

Signature as prescribed in tax return

John Richmond

Self-managed superannuation fund annual return

2020

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).

To complete this annual return

- Print clearly, using a BLACK pen only.
- Use BLOCK LETTERS and print one character per box.

S	M	I	T	H	S	T			
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- Place 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

Section A: Fund information

1 Tax file number (TFN)

➤ To assist processing, write the fund's TFN at 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)

JC Superannuation Fund

3 Australian business number (ABN) (if applicable)

4 Current postal address

PO Box 4240

Suburb/town

St Lucia South

State/territory

Postcode

QLD

4067

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

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Tax File Number 909693047

6 SMSF auditor

Auditor's name

Title: Mr Mrs Miss Ms Other

Family name

Boys

First given name

Anthony

Other given names

William

SMSF Auditor Number

100014140

Auditor's phone number

0410712708

Postal address

PO Box 3376

Suburb/town

Rundle Mall

State/territory

SA

Postcode

5000

Date audit was completed **A** / / **B** No Yes

Was Part B of the audit report qualified?

C No Yes

Was Part A of the audit report qualified?

D No Yes If Part B of 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 034230

Fund account number 312144

Fund account name

JC Superannuation Fund

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.

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John Richmond

Tax File Number 909693047

8 Status of SMSF Australian superannuation fund **A** No Yes 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 **9 Was the fund wound up during the income year?**

No Yes If yes, provide the date on Day Month Year
which the fund was wound up / /

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?

 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 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.)

 If you are entitled to claim any tax offsets, you can list
these at Section D: Income tax calculation statement.

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John Richmond

Tax File Number 909693047

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.

11 Income

Did you have a capital gains tax (CGT) event during the year?

G No **Yes** If the total capital loss or total capital gain is greater than \$10,000 or you elected to use the transitional CGT relief in 2017 and the deferred notional gain has been realised, complete and attach a *Capital gains tax (CGT) schedule 2020*.

Have you applied an exemption or rollover?

M No **Yes** **Code**

Net capital gain **A \$** Gross rent and other leasing and hiring income **B \$** Gross interest **C \$** Forestry managed investment scheme income **X \$**

Gross foreign income

D1 \$ Net foreign income **D \$** **Loss**

Australian franking credits from a New Zealand company

E \$ **Number**

Transfers from foreign funds

F \$

Gross payments where ABN not quoted

H \$ **Loss**

Gross distribution from partnerships

I \$

*Unfranked dividend amount

J \$

*Franked dividend amount

K \$

*Dividend franking credit

L \$

*Gross trust distributions

M \$ **Code** **R \$** **Calculation of assessable contributions**

Assessable employer contributions

R1 \$

plus Assessable personal contributions

R2 \$

plus **No-TFN-quoted contributions

R3 \$
(an amount must be included even if it is zero)

less Transfer of liability to life insurance company or PST

R6 \$ **Assessable contributions
(R1 plus R2
plus R3 less R6)****Calculation of non-arm's length income**

*Net non-arm's length private company dividends

U1 \$

plus *Net non-arm's length trust distributions

U2 \$

plus *Net other non-arm's length income

U3 \$ **Net non-arm's length income
(subject to 45% tax rate)
(U1 plus U2 plus U3)****S \$** **Code** **T \$**

#This is a mandatory label.

*If an amount is entered at this label, check the instructions to ensure the correct tax treatment has been applied.

