√MARTYN SUPERANNUA
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## 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 However, you cannot lodge your tax return electronically if you do not quote your TFN.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	XX XXX XXX		Year	2020	
Name of partnership, trust, fund or entity	V MARTYN SUE	PERANNUATION	FUND		

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

#### Important

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

#### Declaration: I declare that:

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

·	the agent is	authorised	to	lodge	this	tax	return.	
---	--------------	------------	----	-------	------	-----	---------	--

Signature of partner, trustee or director	Date	

## PART B

#### Electronic funds transfer consent

This declaration is to be completed when an electronic funds transfer (EFT) of a refund is requested and the tax return is being lodged through an approved ATO electronic 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	74081009
Account Name	D Baker & Associates Trust Acc
I authorise the refund to be	deposited directly to the specified account.

Date

Signature

		Self-managed superann fund annual return	uation	2020
Only com	b should complete this annual return? / self-managed superannuation funds (SMS plete this annual return. All other funds mus d income tax return 2020 (NAT 71287)		Return year	2020
ins	e Self-managed superannuation fund ann structions 2020 (NAT 71606) (the instruction u to complete this annual return.			
ch via	e SMSF annual return cannot be used to ange in fund membership. You must upda a ABR.gov.au or complete the Change of o perannuation entities form (NAT3036).	ate fund details		
Sec 1		XX XXX XXX uest your TFN. You are not obliged to quote your TFN to r annual return. See the Privacy note in the Declaration		ncrease the
2	Name of self-managed superannual	·		
-	nanie er een managea eaperannaa	V MARTYN SUPERANNUATION FUND		
3	Australian business number (ABN)	NN NNN NNN NNN		
4	Current postal address	C/- D BAKER & ASSOCIATES PTY LTD		
		PO Box 310		
		MIDLAND	WA	6936
5	Annual return status Is this an amendment to the SMSF's 2020	return? A N		
	Is this the first required return for a newly	registered SMSF? B		
6	SMSF auditor Auditor's name Title	MR		
	Family name	BOYS		
	First given name	TONY		
	Other given names			
	SMSF Auditor Number	100 014 140		
	Auditor's phone number	041 0712708		
	Use Agent Postal address address	PO Box 3376		
				5000
		RUNDLE MALL	SA	5000
		Date audit was completed A 22/04/2021		
		Was Part A of the audit report qualified ?	B N	
		Was Part B of the audit report qualified ?		
		If Part B of the audit report was qualified, have the reported issues been rectified?	D	

Sensitive (when completed)

