$100,000,	Tax losses carried forward to later income years
complete and attach a Losses schedule 2018.	Net capital losses carried forward to later income years
Net capital losses brought forward	Net capital losses carried forward
from prior years Non-Collectables 17,575	to later income years 17,513
Collectables 0	0

Section F / Section G: Member Information

In Section F / G report all current members in the fund at 30 June.
Use Section F / G to report any former members or deceased members who held an interest in the fund at any time during the income year.

						-
		;	See the Privacy note in	the Declaration.		1
Title	MR	1	Member'sTFN 431	113 855	Member N	umber 1
Family name	CLEAVE	1	1		Account	status O Code
First given name	JAMES					
Other given names	ROBERT					
		Date of birth	17/02/1981	If deceased date of death	, 1	
Contributions						
Refer to instructions for completing these labels.			ACCOUNT BALAN	ICE	14.98	
idbolo.		Emp	loyer contributions	A		
		ABN of princ	ipal employer A1			
		Per	sonal contributions	В		
	С	GT small business ret	irement exemption	С		
	CGT sr	mall business 15-year	exemption amount	D		
		Pers	onal injury election	E		
		Spouse and	child contributions	F		
		Other third	party contributions	G		
	Assessa	able foreign superannu	uation fund amount			
	Non-assessa	able foreign superannu	uation fund amount	J		
	Tr	ansfer from reserve: a	ssessable amount	K		
	Transf	er from reserve: non-a		_		
	A a Alicente de contacti	Contributions from no and previously no		<u>ч</u>		
	Any other contrib	outions (including Supe and Low Income Su	uper Contributions)	М		1
Other transaction	s	TOTAL	CONTRIBUTIONS	N	0.00	
Accumulation pha	ase account balance	Allocated	earnings or losses	0	1.58	Loss
S1	13.40	Inward rollo	vers and transfers	P		
Retirement phase	e account balance	Outward rollo	vers and transfers	Q		
Retirement phase		ı	_ump Sum payment	R1		Code
- CDBIS	0.00	Incor	ne stream payment	R2		Code
0 TRI	IS Count		COUNT BALANCE		13.40	
				S1 plus S2 plus S3		
		Accumu	llation phase value	X1		
		Retir	ement phase value	X2		

SMSF Form 2018	CLEAVE HOLDINGS SUPERA	NOITAUNN	TFN:	797 346 637 Page	9 of 11
15b Australian direct investments	FUND	Cash and term deposits	Е	377	
		Debt securities	F		
Limited recourse borrowing arrangement	;	Loans	G		
Australian residential real propert		Listed shares	Н	19,178	
Australian non-residential real proper		Unlisted shares	П]
J2					<u></u>
Overseas real property J3	Limited recours	e borrowing arrangements	J	0	
Australian shares	N	on-residential real property	K		
Overseas shares		Residential real property	L		
J5	Collectable	es and personal use assets	M		
Other J6		Other assets	0	522	
15c Overseas direct investments		Overseas shares	Р	22	<u> </u>
	Overseas n	on-residential real property]
		as residential real property]
		eas managed investments]
	0.0.0	Other overseas assets]]
			-		
	TOTAL AUSTRALIAN (Sum	AND OVERSEAS ASSETS of labels A to T)	S U	20,099	
15d In-house assets	i				
	d the fund have a loan to, lease to or related parties (known as in at the end of th	investment in, -house assets) ne income year			
15e Limited recourse borrowing arrar	ements				
	If the fund had an LRBA i borrowings t finan	were the LRBA rom a licensed cial institution?	Print or N f	f for yes or no.	
	Did the members or relate fund use personal guar security	d parties of the antees or other for the LRBA?	Print` or N f	f for yes or no.	
16 LIABILITIES	,				
Borrowings for limited recourse borrowing arrangements V1 Permissible temporary borrowings					
Other borrowings		Borrowings	V	0	
! /tota	Total membe	r closing account balances Es from Sections F and G		19,824	_
(1010)	2	Reserve accounts			
		Other liabilities	Y	275	
		TOTAL LIABILITIES	Z	20,099	