**GROSS INCOME
(Sum of labels A to U)****W \$** **Loss**

Exempt current pension income

Y \$ **TOTAL ASSESSABLE
INCOME (W less Y)****V \$** **Loss**

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Tax File Number 909693047

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 \$ <input type="text"/>	A2 \$ <input type="text"/>
Interest expenses overseas B1 \$ <input type="text"/>	B2 \$ <input type="text"/>
Capital works expenditure D1 \$ <input type="text"/> 125	D2 \$ <input type="text"/>
Decline in value of depreciating assets E1 \$ <input type="text"/> 411	E2 \$ <input type="text"/>
Insurance premiums – members F1 \$ <input type="text"/>	F2 \$ <input type="text"/>
SMSF auditor fee H1 \$ <input type="text"/> 450	H2 \$ <input type="text"/>
Investment expenses I1 \$ <input type="text"/> 5,492	I2 \$ <input type="text"/>
Management and administration expenses J1 \$ <input type="text"/> 2,718	J2 \$ <input type="text"/>
Forestry managed investment scheme expense U1 \$ <input type="text"/>	U2 \$ <input type="text"/>
Other amounts L1 \$ <input type="text"/>	L2 \$ <input type="text"/> Code <input type="checkbox"/>
Tax losses deducted M1 \$ <input type="text"/>	

"This is a mandatory label.

TOTAL DEDUCTIONS N \$ <input type="text"/> 9,196 (Total A1 to M1)	TOTAL NON-DEDUCTIBLE EXPENSES Y \$ <input type="text"/> (Total A2 to L2)
#TAXABLE INCOME OR LOSS O \$ <input type="text"/> 33,668 (TOTAL ASSESSABLE INCOME less TOTAL DEDUCTIONS)	Loss <input type="checkbox"/>
TOTAL SMSF EXPENSES Z \$ <input type="text"/> 9,196 (N plus Y)	

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Tax File Number 909693047

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.

13 Calculation statement

Please refer to the
Self-managed superannuation fund annual return instructions 2020 on how to complete the calculation statement.

#Taxable income	A \$	33,668
		(an amount must be included even if it is zero)
#Tax on taxable income	T1 \$	5,050.20
		(an amount must be included even if it is zero)
#Tax on no-TFN-quoted contributions	J \$	0.00
		(an amount must be included even if it is zero)
Gross tax	B \$	5,050.20
		(T1 plus J)

Foreign income tax offset

C1 \$

Rebates and tax offsets

C2 \$

Non-refundable non-carry forward tax offsets

C \$

(C1 plus C2)

SUBTOTAL 1

T2 \$ 5,050.20

(B less C – cannot be less than zero)

Early stage venture capital limited partnership tax offset

D1 \$ 0.00

Early stage venture capital limited partnership tax offset carried forward from previous year

D2 \$ 0.00

Early stage investor tax offset

D3 \$ 0.00

Early stage investor tax offset carried forward from previous year

D4 \$ 0.00

Non-refundable carry forward tax offsets

D \$ 0.00

(D1 plus D2 plus D3 plus D4)

SUBTOTAL 2

T3 \$ 5,050.20

(T2 less D – cannot be less than zero)

Complying fund's franking credits tax offset

E1 \$

No-TFN tax offset

E2 \$

National rental affordability scheme tax offset

E3 \$

Exploration credit tax offset

E4 \$ 0.00

Refundable tax offsets

E \$

(E1 plus E2 plus E3 plus E4)

#TAX PAYABLE **T5 \$** 5,050.20

(T3 less E – cannot be less than zero)

Section 102AAM interest charge

G \$

Signature as prescribed in tax return

John Richardson

Tax File Number 909693047

Credit for interest on early payments – amount of interest	H1 \$ [redacted]
Credit for tax withheld – foreign resident withholding (excluding capital gains)	H2 \$ [redacted]
Credit for tax withheld – where ABN or TFN not quoted (non-individual)	H3 \$ [redacted]
Credit for TFN amounts withheld from payments from closely held trusts	H5 \$ [redacted] 0.00
Credit for interest on no-TFN tax offset	H6 \$ [redacted]
Credit for foreign resident capital gains withholding amounts	H8 \$ [redacted] 0.00
Eligible credits	
H \$ [redacted]	
(H1 plus H2 plus H3 plus H5 plus H6 plus H8)	

# Tax offset refunds (Remainder of refundable tax offsets)	I \$ [redacted] 0.00
(unused amount from label E – an amount must be included even if it is zero)	

PAYG instalments raised

K \$ [redacted] 2,667.00

Supervisory levy

L \$ [redacted] 259.00

Supervisory levy adjustment for wound up funds

M \$ [redacted]

Supervisory levy adjustment for new funds

N \$ [redacted]**AMOUNT DUE OR REFUNDABLE**

A positive amount at **S** is what you owe, while a negative amount is refundable to you.