#### V MARTYN SUPERANNUATION FUND

A	Fund's financial in This account is used			s. Do not prov	vide a tax agent	account here.		
	Fund BSB number (must be six digits)	066115	Fund acc	count number	10334994			
	Fund account name (f	or example, J&Q Citi	zen ATF J&Q F	Family SF)				
	D baker & ass							
	I would like my tax re	funds made to this a	ccount N	Print Y for yes	If Yes, Go to			
				or N for no.	11 103, 00 10			
в	Financial institutio					Us	se Agent T	rust Account?
	This account is used		can provide a	tax agent acc				
	BSB number	066115	Acc	ount number	10334994			
	Fund account name (f	or example, J&Q Citi	zen ATF J&Q F	Family SF)				
	D Baker & Ass	sociates Trus	t Acc					
С	Electronic service	address alias						
	Provide the electronic (For example, SMSF	service address (ES	SA) issued by y	your SMSF m	essaging provic	ler		
					ХХ	XXXX XXX XX	XXX XXXXX	<b>(X XXXXX</b> XXX XX
S	tatus of SMSF	Australian superar	nnuation fund	AY	<b>XX</b>			
Si	tatus of SMSF	Australian superar			XX	XXXX XXX XX Fund benefit		
S	Does the fund to	rust deed allow acce iment's Super Co-col	ptance of the ntribution and	А Ү С Ү	xx			
Si	Does the fund to	rust deed allow acce	ptance of the ntribution and		xx			
_	Does the fund to Govern	rust deed allow acce iment's Super Co-co Low Income Super	ptance of the ntribution and Contribution?		xx			
W	Does the fund to Govern	rust deed allow acce iment's Super Co-con Low Income Super up during the inc	ptance of the ntribution and Contribution? ome year?			Fund benefit Have all tax	structure	B A Coo
_	Does the fund to Govern	rust deed allow acce iment's Super Co-co Low Income Super	ptance of the ntribution and Contribution? ome year?	C Y	ar	Fund benefit Have all tax	structure	B A Coo
W	Does the fund the Govern	ust deed allow acce iment's Super Co-cor Low Income Super up during the inc If yes, provide th	ptance of the ntribution and Contribution? ome year?	C Y	ar	Fund benefit Have all tax	structure	B A Coo
W N Ex	Does the fund tr Govern /as the fund wound Print Y for yes or N for no. xempt current pens	ust deed allow acce iment's Super Co-co Low Income Super up during the inc If yes, provide th which fund was ion income	ptance of the ntribution and Contribution? ome year? ne date on	C Y	ar	Fund benefit Have all tax and obligations b	structure	B A Coo
W N Ex Di	Does the fund to Govern Vas the fund wound Print Y for yes or N for no. xempt current pens id the fund pay retirement	ust deed allow acce iment's Super Co-co Low Income Super up during the inc If yes, provide th which fund was ion income	ptance of the ntribution and Contribution? ome year? ne date on	C Y	ar	Fund benefit Have all tax and obligations b	structure lodgment d payment peen met?	B A Coo
W N Ex Di	Does the fund tr Govern <b>/as the fund wound</b> Print Y for yes or N for no. <b>xempt current pens</b> id the fund pay retirement the income year?	ust deed allow acce ament's Super Co-cou Low Income Super up during the inc If yes, provide th which fund was ion income ent phase superannua	ptance of the ntribution and Contribution? ome year? me date on wound up	C Y ay Month Ye	ar to one or more	Fund benefit Have all tax and obligations b	structure c lodgment d payment een met?	
W N Di in	Does the fund to Govern Vas the fund wound Print Y for yes or N for no. xempt current pens id the fund pay retirement	ust deed allow acce iment's Super Co-cou Low Income Super up during the inc If yes, provide th which fund was ion income ent phase superannua	ptance of the ntribution and Contribution? ome year? ne date on wound up ation income st income, you m	C Y ay Month Ye tream benefits nust pay at lea	ar to one or more	Fund benefit Have all tax and obligations b	structure c lodgment d payment een met?	B A Coo
W N Di Di T tt	Does the fund the Govern Vas the fund wound Print Y for yes or N for no. xempt current pens id the fund pay retirement the income year? To claim a tax exemption he law. Record exemption	ust deed allow acce iment's Super Co-co Low Income Super up during the inc If yes, provide th which fund was ion income ent phase superannua n for current pension current pension inco	ptance of the ntribution and Contribution? ome year? ne date on wound up ation income st income, you m	C Y ay Month Ye tream benefits nust pay at lea	ar to one or more	Fund benefit Have all tax and obligations b	structure c lodgment d payment een met?	B A Coo
W N Di Di T tt	Does the fund tr Govern <b>/as the fund wound</b> Print Y for yes or N for no. <b>xempt current pens</b> id the fund pay retirement the income year? Fo claim a tax exemption	ust deed allow acce iment's Super Co-co Low Income Super up during the inc If yes, provide th which fund was ion income ent phase superannua n for current pension current pension inco	ptance of the ntribution and Contribution? ome year? ne date on wound up ation income st income, you m	C Y ay Month Ye tream benefits nust pay at lea	ar to one or more	Fund benefit Have all tax and obligations b	structure c lodgment d payment een met?	B A Coo
