PRICE SUPERANNUATION FUND

PART A Electronic loc

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

TFN: 891 919 374

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 However, you cannot lodge your tax return electronically if you do not quote your TFN.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	891 919 374	Year	2018
Name of partnership, trust, fund or entity	PRICE SUPERANNUATION 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	23-6-2021
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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									
Account Name	TRUSTEE	FOR	THE	PRICE	SUPER	FUND		 	
I authorise the refund to be d	deposited directly	to the s	specified	d account.	,		Date	23-6-2021	

Client Ref: PRICESUP Agent: 56089-001

Self-managed superannuation fund annual return

2018

TFN: 891 919 374

Who should complete this annual return?

Only self-managed superannuation funds (SMSFs) can complete this annual return. All other funds must complete the Fund income tax return 2018 (NAT 71287).

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

Se	ction A: Fund information						
1	Tax file number (TFN) 891 919 374						
	The Tax Office is authorised by law to reque chance of delay or error in processing your	est your TFN. You are not obliged to quote your TFN but not quannual return. See the Privacy note in the Declaration.	uoting it could inc	crease the			
2	Name of self-managed superannuati						
		PRICE SUPERANNUATION FUND					
3	Australian business number (ABN)	51 183 505 905					
4	Current postal address	P O BOX 910					
		ATHERTON	QLD	4883			
6	Is this an amendment to the SMSF's 2018 is this the first required return for a newly re						
•	Auditor's name Title	MR					
	Family name	BOYS					
	First given name	ANTHONY					
	Other given names	WILLIAM					
	SMSF Auditor Number	100 014 140					
	Auditor's phone number	04 10712708					
	Use Agent N Postal address address details?	PO Box 3376					
	address details:						
		RUNDLE MALL	SA	5000			
		Date audit was completed A					
		Was Part B of the audit report qualified ?					
		If the audit report was qualified, have the reported compliance issues been rectified?	C				

7	Ele	ectronic funds transfer e need your self-managed so	(EFT) uper fund's financial i	institution details to pay	any super payments and ta	ax refunds owing to you.
	Α	Financial institution de You must provide the financiax refunds paid to a different	cial institution details	of your fund's nominat	ed super account. If you wo	uld like your fund's
		Fund BSB number (must be six digits)	3000	Fund account number	135328144	
		Fund account name (for ex	ample, J&Q Citizen A	ATF J&Q Family SF)		
		TRUSTEE FOR THE				
	В	Financial institution de	etails for tax refur	nds only	9	Use Agent Trust Account?
		If you would like your fund's Tax refunds cannot be paid	s tax refunds paid to a I to a trustee's persor	a different account, pro nal account. (See relev	vide additional financial inst ant instructions.)	itution details.
		Fund BSB number (must be six digits)		Account number		
		Fund account name (for ex	ample, J&Q Citizen A	ATF J&Q Family SF)		
	С	Electronic service add We will use your electronic		s to communicate with	your fund about ATO super	payments.
8	St	Does the fund trust (ustralian superannual deed allow acceptane t's Super Co-contribu v Income Super Cont	ice of the ution and	Fund ben	nefit structure B A Code
9	N		during the income yes, provide the da ich fund was woun	ate on Day Month Ye		tax lodgment and payment s been met?
10	Di	xempt current pension in the fund pay retirement phent the income year?		income stream benefit	s to one or more members	N Print Y for yes or N for no.
	T	o claim a tax exemption for he law. Record exempt curre	current pension incoment pension income a	me, you must pay at le at Label A	ast the minimum benefit pay	yment under
	If	f No, Go to Section B: Incom	ne			
	If	f Yes Exempt current pens				
		-	ou use to calculate you	our exempt current pen	sion income?	
			ted assets method		tuarial certificate obtained?	D Print Y for yes
		Did the fund have any other	r income that was as	sessable?	Print Yfor yes or N for no.	Section B: Income
		C	Choosing 'No' means f No - Go to Section (that you do not have a C: Deductions and non	ny assessable income, inclu	uding no-TFN quoted contributions.
	li ti	f you are entitled to claim an hese at Section D: Income to	ny tax offsets, you car ax calculation statem	n list nent		

Section B: Income

Do not complete this section if all superannuation interests in the SMSF were supporting superannuation income streams in the retirement phase for the entire year, there was no other income that was assessable, and you have not realised a deferred notional gain. If you are entitled to claim any tax offsets, you can record these at Section D: Income tax calculation statement.