S \$ [redacted] 2,642.20

(T5 plus G less H less I less K plus L less M plus N)

#This is a mandatory label.

Section E: Losses**14 Losses**

! If total loss is greater than \$100,000, complete and attach a *Losses schedule 2020*.

Tax losses carried forward to later income years

U \$ [redacted]

Net capital losses carried forward to later income years

V \$ [redacted]

Signature as prescribed in tax return

John Richmond

Tax File Number 909693047

Section F: Member information**MEMBER 1**Title: Mr Mrs Miss Ms Other

Family name

Richmond

First given name

John Charles

Other given names

Member's TFN

See the Privacy note in the Declaration. 671946334

Date of birth Day 29 / Month 09 / Year 1955

Contributions

OPENING ACCOUNT BALANCE \$ 987,794.62

! Refer to instructions for completing these labels.

Employer contributions

A \$

ABN of principal employer

A1

Personal contributions

B \$

CGT small business retirement exemption

C \$

CGT small business 15-year exemption amount

D \$

Personal injury election

E \$

Spouse and child contributions

F \$

Other third party contributions

G \$

Proceeds from primary residence disposal

H \$ Receipt date Day / Month / Year **H1** / /

Assessable foreign superannuation fund amount

I \$

Non-assessable foreign superannuation fund amount

J \$

Transfer from reserve: assessable amount

K \$

Transfer from reserve: non-assessable amount

L \$

Contributions from non-complying funds and previously non-complying funds

T \$

Any other contributions (including Super Co-contributions and Low Income Super Amounts)

M \$ **TOTAL CONTRIBUTIONS N** \$

(Sum of labels A to M)

Other transactions

Allocated earnings or losses

O \$ 131,720.17Loss

Inward rollovers and transfers

P \$

Outward rollovers and transfers

Q \$ Code
Code O

Lump Sum payments

R1 \$

Income stream payments

R2 \$ 12,000.00Accumulation phase account balance
S1 \$ 1,107,514.79Retirement phase account balance
– Non CDBIS
S2 \$ 0.00Retirement phase account balance
– CDBIS
S3 \$ 0.00

1 TRIS Count

CLOSING ACCOUNT BALANCE **S** \$ 1,107,514.79

(\$1 plus \$2 plus \$3)

Accumulation phase value **X1** \$ Retirement phase value **X2** \$

Outstanding limited recourse borrowing arrangement amount

Y \$

Signature as prescribed in tax return Tax File Number 909693047**MEMBER 2**Title: Mr Mrs Miss Ms Other Family name First given name Other given names **Member's TFN**See the Privacy note in the Declaration. Day Month Year **Contributions**OPENING ACCOUNT BALANCE \$ **!** Refer to instructions for completing these labels.

Employer contributions

A \$ ABN of principal employer **A1**

Personal contributions

B \$ CGT small business retirement exemption **C** \$ CGT small business 15-year exemption amount **D** \$ Personal injury election **E** \$ Spouse and child contributions **F** \$ Other third party contributions **G** \$

Proceeds from primary residence disposal

H \$ Receipt date Day Month Year **H1** Assessable foreign superannuation fund amount **I** \$ Non-assessable foreign superannuation fund amount **J** Transfer from reserve: assessable amount **K** \$ Transfer from reserve: non-assessable amount **L** \$ Contributions from non-complying funds and previously non-complying funds **T** \$ Any other contributions (including Super Co-contributions and Low Income Super Amounts) **M** \$ **TOTAL CONTRIBUTIONS** **N** \$ (Sum of labels **A** to **M**)**Other transactions**

Allocated earnings or losses

O \$ Loss

Inward rollovers and transfers

P \$ Code

Outward rollovers and transfers

Q \$ Code

Lump Sum payments

R1 \$

Income stream payments

R2 \$ **S1** \$

Accumulation phase account balance

S2 \$

Retirement phase account balance – Non CDBIS

S3 \$

Retirement phase account balance – CDBIS

TRIS Count **CLOSING ACCOUNT BALANCE** **S** \$

(\$1 plus \$2 plus \$3)

Accumulation phase value **X1** \$ Retirement phase value **X2** \$ Outstanding limited recourse borrowing arrangement amount **Y** \$ **Sensitive** (when completed)

Signature as prescribed in tax return Tax File Number 909693047**MEMBER 3**Title: Mr Mrs Miss Ms Other Family name First given name Other given names **Member's TFN**See the Privacy note in the Declaration. Day Month Year **Contributions**OPENING ACCOUNT BALANCE \$ **!** Refer to instructions for completing these labels.

