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 However, you cannot lodge your tax return electronically if you do not quote your TFN.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	923 517 462	Year	2021	
Name of partnership, trust fund or entity	Pugliese Fam	ily Superannuation Fur	nd	

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.	
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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 lodgment channel.

This declaration must be signed by the partner, trustee, director or public officer prior to the EFT details being transmitted to the Tax Office. If you elect for an EFT, all details below must be completed.

Important: Care should be taken when completing EFT details as the payment of any refund will be made to the account specified.

Agent's reference number	55610000								
Account Name	PUGLIESE	FAMILY	SUPER	FUND	BSB:	193879	Acc:	489305095	
a the refund to be	doposited directly	v to the speci	fied accourt	+					

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

Signature

Date

SMS	F Return 2021	Pugliese Family Supera	nnuation Fund	TFN: 923 517 46	2 Page 1 of 10
		Self-mana fund annu	ged supera	nnuation	2021
Only com	o should complete this annual return? y self-managed superannuation funds (S plete this annual return. All other funds d income tax return 2021 (NAT 71287)	SMSFs) can	arreturn	Return yea	r 2021
ins	e Self-managed superannuation fund structions 2021 (NAT 71606) (the instr u to complete this annual return.				
ch via	e SMSF annual return cannot be used ange in fund membership. You must i a ABR.gov.au or complete the Change perannuation entities form (NAT3036)	update fund details of details for			
Sec	ction A: Fund information				
1	Tax file number (TFN) The Tax Office is authorised by law to	923 517 462		TEN but not quoting it could	increase the
	chance of delay or error in processing				
2	Name of self-managed superanr	. ,			
		Pugliese Fami.	ly Superannuatic	n Fund	
3	Australian business number (AB	BN)			
4	Current postal address	C/- J I Consul	lting Pty Ltd		
		28 Young Stree	et		
		MOONEE PONDS		VIC	3039
5	Annual return status Is this an amendment to the SMSF's 20	021 return? A	N		
	Is this the first required return for a ne	ewly registered SMSF?	Ν		
6	SMSF auditor				
	Auditor's name T	itle Mr			
	Familyna				
	First given na				
	Other given nam SMSF Auditor Numl				
	Auditor's phone num Use Agent Postal addr		ight		
	address details?	P O Box 331511			
		MELBOURNE		VIC	3004
		Date audit was comple	A 05/04/20		-
		Was Part A of the audi	t report qualified ?	BN	
		Was Part B of the audi	t report qualified ?	C N	
		If Part B of the audit re have the reported issu	port was qualified, es been rectified?	D	

Sensitive (when completed)

7	El We	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.										
	Α	Fund's financial in This account is used	account here.									
		Fund BSB number (must be six digits)	193879	1	Iccount number	489305095						
		Fund account name (for example, J&Q Citiz	zen ATF J&C	Q Family SF)							
		Pugliese Family Super fund										
		I would like my tax re	efunds made to this a	ccount.	Print Y for yes or N for no.	If Yes, Go to	C.					
	в	Financial institution	on account details	for tax ref	funds		Use	e Agent Trust Acco	unt? N			
		This account is used	for tax refunds. You	can provide	a tax agent acc	count here.						
		BSB number	193879	A	ccount number	489305095						
		Fund account name (for example, J&Q Citiz	zen ATF J&C	Q Family SF)							
		PUGLIESE FAM	ILY SUPER FUN	D								
	С	Electronic service	address alias									
	•	Provide the electroni	c service address (ES dataESAAlias). See ir				Pr					
•	•		A			Fun	d's tax file nu		517 462			
8	51		Australian superan rust deed allow accep nment's Super Co-cor Low Income Super (ptance of the	e C Y		Fund benefit	structure B				
9	14/	oo tho fund wound	un during the ine									
5	N	as the fund wound Print Y for yes or N for no.	If yes, provide the which fund was	e date on	Day Month Ye	ar	Have all tax and obligations b	d payment				
4.0	_											
10	Die	tempt current pens d the fund pay retirement the income year?		ation income	stream benefits	to one or more r	members	Y Print Y for ye or N for no.	s			
		o claim a tax exemptic ne law. Record exemp				st the minimum b	penefit paymen	t under				
	lf	No, Go to Section B: I	ncome									
	lf	Yes Exempt current	pension income amou	unt A	9,	671						
		Which method d	id you use to calculat	e your exem	pt current pensi	on income?						
		Seg	regated assets metho	bd B X								
		Unseg	regated assets metho	od C	Was an acti	uarial certificate o	obtained?	Print Y for ye	S			
		Did the fund have any	v other income that wa	as assessab		Print Y for yes If Y	es, go to Secti	on B: Income				
			0					no-TFN quoted core Section B: Income				
		you are entitled to cla nese at Section D: Inco										