Income	Did you have a capital gains tax (CGT) event during the year? Have you applied an exemption or rollover?	or N for no. Print Y for ye or N for no. Gross rent and oth	s \$10,000 or you ele the deferred notion and attach a Capit	B 3,700	
Gross	foreign income		Net foreign income		oss
	Austr	alian franking credits fro	om a New Zealand company	Е	
			Transfers from foreign funds	F	umb
			Gross payments where ABN not quoted		
	on of assessable contributions		Gross distribution from partnerships		oss
R1	0		* Unfranked dividend amount	J 1	
plus Asse	essable personal contributions		* Franked dividend amount	K	
	FN-quoted contributions		* Dividend franking credit		
(an amount must be included even if it is zero)		* Gross trust distributions	M	ode	
less Transinsura	ster of liability to life ance company or PST		Assessable contributions (R1 plus R2 plus R3 less R6)		
Calculati	ion of non-arm's length income				
* Net no	on-arm's length private ompany dividends		* Other income		Code
U1	non-arm's length trust distributions		*Assessable income		
U2	a.iii o longai a dot diodisodionio		due to changed tax status of fund		
plus * Net o	other non-arm's length income	N	et non-arm's length income (subject to 45% tax rate) (U1 plus U2 plus U3)	U	
* If an amou	nandatory label unt is entered at this label, check the to ensure the correct tax as been applied.		GROSS INCOME (Sum of labels A to U)	W	Los
ucaunent fi	аз весп аррпеч.	Ex	empt current pension income	Y	
		то	TAL ASSESSABLE INCOME		Los

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	A2
Interest expenses overseas	B1	B2
Capital works expenditure	D1	D2
Decline in value of depreciating assets		E2
Insurance premiums – members	F1	F2
Death benefit increase	G1	
SMSF auditor fee	H1	H2
Investment expenses	2,218	12
Management and administration expenses	J1 259	J2
Forestry managed investment scheme expense	U1	Code Code
Other amounts	L1	L2
Tax losses deducted	M1 1,224	
	TOTAL DEDUCTIONS	TOTAL NON-DEDUCTIBLE EXPENSES
		Y
		(Total A2 to L2)
	(Total A1 to M1)	(Total A2 to L2)
	#TAXABLE INCOME OR LOSS	TOTAL SMSF EXPENSES
	0	Z 3,701
	(TOTAL ASSESSABLE INCOME	less (N plus Y)
	TOTAL DEDUCTIONS)	
a mandatory label.		

Section D: Income tax calculation statement #Important:

Section B label R3, Section C label O and Section D labels A,T1, J, T5 and I are mandatory.

13 Calculation statement

#This is

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

#Taxable income A	0
(an amount must be inclu	ided even if it is zero)
#Tax on taxable income T1	0.00
(an amount must be inclu	ided even if it is zero)
#Tax on no-TFN- quoted contributions	0.00
(an amount must be inclu	ided even if it is zero)
Gross tax B	0.00
	T1 plus J)

Foreign income tax offset	
C1	Non-refundable non-carry forward tax offsets
Rebates and tax offsets	C 0.00
C2	(C1 plus C2)
	(C1 plus 02)
	SUBTOTAL 1
	T2
	(B less C –cannot be less than zero)
Early stage venture capital limited partnership tax offset D1	Non-refundable carry
Early stage venture capital limited partnership tax offset carried forward from previous year	forward tax offsets
D2	0.00
Early stage investor tax offset	(D1 plus D2 plus D3 plus D4)
D3	
Early stage investor tax offset carried forward from previous year	
D4	
	SUBTOTAL 2
	T3 0.00
	(T2 less D -cannot be less than zero)
Complying fund's franking credits tax offset	
No-TFN tax offset E2	
National rental affordability scheme tax offset	
E3	Refundable tax offsets
Exploration credit tax offset	E 0.00
E4	(E1 plus E2 plus E3 plus E4)
	/

TAX PAYABLE	T5	0.00
(T	3 less E	 cannot be less than zero

Section 102AAM interest charge

G

Credit for interest on early payments – amount of interest H1 Credit for tax withheld – foreign resident withholding (excluding capital gains) H2 Credit for tax withheld – where ABN or TFN not quoted (non-individual) H3 Credit for TFN amounts withheld from payments from closely held trusts H5 Credit for interest on no-TFN tax offset H6 Credit for foreign resident capital gains withholding amounts H8	н	e credits 0.00 13 plus H5 plus H6 plus H8)
	#Tax offset refunds	0.00
	(Remainder of refundable tax offsets). (unus	sed amount from label E-
		st be included even if it is zero)
	K	S instalments raised 852.00
		rvisory levy
	I.	259.00
	Sup	ervisory levy adjustment
	for w	ound up funds
	М	
	Sup for n	ervisory levy adjustment ew funds
	N	
	Total amount of tax refundable S	593.00
#This is a second standard of		I less K plus L less M plus N)
#This is a mandatory label.	(10 p. 10 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Section E: Losses		
14 Losses		
If total loss is greater than \$100,000,	Tax losses carried forward	2,491
complete and attach a Losses	to later income years	
schedule 2018.	Net capital losses carried forward to later income years	
Net capital losses brought forward	Net capital losses carried forward	
from prior years	to later income years	
Non-Collectables 0	0	
Collectables 0	0	