Employer contributions

A \$ ABN of principal employer **A1**

Personal contributions

B \$ CGT small business retirement exemption **C** \$ CGT small business 15-year exemption amount **D** \$ Personal injury election **E** \$ Spouse and child contributions **F** \$ Other third party contributions **G** \$

Proceeds from primary residence disposal

H \$ Receipt date Day Month Year **H1**

Assessable foreign superannuation fund amount

I \$

Non-assessable foreign superannuation fund amount

J \$

Transfer from reserve: assessable amount

K \$

Transfer from reserve: non-assessable amount

L \$

Contributions from non-complying funds and previously non-complying funds

T \$

Any other contributions (including Super Co-contributions and Low Income Super Amounts)

M \$ **TOTAL CONTRIBUTIONS** **N** \$ (Sum of labels **A** to **M**)**Other transactions**

Allocated earnings or losses

O \$ Loss

Inward rollovers and transfers

P \$

Outward rollovers and transfers

Q \$

Lump Sum payments

R1 \$ Code

Income stream payments

R2 \$ Code **S1** \$

Accumulation phase account balance

S2 \$ Retirement phase account balance
– Non CDBIS**S3** \$ Retirement phase account balance
– CDBISTRIS Count **CLOSING ACCOUNT BALANCE** **S** \$ (**S1** plus **S2** plus **S3**)Accumulation phase value **X1** \$ Retirement phase value **X2** \$ Outstanding limited recourse borrowing arrangement amount **Y** \$

Signature as prescribed in tax return Tax File Number 909693047**MEMBER 4**Title: Mr Mrs Miss Ms Other Family name First given name Other given names **Member's TFN**See the Privacy note in the Declaration. Day Month Year **Contributions**OPENING ACCOUNT BALANCE \$ **!** Refer to instructions for completing these labels.

Employer contributions

A \$ ABN of principal employer **A1**

Personal contributions

B \$

CGT small business retirement exemption

C \$

CGT small business 15-year exemption amount

D \$

Personal injury election

E \$

Spouse and child contributions

F \$

Other third party contributions

G \$

Proceeds from primary residence disposal

H \$ Receipt date Day Month Year **H1**

Assessable foreign superannuation fund amount

I \$

Non-assessable foreign superannuation fund amount

J

Transfer from reserve: assessable amount

K

Transfer from reserve: non-assessable amount

L \$

Contributions from non-complying funds and previously non-complying funds

T \$

Any other contributions (including Super Co-contributions and Low Income Super Amounts)

M \$ **TOTAL CONTRIBUTIONS** **N** \$ (Sum of labels **A** to **M**)**Other transactions**

Allocated earnings or losses

O \$ Loss

Inward rollovers and transfers

P \$

Outward rollovers and transfers

Q \$

Lump Sum payments

R1 \$ Code

Income stream payments

R2 \$ Code **S1** \$

Accumulation phase account balance

S2 \$ Retirement phase account balance
– Non CDBIS**S3** \$ Retirement phase account balance
– CDBISTRIS Count **CLOSING ACCOUNT BALANCE** **S** \$

(\$1 plus \$2 plus \$3)

Accumulation phase value **X1** \$ Retirement phase value **X2** \$ Outstanding limited recourse borrowing arrangement amount **Y** \$ **Sensitive** (when completed)

Page 11

Signature as prescribed in tax return Tax File Number 909693047**Section G: Supplementary member information****MEMBER 5**Title: Mr Mrs Miss Ms Other

Account status

 Code
Family name First given name Other given names **Member's TFN**

See the Privacy note in the Declaration.

