Copy to be retained by client

Taxation Estimate
For the year ended 30 June 2021

Return Code: Description:	CRUSSF Crush Family Super Fund	Tax File Number: Date prepared: 16	8/11/2021
Summary of Ta	xable Income	\$	\$
-			
Business an No-TFN con	d Investment Income: tributions	-	
Other Busine		9,664.00	
			9,664.00
Less Deduc	tions		10,463.00
Loss to Car	ry Forward	- -	-799.00
Tax on Taxable	Income		
	Gross Tax	-	<u>-</u>
	SUBTOTAL T2	-	
	005101AL 12		
Add:			
Supervisory	levy	259.00	
			259.00
	TOTAL AMOUNT PAYABLE	_	259.00

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.

Tax File Number		Year of return	2021
Name of Partnership, Trust, Fund or Entity	Crush Family Super Fund		
Total Income/Loss 9664	Total Deductions 10463	Taxable Inc	come/Loss -799

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 However, you cannot lodge your tax return electronically if you do not quote your TFN.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.

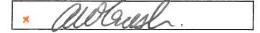
I authorise my tax agent to electronically transmit this tax return via an approved ATO electronic channel.

Important: Before making this declaration please check to ensure that all income has been disclosed and the tax return is true and correct in every detail. If you are in doubt about any aspect of the tax return, place all the facts before the Tax Office. The tax law provides heavy penalties for false or misleading statements on tax returns.

Declaration: I declare that:

- * all the information I have provided to my registered tax agent for the preparation of this tax return, including any applicable schedules is true and correct, and
- * I authorise the agent to give this document to the Commissioner of Taxation.

Signature of Partner, Trustee or Director



Date

18-11-21

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, 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.

Account name:	CRUSH FAMILY SUPER FUND	
I authorise the refund to be deposited of	directly to the specified account	
Signature	alland	Date 18/11/21
PART D Ta	x agent's certificate (shared facilities only)	
* We have received a declaration made and correct, and	TS declare that: ecordance with the information supplied by the partner, trustee, die by the entity that the information provided to us for the preparation stee, director or public officer to lodge this tax return, including any	on of this tax return is true
Agent's Signature		Date
Agent's phone Agent's Contact Name Agent's reference number	07 41524677 Client's reference BRADLEY GROGAN 61032002	CRUSSF

Self-managed superannuation fund annual return 2021

Se	ction A: Fund Information			
1	Your tax file number			
no	e ATO is authorised by law to request to quoting it could increase the chance ovacy note in the declaration.			the
2	Name of self-managed superannuation fund (SMSF)	Crush Family Super Fu	und	
3	ABN	15 375 619 696		
4	Current postal address Street	DGZ CHARTERED AC	CCOUNTANTS	
	Suburb/State/P'code	PO BOX 1935 BUNDABERG	QLD	4670
5	Annual return status			
	Is this the first required return for a ne	ewly registered SMSF?	Ι	N
6	SMSF auditor Auditor's name Title Family name Given names SMSF Auditor Number Postal address Street Suburb/State/P'code Date audit was completed A	MR BOYS ANTHONY 00 014 140 PO BOX 3376 RUNDLE MALL SOUTH AUSTRALIA	Auditor's phone number QLD Was Part A of the aud Was Part B of the aud	07 41524677 5000 it report qualified? B N N
7	Electronic funds transfer (EFT)			
A	Fund's financial institution account BSB no 03412 Fund account name CRUSH FAMILY SUPER FUND		Account no	713346
	I would like my tax refunds made to t	his account.		Υ
8	Status of SMSF			• []
	Australian superannuation fund Fund benefit structure Does the fund trust deed allow accep of the Government's Super Co-contri		A B C Super-Contribution?	A

Form F Self-managed superannuation fund annual return 2021 Crush Family Super Fund		Client ref	Page 02 of 09 CRUSSF
ABN 15 375 619 696			
9 Was the fund wound u	ip during the income year?	N	
10 Exempt current pension	on income		
	phase superannuation income ore members in the income year?	N	

Form F Self-managed superannuation fund annual return 2021

Crush Family Super Fund

Client ref

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ABN 15 375 619 696

Section B: Income 11 Income

Gross interest

Calculation of assessable contributions

Assessable employer contributions plus No-TFN-quoted contributions **GROSS INCOME**

TOTAL ASSESSABLE INCOME

R1	9653	
R3	0	

Deductions

C	11
R	9653
К	9033

W	9664	/ 🗔	
٧	9664	/[

Non-deductible expenses

Section C: Deductions and non-deductible expenses **Deductions and non-deductible expenses**

Insurance premiums - members SMSF auditor fee Investment expenses

Management and administration expenses

TOTAL NON-DEDUCTIBLE EXPENSES (A2 to L2)

TOTAL SMSF EXPENSES (N + Y)

TOTAL DEDUCTIONS (A1 to M1)

TOTAL INCOME OR LOSS

(Total assessable income less deductions)