W N Di in T tt	Does the fund the Govern Vas the fund wound Print Y for yes or N for no. xempt current pens id the fund pay retirement the income year? To claim a tax exemption he law. Record exemption he la	ust deed allow acce iment's Super Co-co Low Income Super up during the inc If yes, provide th which fund was ion income ent phase superannua n for current pension current pension inco	ptance of the ntribution and Contribution? ome year? ne date on wound up ation income st income, you mome at Label A	C Y ay Month Ye tream benefits	ar to one or more	Fund benefit Have all tax and obligations b	structure c lodgment d payment een met?	B A Coo
W N Di in T tt	Does the fund the Govern Vas the fund wound Print Y for yes or N for no. xempt current pens id the fund pay retirement the income year? Fo claim a tax exemption he law. Record exempt f No, Go to Section B: In f Yes Exempt current	ust deed allow acce iment's Super Co-co Low Income Super up during the inc If yes, provide th which fund was ion income ent phase superannua n for current pension current pension income pension income amo	ptance of the ntribution and Contribution? ome year? De date on wound up ation income st income, you mome at Label A	C Y ay Month Ye tream benefits nust pay at lea	ar to one or more st the minimum	Fund benefit Have all tax and obligations b	structure c lodgment d payment een met?	B A Coo
W N Di in T tt	Does the fund the Govern Vas the fund wound Print Y for yes or N for no. Xempt current pens id the fund pay retirement the income year? To claim a tax exemption he law. Record exempt f No, Go to Section B: In f Yes Exempt current Which method di	ust deed allow acce iment's Super Co-con Low Income Super up during the inc If yes, provide the which fund was ion income ent phase superannuation for current pension current pension income pension income amo id you use to calculate	ptance of the ntribution and Contribution? ome year? be date on wound up ation income st income, you m ome at Label A unt	C Y ay Month Ye tream benefits nust pay at lea	ar to one or more st the minimum	Fund benefit Have all tax and obligations b	structure c lodgment d payment een met?	B A Coo
W N Di in T tt	Does the fund the Govern Vas the fund wound Print Y for yes or N for no. Xempt current pens id the fund pay retirement the income year? To claim a tax exemption he law. Record exempt f No, Go to Section B: In f Yes Exempt current Which method di	ust deed allow acce iment's Super Co-co Low Income Super up during the inc If yes, provide th which fund was ion income ent phase superannua n for current pension current pension income pension income amo	ptance of the ntribution and Contribution? ome year? be date on wound up ation income st income, you m ome at Label A unt	C Y ay Month Ye tream benefits nust pay at lea	ar to one or more st the minimum	Fund benefit Have all tax and obligations b	structure c lodgment d payment een met?	B A Coo
W N Di in T tt	Does the fund the Govern <b>/as the fund wound</b> Print Y for yes or N for no. <b>xempt current pens</b> id the fund pay retirement the income year? Fo claim a tax exemption he law. Record exempt f No, Go to Section B: In f Yes Exempt current Which method di Segr	ust deed allow acce iment's Super Co-con Low Income Super up during the inc If yes, provide the which fund was ion income ent phase superannuation for current pension current pension income pension income amo id you use to calculate	ptance of the ntribution and Contribution? ome year? De date on wound up ation income st income, you mome at Label A unt A te your exempt od B	C Y ay Month Ye tream benefits nust pay at lea 19,	ar to one or more st the minimum	Fund benefit Have all tax and obligations b members benefit payme	structure c lodgment d payment peen met? Y Pri or ant under	B A Coo
W N Di in T tt	Does the fund the Govern <b>/as the fund wound</b> Print Y for yes or N for no. <b>xempt current pens</b> id the fund pay retirement the income year? Fo claim a tax exemption he law. Record exempt f No, Go to Section B: In f Yes Exempt current Which method di Segr	ust deed allow acce iment's Super Co-coi Low Income Super up during the inc If yes, provide th which fund was ion income ent phase superannus n for current pension current pension income pension income amo id you use to calculat regated assets methor	ptance of the ntribution and Contribution?	C Y ay Month Ye tream benefits hust pay at lea 19, current pensi Was an actur 2 F Y F	ar to one or more st the minimum 502 on income?	Fund benefit Have all tax and obligations b members benefit payme	structure	B A Coo