TFN: 797 346 637

Hrs

Section I: Taxation of financial arrangements

17 Taxation of financial arrangements (TOFA)

17 Taxation of illiancial arrangements (10	// A)		
	Total TOFA gains	Н	
	Total TOFA losses	1	
Section J: Other information Family trust election status			
	ng, a family trust election, write the four-digit income year n (for example, for the 2017–18 income year, write 2018).		
	ily trust election, print R for revoke or print V for variation, ach the Family trust election, revocation or variation 2018.		
or fund is making one or mo	ection, write the earliest income year specified. If the trust re elections this year, write the earliest income year being posed entity election or revocation 2018 for each election		
	oking an interposed entity election, print R, and completed attach the Interposed entity election or revocation 2018		
Section K: Declarations			
	ading information in addition to penalties relating to	any tax s	shortfalls.
and any additional documents are true and correct label was not applicable to you. If you are in doubt Privacy The ATO is authorised by the Taxation Administrathe TFN to identify the entity in our records. It is not the processing of this form may be delayed. Taxation law authorises the ATO to collect information privacy go to ato.gov.au/privacy.	at all income has been disclosed and the annual return, all in every detail. If you leave labels blank, you will have sp about any aspect of the annual return, place all the facts tion Act 1953 to request the provision of tax file numbers of an offence not to provide the TFN. However if you do not tion and disclose it to other government agencies. For information	ecified a z before the (TFNs). We ot provide t	ero amount or the ATO. e will use he TFN,
records. I have received the audit report and I am	uthorised this annual return and it is documented as such aware of any matters raised. I declare that the informational documentation is true and correct. I also authorise the	on on this a	nnual
Authorised trustee's, director's or public officer's si	gnature		5 M # W
		Date	29/05/2019
Preferred trustee or director contact detai	ls:		
Title	MR		
Family name	CLEAVE		
First given name	JAMES		I
Other given names	ROBERT		
5	Area code Number		
Phone number	07 33593311		

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

Time taken to prepare and complete this annual return

jim@cleave.com.au

Email address

Non-individual trustee name (if applicable)

ABN of non-individual trustee

TFN: 797 346 637

TAX AGENT'S DECLARATION:

, CLEAVE ACCOUNTING PTY LTD

declare that the Self-managed superannuation fund annual return 2018 has been prepared in accordance with information provided by the trustees, that the trustees have given me a declaration stating that the information provided to me is true and correct, and that the trustees have authorised me to lodge this annual return.

]	Day Month Year	
Tax agent's signature				Date	29/05/2019	
Title	MR					
Family name	CLEAVE					
First given name	JIM					
Other given names						
Tax agent's practice	CLEAVE ACCOUNTING P	TY LTD				
Tax agent's phone number	Area code Number 3359 3311					
Tax agent number	00749006	R	eference number	CLEA0270)	

CLEAVE HOLDINGS SUPERANNUATION

TFN: 797 346 637

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

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.

P

Imp

Signature

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 dehit

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

Where you have requested a to facilitate the payment of y	an EFT direct debit som			nancial institution and the Tax C	Office's sponsor bank			
Tax file number	797 346 637		Year	2018				
Name of partnership, trust, fund or entity	CLEAVE HOLDINGS SUPERANNUATION FUND							
I authorise my tax agent to e Important	electronically transmit th	is tax return via an appro	oved ATO electror	nic channel.				
	e tax return, place all th			the tax return is true and correprovides heavy penalties for fal				
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 This declaration is to be com ATO electronic lodgment cha	pleted when an electror	Electronic fun		er consent ested and the tax return is being	g lodged through an approved			
This declaration must be sign EFT, all details below must b		ee, director or public offi	cer prior to the EF	T details being transmitted to the	ne Tax Office. If you elect for an			
Important: Care should be ta	ken when completing E	FT details as the payme	nt of any refund w	ill be made to the account spec	ified.			
Agent's reference number								
Account Name	JAMES ROBERT	CLEAVE AND	JENNIFER					

Client Ref: CLEA0270 Agent: 00749-006

Date