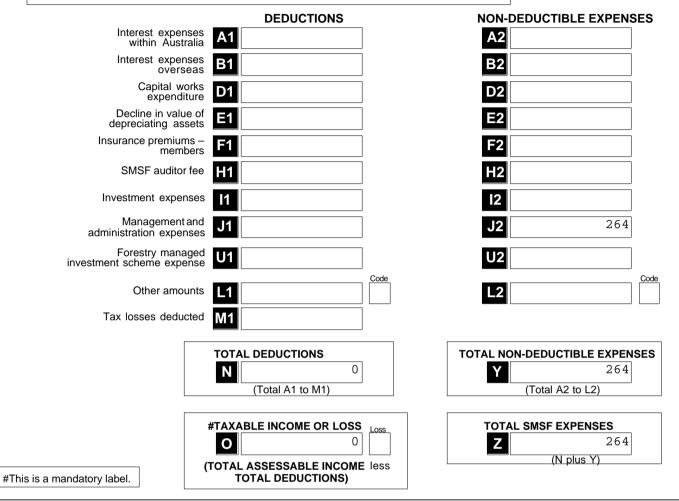
Pugliese Family Superannuation Fund

	this section if all superannuation int for the entire year, there was no c						e
otional gain. If yo	ou are entitled to claim any tax offs	sets, you can re	ecord these a	at Section	D: Income tax of	calculation statement.	
Income	Did you have a capital gains tag (CGT) event during the year?	Y G N P	rint Y for yes r N for no.	Code	\$10,000 or you e the deferred notion	I loss or total capital gain dected to use the CGT re onal gain has been realis- ital Gains Tax (CGT) sch	lief in 2017 and ed, complete
	Have you applied ar exemption or rollover?		rint Y for yes r N for no.				
					Net capital gain	Α	
		Gross ren	it and other I	easing ar	nd hiring income	В	
					Gross interest	С	
			Fore		aged investment scheme income		
Gross fo	reign income			Ne	t foreign income	D	Loss
	Austra	alian franking c	credits from a	a New Ze	aland company	Ε	
					Transfers from foreign funds		Num
					ayments where ABN not quoted		
	f assessable contributions ble employer contributions				ross distribution om partnerships		Loss
R1	0 able personal contributions			* Unf	ranked dividend amount	J	
R2				* F	ranked dividend amount	Κ	
plus#*No-TFN	N-quoted contributions			* D	vividend franking credit	L	
(an amount mu	ist be included even if it is zero)				* Gross trust distributions	Μ	Code
	er of liability to life ce company or PST			Assessab	le contributions		
KO			(R1	plus R2 p	olus R3 less R6)	K	0
Calculation of	f non-arm's length income						
	a-arm's length private pany dividends						Code
U1				* *	* Other income	S	
plus * Net nor	n-arm's length trust distributions				essable income to changed tax status of fund		
plus * Net oth	er non-arm's length income		Net non	(subject t	ngth income o 45% tax rate) blus U2 plus U3)	U	
instructions to	t is entered at this label, check the ensure the correct tax			G	GROSS INCOME of labels A to U)	W	
treatment has	been applied.		Exemp	ot current	pension income	Y	
		ſ	TOTAL	ASSES	SABLE INCOME (W less Y)		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).



