RN:100017882MS

Self-managed superannuation fund annual return

2021

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 2021* (NAT 71287).

The Self-managed superannuation fund annual return instructions 2021 (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).

	superannation entitles form (FV tr edee).								
Se	ection A: Fund information					To a	ooiet proces	ooina	verito the fundi
1	Tax file number (TFN)								write the fund' 3, 5, 7, and 9.
	The ATO is authorised by law to request your TFN. could increase the chance of delay or error in processing	You are	not obligannual re	ged to qu turn. See	uote yo the P	our TFN rivacy i	I but not qu note in the [oting Declar	it ation.
2	Name of self-managed superannuation fund	(SMSF))						
Gi	ilmartin Superannuation Fund								
3	Australian business number (ABN) (if applicable	(t)	54	675 02	24 983	3]	
4	Current postal address								
C/	- The Rogers Group								
Р	O Box A308								
	urb/town /DNEY SOUTH						State/territ NSW	ory	Postcode 1235
5	Annual return status Is this an amendment to the SMSF's 2021 return?		A No	X Ye	s				
	Is this the first required return for a newly registered SN	ISF?	B No	X Ye	s				

RN:100017882MS Self managed superannuation fund return 2021 Taxpayer/entity name: Gilmartin Superannuation Fund **SMSF** auditor 6 Auditor's name Mr X Mrs Other Title: Miss Family name Boys First given name Other given names Jane Anthony SMSF Auditor Number Auditor's phone number 100 014 140 04 10712708 Postal address Box 3376 Suburb/town State/territory Postcode Rundle Mall SA 5000 Month Year Day Date audit was completed Was Part A of the audit report qualified? Yes Was Part B of the audit report qualified? Yes If Part B of the audit report was qualified, Χ **D** No Yes 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. 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 Fund account number Fund account name I would like my tax refunds made to this account. Go to C. 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 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..

Taxpayer/entity name: Gilmartin Superannuation Fund

Not complete: 11/10/2021: 08:57

	Fund's tax file number (TFN)
8	Status of SMSF Australian superannuation fund A No Yes X 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 X
9	Was the fund wound up during the income year? Day Month Year Have all tax lodgment
	No X Yes If yes, provide the date on which the fund was wound up
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 X Go to Section B: Income.
	Yes Exempt current pension income amount A\$ -90
	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 Oo 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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Taxpayer/entity name: Gilmartin Superannuation Fund

RN	:1000178	82MS	
TFN			

Section B: Income

the retirer	omplete this section if all superal ment phase for the entire year, there gain. If you are entitled to claim any	e was no other incom	e that was assess	able, and you have no	t realis	ed a defe
Income	Did you have a capital gains tax (CGT) event during the year?	G No X Yes	or you elected to deferred notional	l loss or total capital gain is use the transitional CGT re gain has been realised, co (CGT) schedule 2021.	elief in 20	017 and th
	Have you applied an exemption or rollover?	M No X Yes	Code			
		Net capital gain	A \$		-00	
	Gross rent and other leasi	ng and hiring income	В\$		-00	
		Gross interest	C \$	497	-00	
	Forestry	managed investment scheme income	X \$		-00	
D1 \$	Gross foreign income	Net foreign income	D \$		-00	Loss
	Australian franking credits from a Ne	ew Zealand company	E \$		-00	
	Australian franking credits from a Ne	ew Zealand company Transfers from foreign funds	E \$		-90 -90	Number
		Transfers from foreign funds ross payments where				
Calculation		Transfers from foreign funds	F \$		-90	Number
Calculation Asses	Gon of assessable contributions essable employer contributions	Transfers from foreign funds ross payments where ABN not quoted Gross distribution	F \$		-90 -90	
Calculation Asses	Gron of assessable contributions sable employer contributions	Transfers from foreign funds ross payments where ABN not quoted Gross distribution from partnerships *Unfranked dividend amount *Franked dividend	F \$		-00 -00 -00	
Calculation Assess R1 \$	Ground of assessable contributions sable employer contributions •90 ssable personal contributions	Transfers from foreign funds ross payments where ABN not quoted Gross distribution from partnerships *Unfranked dividend amount *Franked dividend amount *Dividend franking	F \$		-00 -00 -00	
Calculation Asses R1 \$ Jus Asses R2 \$ Jus #*No	Groun of assessable contributions sable employer contributions •90 ssable personal contributions	Transfers from foreign funds ross payments where ABN not quoted Gross distribution from partnerships *Unfranked dividend amount *Franked dividend amount *Dividend franking credit *Gross trust	F \$		-00 -00 -00 -00	
Calculation Asset	on of assessable contributions sable employer contributions -90 ssable personal contributions -90 o-TFN-quoted contributions	Transfers from foreign funds ross payments where ABN not quoted Gross distribution from partnerships *Unfranked dividend amount *Franked dividend amount *Dividend franking credit	F \$		-00 -00 -00 -00 -00	Loss

Calculation of non-arm's length income			Code
*Net non-arm's length private company dividends	*Other income	S \$	-00
U1 \$ -90	Other meetine	-	
plus *Net non-arm's length trust distributions U2 \$ -60	*Assessable income due to changed tax status of fund	T \$	-60
nlus *Net other non-arm's length income	Net non-arm's length income (subject to 45% tax rate) (U1 plus U2 plus U3)	U \$	-60

#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.