Date of birthDay Month Year **If deceased, date of death**Day Month Year **Contributions**OPENING ACCOUNT BALANCE \$ 

Refer to instructions for completing these labels.

Employer contributions

A \$

ABN of principal employer

A1

Personal contributions

B \$

CGT small business retirement exemption

C \$

CGT small business 15-year exemption amount

D \$

Personal injury election

E \$

Spouse and child contributions

F \$

Other third party contributions

G \$

Proceeds from primary residence disposal

H \$ Receipt date Day Month Year **H1**

Assessable foreign superannuation fund amount

I \$

Non-assessable foreign superannuation fund amount

J

Transfer from reserve: assessable amount

K \$

Transfer from reserve: non-assessable amount

L \$

Contributions from non-complying funds and previously non-complying funds

T \$

Any other contributions (including Super Co-contributions and Low Income Super Amounts)

M \$ **TOTAL CONTRIBUTIONS** **N** \$ (Sum of labels **A** to **M**)**Other transactions**

Allocated earnings or losses

O \$ Loss

Inward rollovers and transfers

P \$

Outward rollovers and transfers

Q \$

Lump Sum payments

R1 \$ Code

Income stream payments

R2 \$ Code Accumulation phase account balance
S1 \$ Retirement phase account balance
– Non CDBIS
S2 \$ Retirement phase account balance
– CDBIS
S3 \$ TRIS Count**CLOSING ACCOUNT BALANCE** **S** \$ (**S1** plus **S2** plus **S3**)Accumulation phase value **X1** \$ Retirement phase value **X2** \$

Outstanding limited recourse borrowing arrangement amount

Y \$

Signature as prescribed in tax return Tax File Number 909693047**MEMBER 6**Title: Mr Mrs Miss Ms Other Account status Code Family name First given name Other given names **Member's TFN**See the Privacy note in the Declaration. **Date of birth**Day Month Year **If deceased, date of death**Day Month Year **Contributions****OPENING ACCOUNT BALANCE \$** **!** Refer to instructions for completing these labels.

Employer contributions

A \$ ABN of principal employer **A1**

Personal contributions

B \$

CGT small business retirement exemption

C \$

CGT small business 15-year exemption amount

D \$

Personal injury election

E \$

Spouse and child contributions

F \$

Other third party contributions

G \$

Proceeds from primary residence disposal

H \$ Receipt date Day Month Year **H1** / /

Assessable foreign superannuation fund amount

I \$

Non-assessable foreign superannuation fund amount

J \$

Transfer from reserve: assessable amount

K \$

Transfer from reserve: non-assessable amount

L \$

Contributions from non-complying funds and previously non-complying funds

T \$

Any other contributions (including Super Co-contributions and Low Income Super Amounts)

M \$ **TOTAL CONTRIBUTIONS N \$**

(Sum of labels A to M)

Other transactions

Allocated earnings or losses

O \$ Loss

Inward

rollovers and transfers

P \$

Outward rollovers and transfers

Q \$

Lump Sum payments

R1 \$ Code

Income stream payments

R2 \$ Code **S1** \$

Accumulation phase account balance

S2 \$ Retirement phase account balance
– Non CDBIS**S3** \$ Retirement phase account balance
– CDBIS TRIS Count**CLOSING ACCOUNT BALANCE S \$**

(\$1 plus \$2 plus \$3)

Accumulation phase value **X1** \$ Retirement phase value **X2** \$

Outstanding limited recourse borrowing arrangement amount

Y \$ **Sensitive** (when completed)

Signature as prescribed in tax return Tax File Number 909693047**MEMBER 7**

Title: Mr Mrs Miss Ms Other Account status Code

Family name

First given name Other given names

Member's TFN
See the Privacy note in the Declaration. **Date of birth** Day Month Year **If deceased, date of death** Day Month Year

Contributions OPENING ACCOUNT BALANCE \$

! Refer to instructions for completing these labels.