F1	7146
H1	440
11	2048
J1	829



F 1	7146
Н1	440
11	2048
J1	829



10463	
10463 1	

Y

Client ref

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ABN 15 375 619 696

Section D: Income tax calculation statement Income tax calculation statement

income tax calculation state		Taxable income	A 0.00
		Tax on taxable income	T1 0.00
		Tax on no-TFN-quoted	J 0.00
		contributions	0.00
Foreign inc. tax offsets	C1 0.00	Gross tax	B 0.00
Rebates and tax offsets	C2	- Non-refundable non-c/f	C 0.00
	-	tax offsets (C1 + C2)	0.00
ESVCLP tax offset	D1	SUBTOTAL 1	T2 0.00
ESVCLP tax offset c/f	D2		
from previous year		Non-refundable c/f tax	D
ESIC tax offset	D3	offsets (D1+D2+D3+D4)	
ESIC tax offset c/f	D4	SUBTOTAL 2	T3
from previous year			
Complying fund's franking	E1		
credits tax offset			
No-TFN tax offset	E2	Refundable tax offsets	E
NRAS tax offset	E3	(E1 + E2 + E3 + E4)	
Exploration cr. tax offset	E4		
Credit:		TAX PAYABLE	T <u>5</u>
Int. on early payments	H1	Section 102AAM int. charge	G
Foreign res. w'holding	H2		
(excl. capital gains)		- Eligible credits	Н
ABN/TFN not quoted	H3	(H1 + H2 + H3 + H5 + H6 + H8)	
TFN w/held from	H5	Tax offset refunds	0.00
closely held trusts			_
Int. on no-TFN tax offset	H6 H8	PAYG installments raised	K
Credit for foreign res.	18	Supervisory levy	L 259.00
capital gains w'holding		Supervisory levy adj. for	М
		wound up funds	
		Supervisory levy adj. for	N
		new funds	050.00
		TOTAL AMOUNT DUE	S 259.00
		(T5 + G - H - I - K + L - M + N)	

Section E: Losses

Losses information

Losses carried forward to later income years

U 10383

Other names Maree Surname Crush Suffix Member's TFN Date of birth 03/09/1969 See the Privacy note in the Declaration **OPENING ACCOUNT BALANCE** 63736.96 **TOTAL CONTRIBUTIONS** Ν 0.00 (Sum of labels A to M) Other transactions Allocated earnings or losses 0 3459.04 Accumulation phase account balance 67196.00 Retirement phase account bal. - Non CDBIS 0.00 Retirement phase account balance - CDBIS 0.00 **TRIS Count** 0 **CLOSING ACCOUNT BALANCE** 67196.00 67196.00 Accumulation phase value

nuation fund annual return 2021	Client ref	Page 06 of 09 CRUSSF
Cash and term deposits	目	17416
Loans		
Listed shares		
·	J	
Non-residential real	K	180000
property		
	.	
•	IVI	
Other assets	0	418
	Debt securities Loans Listed shares Unlisted shares Limited recourse borrowing arrangements (J1 to J6) Non-residential real property Residential real property Collectables and personal use assets	Cash and term deposits Debt securities Loans Listed shares Unlisted shares Unlisted recourse borrowing arrangements (J1 to J6) Non-residential real property Residential real property Collectables and personal use assets

(sum of labels A to T)

U	197834	
_		

16 Liabilities Borrowings for limited recourse borrowing arrangements Permissible temporary borrowings

Other borrowings

V1	7
V2	
V3	

Borrowings Total member closing account balances Reserve accounts Other liabilities **TOTAL LIABILITIES**

V W	194478
X	
Υ	3356
Z	197834

Form F Crush Family Super F		d superannuation fund annu	al return 2021	Client ref	Page 07 of 09 CRUSSF
ABN 15 375 619	696				
	n check to ensure all i	ncome has been disclosed and the ar ou are in doubt about any aspect of the			•
the entity in our records. It is a	not an offence not to p	on Act 1953 to request the provision or provide the TFN. However, if you do no t information and disclose it to other g	ot provide the TFN the	processing of this f	orm may be
·	tees and directors have eport and are aware of	ve authorised this annual return and it f any matters raised therein. The infor			
Authorised trustee's, director's or public officer's signature			Date		
Preferred trustee, directitle Family name and suffix Given and other names	ctor or public off	ficer's contact details: MR CRUSH ADRIAN			
Phone number		07 41524677			
Time taken to prepare	and complete th	is tax return (hours)		J 0	
	aged superannuation s a declaration stating	fund annual return 2021 has been pre g that the information provided to us is			-
Tax agent's signature			Date		
Tax agent's contact de Title Family name and suffix Given and other names Tax agent's practice	etails	MR GROGAN BRADLEY DGZ CHARTERED ACCOU	INTANTS		
Reference number		CRUSSF			

NOTE: THIS PRINT-OUT IS NOT TO BE LODGED WITH THE ATO.

61032002

Tax agent number

Losses schedule 2021

Client ref

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ABN 15 375 619 696

Part A - Losses carried forward to the 2021-2022 income year -excludes film losses

Tax losses carried forward to later income years

Year of loss 2020-2021 2019-2020 2018-2019 2017-2018 Total

В	799
C	3347
D	5151
Ε	1086
U	10383

Transfer the amount at label U to the corresponding label on your tax return

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