Section D: Income tax calculation statement

#Important:

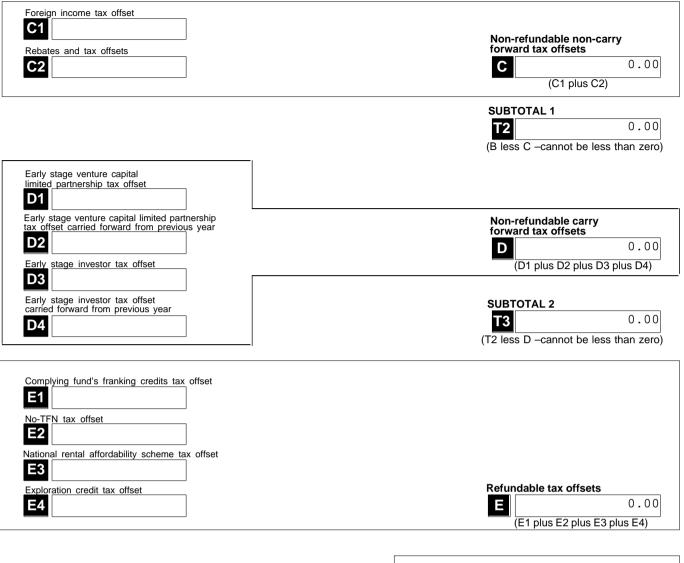
Section B label R3, Section C label O and Section D labels A,T1, J, T5 and I are mandatory. If you leave these labels blank you will have specified a zero amount

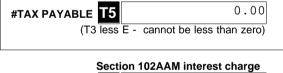
13 Calculation statement

Please refer to the Self-managed superannuation fund annual return instructions 2021 on how to complete the calculation statement.

#Taxable income	0
(an amount mu	st be included even if it is zero)
#Tax on taxable income T1	0.00
(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	0.00
	(T1 plus J)

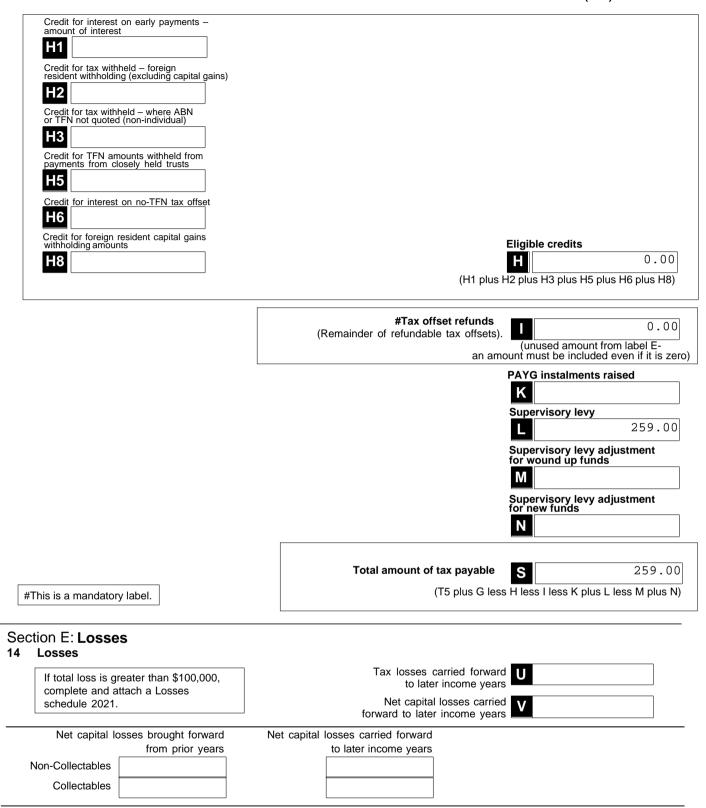
Pugliese Family Superannuation Fund





G

Fund's tax file number (TFN) 923 517 462



SMSF Return 2021

Pugliese Family Superannuation Fund

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. Member Number Member'sTFN 332 622 489 1 Mrs Title Pugliese Family name Account status First given name Anna 0 Code Maria Other given names If deceased. 03/03/1947 Date of birth date of death 738,034.47 Contributions **OPENING ACCOUNT BALANCE** Proceeds from primary residence disposal Refer to instructions for completing these labels Η Employer contributions Receipt date Α **H1** Assessable foreign superannuation ABN of principal employer fund amount A1 Personal contributions Non-assessable foreign superannuation fund amount В J CGT small business retirement exemption Transfer from reserve: С assessable amount Κ CGT small business 15-year exemption amount Transfer from reserve: non-assessable amount D Personal injury election Contributions from non-complying funds П and previously non-complying funds Spouse and child contributions Т F Any other contributions (including Super Co-contributions and low Other third party contributions Income Super Contributions) G Μ TOTAL CONTRIBUTIONS 0.00 (Sum of labels A to M) Other transactions Accumulation phase account balance 9,407.46 Allocated earnings or losses 0 0.00 **S1** Ρ Inward rollovers and transfers Retirement phase account balance - Non CDBIS Outward rollovers and transfers Q 671,572.85 **S**2 Code Lump Sum payment R1 Retirement phase account balance -CDBIS Code 75,869.08 Μ 0.00 Income stream payment R2 **S**3 671,572.85 0 TRISCount CLOSING ACCOUNT BALANCE S1 plus S2 plus S3 X1 Accumulation phase value **X2** Retirement phase value Outstanding limited recourse Υ