Employer contributions

A \$

ABN of principal employer

A1

Personal contributions

B \$

CGT small business retirement exemption

C \$

CGT small business 15-year exemption amount

D \$

Personal injury election

E \$

Spouse and child contributions

F \$

Other third party contributions

G \$

Proceeds from primary residence disposal

H \$ Receipt date Day Month Year **H1**

Assessable foreign superannuation fund amount

I \$

Non-assessable foreign superannuation fund amount

J \$

Transfer from reserve: assessable amount

K \$

Transfer from reserve: non-assessable amount

L \$ Contributions from non-complying funds
and previously non-complying funds**T** \$ Any other contributions
(including Super Co-contributions and
Low Income Super Amounts)**M** \$ **TOTAL CONTRIBUTIONS** **N** \$ (Sum of labels **A** to **M**)**Other transactions**Allocated earnings
or losses**O** \$ LossInward
rollovers and
transfers**P** \$ Outward
rollovers and
transfers**Q** \$ Lump Sum
payments**R1** \$ CodeIncome
stream
payments**R2** \$ Code**S1** \$ Accumulation phase account balance**S2** \$ Retirement phase account balance
– Non CDBIS**S3** \$ Retirement phase account balance
– CDBIS TRIS Count**CLOSING ACCOUNT BALANCE** **S** \$ (\$**S1** plus **S2** plus **S3**)Accumulation phase value **X1** \$ Retirement phase value **X2** \$ Outstanding limited recourse
borrowing arrangement amount **Y** \$

Signature as prescribed in tax return Tax File Number 909693047**MEMBER 8**

Title: Mr Mrs Miss Ms Other Account status Code

Family name

First given name Other given names

Member's TFN
See the Privacy note in the Declaration. **Date of birth** Day Month Year **If deceased, date of death** Day Month Year

Contributions OPENING ACCOUNT BALANCE \$

! Refer to instructions for completing these labels.

Employer contributions

A \$

ABN of principal employer

A1

Personal contributions

B \$

CGT small business retirement exemption

C \$

CGT small business 15-year exemption amount

D \$

Personal injury election

E \$

Spouse and child contributions

F \$

Other third party contributions

G \$

Proceeds from primary residence disposal

H \$ Receipt date Day Month Year **H1** / /

Assessable foreign superannuation fund amount

I \$

Non-assessable foreign superannuation fund amount

J \$

Transfer from reserve: assessable amount

K \$

Transfer from reserve: non-assessable amount

L \$ Contributions from non-complying funds
and previously non-complying funds**T** \$ Any other contributions
(including Super Co-contributions and
Low Income Super Amounts)**M** \$

TOTAL CONTRIBUTIONS N \$
(Sum of labels A to M)

Other transactionsAllocated earnings
or losses**O** \$ LossInward
rollovers and
transfers**P** \$ Outward
rollovers and
transfers**Q** \$ Lump Sum
payments**R1** \$ CodeIncome
stream
payments**R2** \$ Code

Accumulation phase account balance
S1 \$

Retirement phase account balance
– Non CDBIS
S2 \$

Retirement phase account balance
– CDBIS
S3 \$

TRIS Count

CLOSING ACCOUNT BALANCE **S** \$

(S1 plus S2 plus S3)

Accumulation phase value **X1** \$ Retirement phase value **X2** \$ Outstanding limited recourse
borrowing arrangement amount **Y** \$ **Sensitive** (when completed)

Signature as prescribed in tax return

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Tax File Number

909693047

Section H: Assets and liabilities

15 ASSETS

15a Australian managed investments

Listed trusts	A \$ []
Unlisted trusts	B \$ []
Insurance policy	C \$ []
Other managed investments	D \$ []

15b Australian direct investments

Limited recourse borrowing arrangements	
Australian residential real property	
J1 \$ []	
Australian non-residential real property	
J2 \$ []	
Overseas real property	
J3 \$ []	
Australian shares	
J4 \$ []	
Overseas shares	
J5 \$ []	
Other	
J6 \$ []	
Property count	
J7 []	