Section F / Section G: Member Information

In Section F / G report all current members in the fund at 30 June. Use Section F / G to report any former members or deceased members who held an interest in the fund at any time during the income year. See the Privacy note in the Declaration. 1 Member Number MR Member'sTFN 483 428 256 Title 0 Code Account status PRICE Family name RUSSELL First given name FRANCIS Other given names If deceased. 10/03/1958 Date of birth date of death Contributions 199,543.44 OPENING ACCOUNT BALANCE Refer to instructions for completing these labels. Employer contributions ABN of principal employer A1 В Personal contributions C CGT small business retirement exemption D CGT small business 15-year exemption amount E Personal injury election F Spouse and child contributions G Other third party contributions Assessable foreign superannuation fund amount J Non-assessable foreign superannuation fund amount K Transfer from reserve: assessable amount Transfer from reserve: non-assessable amount Contributions from non-complying funds T and previously non-complying funds Any other contributions (including Super Co-contributions M and Low Income Super Contributions) 0.00 N **TOTAL CONTRIBUTIONS** Other transactions 1,138.15 Accumulation phase account balance 0 Allocated earnings or losses **S1** Inward rollovers and transfers Retirement phase account balance - Non CDBIS Q Outward rollovers and transfers 0.00 **S2** Lump Sum payment R1 Retirement phase account balance Code - CDBIS Income stream payment R2 0.00 **S3** 200,681.59 S CLOSING ACCOUNT BALANCE **TRIS Count** S1 plus S2 plus S3 Accumulation phase value **X1**

Retirement phase value

X2

Section H: Assets and liabilities

ASSETS 15

15a Australian managed investments

Listed trusts	A
Unlisted trusts	В
Insurance policy	С
Other managed investments	D

Hrs

Section I: Taxation of financial arrangements

17 Taxation of financial arrangements (TC	DFA)		
	Total TOFA gains	Н	
	Total TOFA losses	1	
Section J: Other information Family trust election status			
If the trust or fund has made, or is making	ng, a family trust election, write the four-digit income year n (for example, for the 2017–18 income year, write 2018).	A	
specified of the election If revoking or varying a fami and complete and atta	B		
or fund is making one or mor specified and complete an Inter If rev	ection, write the earliest income year specified. If the trust re elections this year, write the earliest income year being posed entity election or revocation 2018 for each election oking an interposed entity election, print R, and completed attach the Interposed entity election or revocation 2018.	D	
Section K: Declarations			
ACCORD AND AND AND AND AND AND AND AND AND AN	eading information in addition to penalties relating to	any tax short	falls.
the was not applicable to you. If you are in doubted rivacy the ATO is authorised by the Taxation Administration are TFN to identify the entity in our records. It is not not processing of this form may be delayed. Taxation law authorises the ATO to collect informativacy go to ato.gov.au/privacy. TRUSTEE'S OR DIRECTOR'S DECLARATION declare that current trustees and directors have a proords. I have received the audit report and I am	nuthorised this annual return and it is documented as such aware of any matters raised. I declare that the information in the information is true and correct. I also authorise the applicable.	(TFNs). We will up to provide the TF formation about you in the SMSF's on on this annual	use N, vour
dunorised trustees, directors of public officers si		- 00 /	Month Year
	a Co	Date 22/	06/2021
Preferred trustee or director contact detail			
Title	MR		
Family name	PRICE		
First given name	RUSSELL		
Other given names	FRANCIS		
Phone number	Area code Number 07 40958828		
Email address			
Non-individual trustee name (if applicable)			
ABN of non-individual trustee			

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

Time taken to prepare and complete this annual return

TAX AGENT'S DECLARATION:

, IMPACT ACCOUNTING	NQ				
eclare that the Self-managed sup y the trustees, that the trustees h he trustees have authorised me to	nave given me a declaration sta				
Tax agent's signature	Jouge this annual return.	1/1		Date	Day Month Year 22/06/2021
Title	MS			_	
Family name	FLOREANCIG				
First given name	TANIA				
Other given names					
Tax agent's practice	IMPACT ACCOUNTING	NQ			
Tax agent's phone number	Area code Number 4 2 4 3 3 4 0 0)]		
Tax agent number	56089001		Reference number	PRICES	JP