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borrowing arrangement amount

SMSF Return 2021		Pugliese	Family	/ Supe	erannuat	ion Fund	d	TFN:	923 517 462	Page 8 of 1
Section H: Asset 15 ASSETS	s and liabilities									
15a Australian mar	naged investments						Listed trus	ts A		
							Unlisted trus	ts B		
							Insurance polic	у С		
					(Other mar	naged investmen	ts D		
15b Australian dire	ct investments					Cash	and term deposi	ts E	67	71,572
							Debt securitie	es F		
	orrowing arrangements						Loar	is G		
Australian resider	ntial real property						Listed share	es H		
Australian non-re	sidential real property						Unlisted share	es 📘		
Overseas real pr	operty			Limite	d recours	se borrow	<i>v</i> ing arrangemen	is J		0
Australian shares					١	lon-reside	ential real proper	ty K		
J4						Reside	ential real proper	ty L		
Overseas shares				C	Collectabl	es and pe	ersonal use asse	ts M		
Other							Other asse	ts O]	
Property count										
15c Other investme	ents						Crypto-Current	y N		
15d Overseas direc	t investments						Overseas share	es P		
				٥v	verseas r	ion-reside	ential real proper	ty Q		
					Overse	eas reside	ential real proper	ty R		
					Over	seas mar	naged investmen	ts S		
						Othe	r overseas asse	ts T		
			ΤΟΤΑΙ	L AUS		I AND OV	/ERSEAS ASSE s A to T)	rs U	67	71,572
15e In-house asse	ts									
	Did the fund have a related par	ties (know	vn as in	-house	tment in, assets) me year	Α	Print Y for yes or N for no.			
15f Limited recourt	se borrowing arran	gements								
	If the fu	nd had ar borro	owinas fi	rom a	ne LRBA licensed stitution?	Α	Print Y for yes or N for no.			
	Did the fund נ	members ise persor	or relate nal guara security	ed partie antees for the	es of the or other ERBA?	В	Print Y for yes or N for no.			

SMSF Return 2021

16 LIABILITIES

		Borrowings for limited recourse borrowing arrangements
		Permissible temporary borrowings
V	Borrowings V	Other borrowings
W 671,572	Total member closing account balances CLOSING ACCOUNT BALANCEs from Sections F and G	(total of all
X	Reserve accounts X	
Υ	Other liabilities Y	

17 Taxation of financial arrangements (TOFA)

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 2020–21 income year, write 2021).	
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 2021.	В
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 2021 for each election	C
If revoking an interposed entity election, print R, and complete	

f revoking an interposed entity election, print R, and complete and attach the Interposed entity election or revocation 2021.

Total TOFA gains

Total TOFA losses

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 (if required) 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 con	tact detail	s:					
	Title	Mrs					
Fa	amilyname	Pugliese		·			
First given name		Anna					
Other given names		Maria					
		Area code	Number				
Phone number		03	93720380				
Email address							
Non-individual trustee name (if applicable)							
ABN of non-individual trustee							
						Hrs	
	Time taken to prepare and complete this annual return						
The Commissioner of Taxation, as F							you
provide on this annual return to maintain the integrity of the register. For further information, refer to the instructions.							
TAX AGENT'S DECLARATION:							
WALKER PARTNERS (AU	JST) PTY	LTD					
declare that the Self-managed sup							
by the trustees, that the trustees h the trustees have authorised me to			stating that the	nformation provided t	o me is true		
Tax agent's signature					Date	Day Month Y	ear
Tax agent's contact details	[
Title	Mr						_
Familyname	Loriente						
First given name	Pablo						
Other given names]
Tax agent's practice	WALKER PARTNERS (AUST) PTY LTD						
	Area code	Number					
Tax agent's phone number	03 84146700						
Tax agent number	55610000			Reference number	XPUG432		

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