Cash and term deposits	E \$ []	633,838
Debt securities	F \$ []	
Loans	G \$ []	
Listed shares	H \$ []	
Unlisted shares	I \$ []	
Limited recourse borrowing arrangements J \$ []		
Non-residential real property	K \$ []	417,500
Residential real property	L \$ []	
Collectables and personal use assets	M \$ []	
Other assets	O \$ []	58,481

15c Other investments

Crypto-Currency	N \$ []
-----------------	-----------------

15d Overseas direct investments

Overseas shares	P \$ []
Overseas non-residential real property	Q \$ []
Overseas residential real property	R \$ []
Overseas managed investments	S \$ []
Other overseas assets	T \$ []

TOTAL AUSTRALIAN AND OVERSEAS ASSETS U \$ []		1,109,819
(Sum of labels A to T)		

15e In-house assets

Did the fund have a loan to, lease to or investment in, related parties (known as in-house assets) at the end of the income year?

A No Yes \$ []

Signature as prescribed in tax return

Jahn L Richmond

Tax File Number

909693047

15f Limited recourse borrowing arrangements

If the fund had an LRBA were the LRBA borrowings from a licensed financial institution?

A No Yes

Did the members or related parties of the fund use personal guarantees or other security for the LRBA?

B No Yes

16 LIABILITIES

Borrowings for limited recourse borrowing arrangements

V1

Permissible temporary borrowings

V2

Other borrowings

V3

Borrowings

V

Total member closing account balances
(total of all **CLOSING ACCOUNT BALANCES** from Sections F and G)

W 1,107,514

Reserve accounts

X

Other liabilities

Y 2,305

TOTAL LIABILITIES

Z 1,109,819

Section I: Taxation of financial arrangements

17 Taxation of financial arrangements (TOFA)

Total TOFA gains

H

Total TOFA losses

I

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**). **A**

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*.

A **B** **C** **D**

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*.

Signature as prescribed in tax return

Tax File Number 909693047

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



Date 13 / 12 / 2020

Preferred trustee or director contact details:

Title: Mr Mrs Miss Ms Other

Family name

Richmond

First given name

John Charles

Other given names

Phone number 0416178008

Email address

richmondjay@netspace.net.au

Non-individual trustee name (if applicable)

JC Richmond Superannuation Pty Ltd

ABN of non-individual trustee

Time taken to prepare and complete this annual return Hrs

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

TAX AGENT'S DECLARATION:

I declare that the Self-managed superannuation fund annual return 2020 has been prepared in accordance with information provided by the trustees, that the trustees have given me a declaration stating that the information provided to me is true and correct, and that the trustees have authorised me to lodge this annual return.

Tax agent's signature



Date 13 / 12 / 2020

Tax agent's contact details

Title: Mr Mrs Miss Ms Other

Family name

Kelly

First given name

William

Other given names

Edward

Tax agent's practice

Kelly Tax Accounting Pty Ltd

Tax agent's phone number

0403186194

Reference number

JCSUANNA

Tax agent number

60583000

2020

Capital gains tax (CGT) schedule

When completing this form

- Print clearly, using a black or dark blue pen only.
- Use BLOCK LETTERS and print one character in each box.

- 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

JC Superannuation Fund

1 Current year capital gains and capital losses

	Capital gain	Capital loss
Shares in companies listed on an Australian securities exchange	A \$ <input type="text"/>	K \$ <input type="text"/>
Other shares	B \$ <input type="text"/>	L \$ <input type="text"/>
Units in unit trusts listed on an Australian securities exchange	C \$ <input type="text"/>	M \$ <input type="text"/>
Other units	D \$ <input type="text"/>	N \$ <input type="text"/>
Real estate situated in Australia	E \$ <input type="text"/>	O \$ <input type="text"/>
Other real estate	F \$ <input type="text"/>	P \$ <input type="text"/>
Amount of capital gains from a trust (including a managed fund)	G \$ <input type="text"/>	
Collectables	H \$ <input type="text"/>	Q \$ <input type="text"/>
Other CGT assets and any other CGT events	I \$ <input type="text" value="24,594"/>	R \$ <input type="text"/>
Amount of capital gain previously deferred under transitional CGT relief for superannuation funds	S \$ <input type="text" value="0"/>	
Total current year capital gains	J \$ <input type="text" value="24,594"/>	

Add the amounts at labels K to R and write the total in item 2 label A – Total current year capital losses.