## V MARTYN SUPERANNUATION FUND

SMSF Return 2020

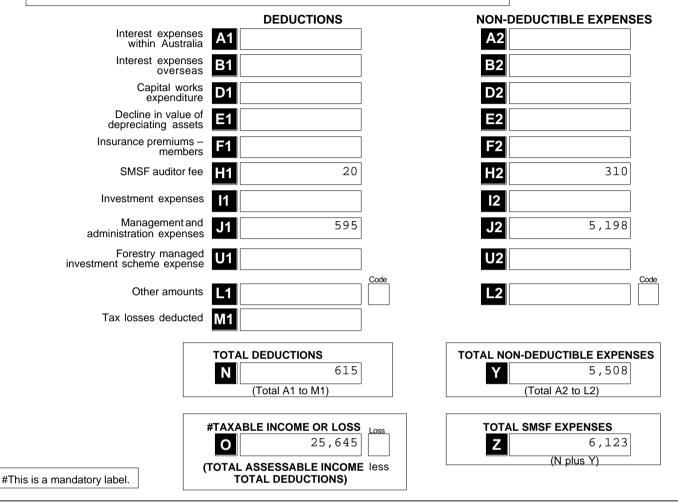
tirement phase for	nis section if all superannuation inte or the entire year, there was no ot	erests in the SMSF were supporting superannuation ther income that was assessable, and you have no	t realised a deferred	
otional gain. If you	Did you have a capital gains tax (CGT) event during the year?	G   Y   Print Y for yes or N for no.   \$10,000 or you e the deferred notic and attach a Cap     Code   Code   Code	calculation statement. I loss or total capital gain is greater to dected to use the CGT relief in 2017 onal gain has been realised, complete ital Gains Tax (CGT) schedule 2020	and
	Have you applied an exemption or rollover?			
		Net capital gain	<b>A</b> 0	
		Gross rent and other leasing and hiring income	В	
		Gross interest	С	
		Forestry managed investment scheme income	X	
Gross for	eign income	Net foreign income	D	Loss
	Austra	lian franking credits from a New Zealand company	E	
		Transfers from foreign funds	F	Numbe
		Gross payments where ABN not quoted	Н	
	assessable contributions le employer contributions	Gross distribution from partnerships		Loss
R1		* Unfranked dividend amount	2,031	
R2	ble personal contributions	* Franked dividend amount	<b>K</b> 13,105	
plus#*No-TFN-	-quoted contributions	* Dividend franking credit	L 5,616	
(an amount mus	t be included even if it is zero)	* Gross trust distributions	<b>M</b> 0	Code
	e company or PST	Assessable contributions (R1 plus R2 plus R3 less R6)	<b>R</b> 25,000	]
[				1
	non-arm's length income arm's length private			
comp	any dividends	* Other income	<b>S</b> 10	Code O
	-arm's length trust distributions	*Assessable income due to changed tax status of fund		
plus * Net othe	er non-arm's length income	Net non-arm's length income (subject to 45% tax rate) (U1 plus U2 plus U3)	U0	]
instructions to	is entered at this label, check the ensure the correct tax	GROSS INCOME (Sum of labels A to U)	<b>W</b> 45,762	
treatment has b	been applied.	Exempt current pension income	<b>Y</b> 19,502	
		TOTAL ASSESSABLE INCOME (W less Y)	1 20,200	Loss

Sensitive (when completed)

#### 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

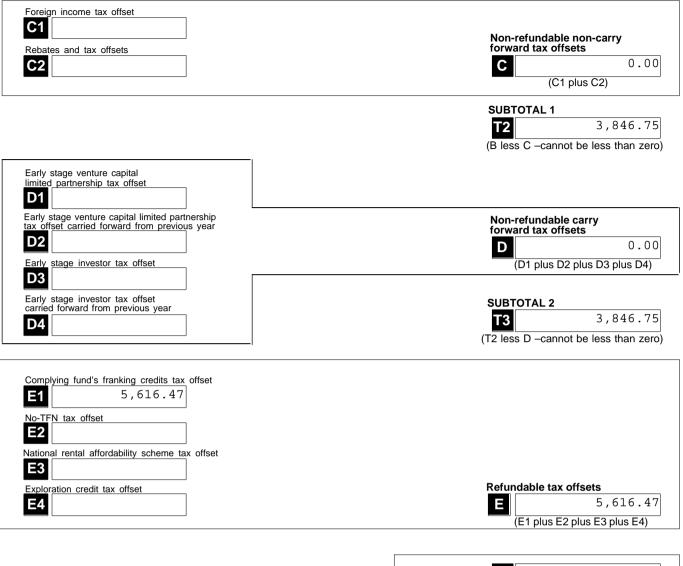
#Important:

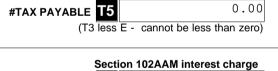
Section B label R3, Section C label O and Section D labels A,T1, J, T5 and I are mandatory. If you leave these labels blank you will have specified a zero amount

## 13 Calculation statement

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

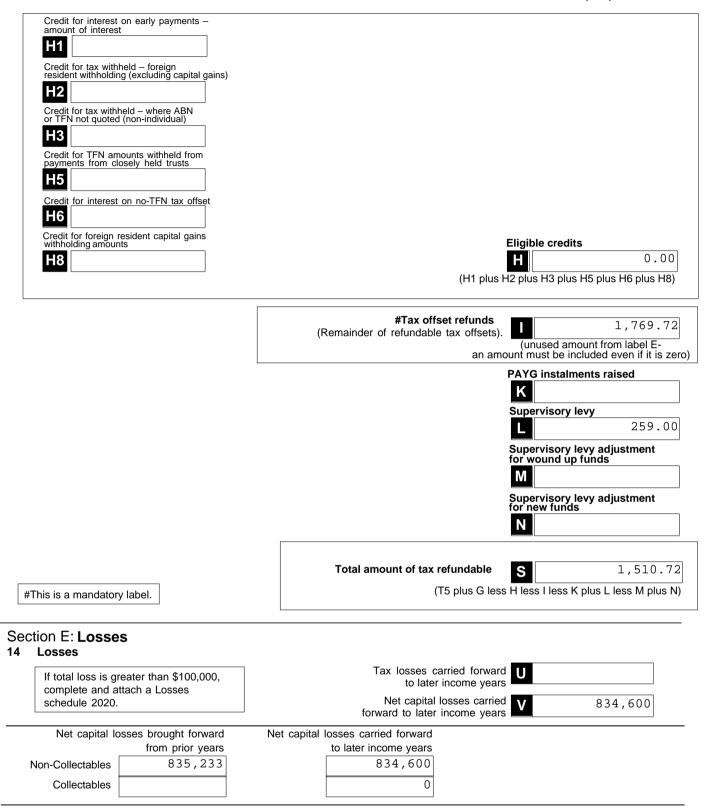
#Taxable income	25,645
(an amount mu	st be included even if it is zero)
#Tax on taxable income T1	3,846.75
(an amount mu	st be included even if it is zero)
#Tax on no-TFN- quoted contributions	0.00
(an amount mu	st be included even if it is zero)
Gross tax B	3,846.75
	(T1 plus J)