Signature as prescribed in tax return

John Richmond

Tax File Number

909693047

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

B \$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 \$

8,198

5 CGT concessions for small business

Small business active asset reduction

A \$

Small business retirement exemption

B \$

Small business rollover

C \$

Total small business concessions applied

D \$**6 Net capital gain**

Net capital gain

A \$

16,396

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.

Signature as prescribed in tax return Tax File Number 909693047**7 Earnout arrangements**Are you a party to an earnout arrangement? **A** Yes, as a buyer Yes, as a seller No (Print in the appropriate box.)

! If you are a party to more than one earnout arrangement, copy and attach a separate sheet to this schedule providing the details requested here for each additional earnout arrangement.

How many years does the earnout arrangement run for? **B** 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 earnout right created in an earlier income year and you wish to seek an amendment to that earlier income year, complete the following:

Income year earnout right created **F** Amended net capital gain or capital losses carried forward **G** \$ / LOSS**8 Other CGT information required (if applicable)**Small business 15 year exemption – exempt capital gains **A** \$ / CODECapital gains disregarded by a foreign resident **B** \$ 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** \$

Signature as prescribed in tax return

Tax File Number

909693047

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

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

Signature



Date

 Day Month Year

Contact name

John Charles Richmond

Daytime contact number (include area code)

0416178008

Losses schedule

2020

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 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.

Tax file number (TFN)

909693047

Name of entity

JC Superannuation Fund

Australian business number

15896104583

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

1 Tax losses carried forward to later income years

Year of loss	
2019–20	B <input type="text"/>
2018–19	C <input type="text"/>
2017–18	D <input type="text"/>
2016–17	E <input type="text"/>
2015–16	F <input type="text"/>
2014–15 and earlier income years	G <input type="text"/>
Total	U <input type="text"/>

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	H <input type="text"/>
2018–19	I <input type="text"/>
2017–18	J <input type="text"/>
2016–17	K <input type="text"/>
2015–16	L <input type="text"/>
2014–15 and earlier income years	M <input type="text"/>
Total	V <input type="text"/>

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

Signature as prescribed in tax return

Tax File Number 909693047

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 satisfied 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.

1 Whether continuity of majority ownership test passed

Note: If the entity has deducted, applied, transferred in or transferred out (as applicable) in the 2019–20 income year a loss incurred in any of the listed years, print X in the Yes or No box to indicate whether the entity has satisfied the continuity of majority ownership test in respect of that loss.

Year of loss

2019–20 **A** Yes No

2018–19 **B** Yes No

2017–18 **C** Yes No

2016–17 **D** Yes No

2015–16 **E** 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 **H**

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 *Income Tax Assessment Act 1997* (ITAA 1997)?

K Yes No

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?

M 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?

N 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?

O

Signature as prescribed in tax return Tax File Number 909693047**Part D – Life insurance companies**Complying superannuation class tax losses carried forward
to later income years**P** Complying superannuation net capital losses carried forward
to later income years**Q** **Part E – Controlled foreign company losses**

Current year CFC losses

M

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** **SUBTRACT** Tax losses transferred out under Subdivision 170-A
(only 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.

Tax File Number 909693047

If the schedule is not lodged with the income tax return you are required to sign and date the schedule.

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Taxpayer's declaration

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

Signature

Date / / Day Month Year

Contact person

 John Charles Richmond

Daytime contact number (include area code)

 0416178008

SCHEDULE

A

Other Attachments Schedule

2020

Tax file No 909693047

Taxpayer name JC Superannuation Fund

Signature.....

SENSITIVE (when completed)

*****NOTE*****
THIS SCHEDULE CANNOT BE LODGED WITH THE ATO AS A PAPER REPRESENTATION OF THE SCHEDULE.
FOR PAPER LODGEMENT PLEASE USE THE PRE PRINTED FORMAT ISSUED BY THE ATO.