G

Fund's tax file number (TFN) XX XXX XXX



### V MARTYN SUPERANNUATION FUND

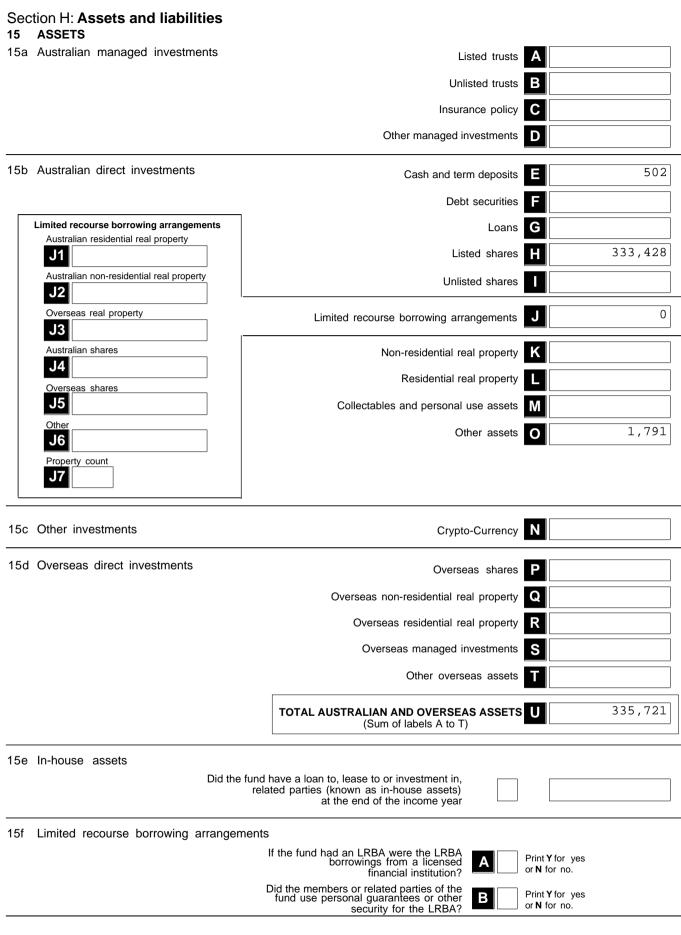
## Section F / Section G: Member Information

			See the Privacy note	in the Declaration	MemberN	umbo
Title	Dr		Member'sTFN XX			umbe
Family name	MARTYN					
	VLADIMIR				Account s	status
First given name	VLADIMIR				Code	
her given names						
	Date of birth 26/10/	/1946	lf deceased, date of death			
ontributions		OPENI	ING ACCOUNT BALA	NCE	224,747.03	
Refer to instructic	ns for completing these	labels		Proceeds from	primary residence dis	sposa
Employer contribu	utions			Receipt date		
A	25,000.00			H		
ABN of principal	employer			Assessable fore	ign superannuation	
ABN OF principal of				fund amount	- •	
Personal contribu	tions			Non	foroign and a	+i.e
B	18,735.95			Non-assessable	e foreign superannua	ation
				J		
	ess retirement exemption			Transfer from r assessable amo		
CGT small busin	ess 15-vear			K		
exemption amou				Transfer from r	reserve:	
D				non-assessable		
Personal injury el	ection					
Е				Contributions fro and previously r	om non-complying fur non-complying funds	nds
Spouse and child	contributions			T		
F				Any other contri	butions (including butions and low	
Other third party	contributions			Super Co-contril Income Super C	butions and low ontributions)	
G				Μ		
			43.7	735.95		
			(Sum of labels A t			
				,		
ther transaction						Loss
· · · ·	ase account balance	Allo	cated earnings or losses	s <b>O</b>	13,158.28	L
S1 Retirement phas	e account balance	Inward	d rollovers and transfers	s P		_
- Non CDBIS	208,502.32	Outward	d rollovers and transfers	s Q		Code
Retirement phas	e account balance		Lump Sum paymen	t <b>R1</b>		Code
-CDBIS	0.00		Income stream paymen	+ D2	8,500.00	Code M
S3	0.00		Income stream paymen			
1 тв	ISCount	CLOSIN	IG ACCOUNT BALANC	ES	246,824.70	
				S1 plus S2	plus S3	<u> </u>
<sup></sup> IF						
		Ac	ccumulation phase value	X1	38,322.38	
		Ac	ccumulation phase value Retirement phase value		38,322.38 208,502.32	

## V MARTYN SUPERANNUATION FUND

XXXX XXXXXXXX Page 8 of 12

			Fund's tax file r	
Title	MRS	See the Privacy note in Member'sTFN XXX		Member Number
	MARTYN			
Family name	ODETTE			Account status
First given name	ANTOINETTE			Code
Other given names				
	Date of birth 24/05/1952	2 If deceased, date of death		
Contributions		OPENING ACCOUNT BALAN	CE 9'	7,198.27
Refer to instruction	ons for completing these labels		Proceeds from primary	y residence disposal
Employer contrib			H Receipt date	
A				
ABN of principal	employer		Assessable foreign su	perannuation
A1			fund amount	
Personal contribu	utions		Non-assessable foreig	gn superannuation
В			fund amount	
CGT small busine	ess retirement exemption		J Transfer from reserve	
С			assessable amount	
CGT small busin exemption amou	ness 15-year		Κ	
D			Transfer from reserve	
Personal injury el	lection		L	
E			Contributions from non and previously non-con	n-complying funds
Spouse and child	d contributions		Т	<u></u>
F			Any other contributions	s (including
Other third party	contributions		Super Co-contributions Income Super Contribu	itions)
G			Μ	
	TOTAL CONTRIBU		0.00	
		(Sum of labels A to	M)	
Other transaction	ns			
· · ·	hase account balance	Allocated earnings or losses	0	3,302.00 L
S1	0.00	Inward rollovers and transfers	Р	0.00
- Non CDBIS	se account balance	Outward rollovers and transfers	Q	0.00
S2	88,896.27	Lump Sum payment		Code
- CDBIS	se account balance			
S3	0.00	Income stream payment	R2	5,000.00 M
1 TF	RISCount	CLOSING ACCOUNT BALANCE	<b>S</b> 8	8,896.27
			S1 plus S2 plus S	33
		Accumulation phase value	X1	
				8,896.27
		Outstanding limited recourse	Y	
		borrowing arrangement amount		



### 16 LIABILITIES

		Borrowings for limited recourse borrowing arrangements
		V1
		Permissible temporary borrowings
C	Borrowings V	Other borrowings
335,721	Total member closing account balances CLOSING ACCOUNT BALANCEs from Sections F and G	(total of a
	Reserve accounts X	
(	Other liabilities Y	
335,721	TOTAL LIABILITIES Z	
335,7		

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).
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.
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.

#### 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

		0					Day Month	Year
						Date	20/04/2	021
Preferred trustee or director con	tact details							
	Г	DR		]				
<b>F</b>		MARTYN						
	_							
First g	iven name	VLADIMIR						
Other giv	ven names							
	Г	Area code	Number 93106888					
Pho	nenumber	08	93106888					
Ema	ail address							
Non-individual trustee name (if a	applicable)							
	-							
ABN of non-individu					]			
		Time taken to		d complete	this onnuo	L roturn	Hrs	
						Tetum		
The Commissioner of Taxation, a								
which you provide on this annual	return to ma	aintain the inte	grity of the re	egister. For	further info	ormation,	refer to the	instructions
TAX AGENT'S DECLARATION:								
D BAKER & ASSOCIATE	ES PTY L'	ГD						
declare that the Self-managed sup			urn 2020 has b	een prepare	ed in accorda	ance with	information p	rovided
by the trustees, that the trustees h			tating that the	information p	provided to r	ne is true	and correct, a	and that
the trustees have authorised me to		iniual letuini.				1	Day Month	
Tax agent's signature						Date	22/04/20	)21
Tax agent's contact details								
Tax agent's contact details	MR							
	MOCDACII							٦
Family name	MOSBACH							_
First given name	FARRELL							
Other given names								
Tax agent's practice	D BAKER	& ASSOCIA	TES PTY I	LTD				7
	Area code	Number	_	]				-
Tax agent's phone number	08	9274663	7					
Tax agent number	7408100	9	7	Reference	number M	AR58		

Losses Schedule 2020	V MARTYN SUPERANNUATION FUND	XXXX XX XXXXXXX	Page 12 of 12
	Losses schedule Companies and trusts that do not join consolidat complete and attach this schedule to their 2020		2020
	Superannuation funds should complete and attact 2020 tax return.	ch this schedule to their	
	ctions 2020, available on our website on how to complete this schedule.		
Tax file number (TFN)			
Name of entity			
V MARTYN SUPERANNUATIC	DN FUND		
Australian business number (ABN)			
NN NNN NNN NNN			
2 Net capital losses carried f	forward to later income years		
	Year of loss 2019–20 H	832,689	

income years		
Total	V	834,600

2018-19

2017-18

2016-17

2015-16

2014-15 and earlier

J

Κ

L

M

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

## 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

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

#### Taxpayer's declaration

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

#### Signature

|--|

Date	
Daytime contact number Area code Number	

1,911