(O1 pius 02 pius 03)		_
GROSS INCOME (Sum of labels A to U) W \$ 49	97 -90	Loss
Exempt current pension income Y\$	-00	
TOTAL ASSESSABLE INCOME (W less Y) V \$ 49	97 -90	Loss

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Taxpayer/entity name: Gilmartin Superannuation Fund

Fund's tax file number (TFN)	

Section C: Deductions and non-deductible expenses

TOTAL DEDUCTIONS)

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	\$		-00	A2 \$	-00	
Interest expenses overseas	В1	\$		-00	B2 \$	-90	
Capital works expenditure	D1	\$		-00	D2 \$	-90	
Decline in value of depreciating assets	E1	\$		-00	E2 \$	-90	
Insurance premiums – members	F1	\$		-00	F2 \$	-90	
SMSF auditor fee	Н1	\$	275	-00	H2 \$	-00	
Investment expenses	11	\$		-00	12\$	-90	
Management and administration expenses	J1	\$	3284	-00	J2 \$	-00	
Forestry managed investment scheme expense	U1	\$		-00	U2 \$	-90	Code
Other amounts	L1	\$		-00	L2\$	-00	
Tax losses deducted	М1	\$		-00			
		OTA	AL DEDUCTIONS 3559 (Total A1 to M1)	-00	TOT/	AL NON-DEDUCTIBLE EXPENSES (Total A2 to L2)	
#This is a mandatory		\$	ABLE INCOME OR LOSS 3062 TOTAL ASSESSABLE INCOME /ess	-90	Loss TOTA	AL SMSF EXPENSES (N plus Y)	

#This is a mandatory label.

Taxpayer/entity name: Gilmartin Superannuation Fund

RN	:1000178	382MS	
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Section D: Income tax calculation statement

#Important:

Not complete: 11/10/2021: 08:57

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.

ave specified a zero amount. 3 Calculation statement		. [
Please refer to the	#Taxable income	A \$	0 -90
Self-managed superannuation	#Tay on tayable		(an amount must be included even if it is zero)
fund annual return instructions	#Tax on taxable income	T1 \$	0.00
2021 on how to complete the calculation statement.	#Tax on	۱ ,	(an amount must be included even if it is zero)
Salesiation Statement	no-TFN-quoted		0.00
	contributions	<u>.</u>	(an amount must be included even if it is zero)
	Gross tax	B \$	0.00
		•	(T1 plus J)
Foreign income tax offset			
C1 \$	0.00		
Rebates and tax offsets		Non-re	efundable non-carry forward tax offsets
C2\$		C \$	0.00
			(C1 plus C2)
		SUBTO	OTAL 1
	,	T2 \$	0.00
Early stage venture capital	limited	ı	(B less C – cannot be less than zero)
partnership tax offset			
D1\$			
Early stage venture capital			
tax offset carried forward fr	om previous year	Non-re	efundable carry forward tax offsets
D2\$		D \$	randable sarry formata tax enests
Early stage investor tax offs	set	υ Ψ	(D1 plus D2 plus D3 plus D4)
D3\$			(
Early stage investor tax offs		SUBTO	OTAL 2
carried forward from previo	ous year	T3 \$	JINE 2
D4\$		13 4	(TO loca D. compat ha loca there your)
			(T2 less D – cannot be less than zero)
Complying fund's franking of	credits tax offset		
E1\$			
No-TFN tax offset			
E2 \$			
National rental affordability so	cheme tax offset		
E3\$			
Exploration credit tax offset			dable tax offsets
E4\$		E \$	
			(E1 plus E2 plus E3 plus E4)
	_		
	*TAX PAYABLE	T5 \$	
			(T3 less E – cannot be less than zero)
			n 102AAM interest charge
		G S	

Taxpayer/entity name: Gilmartin Superannuation Fund

Fund's tax file number (TFN) 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 Eligible credits withholding amounts **H8**\$ **H**\$ (H1 plus H2 plus H3 plus H5 plus H6 plus H8) *Tax offset refunds 1\$ 0.00 (Remainder of refundable tax offsets) (unused amount from label E an amount must be included even if it is zero) PAYG instalments raised **K**\$ Supervisory levy L\$ 259.00 Supervisory levy adjustment for wound up funds **M**\$ Supervisory levy adjustment for new funds **N**\$ AMOUNT DUE OR REFUNDABLE S\$ 259.00 A positive amount at **S** is what you owe, while a negative amount is refundable to you. (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 Tax losses carried forward

If total loss is greater than \$100,000, complete and attach a Losses schedule 2021.

to later income years

16363

Net capital losses carried forward to later income years

-00

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Taxpayer/entity name: Gilmartin Superannuation Fund

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TFN	

Section F: Member information

Section i . Wember ii	normand	ווכ				
MEMBER 1						
Title: Mr Mrs X Miss Ms	Other					
Family name						
Gilmartin						
First given name		Other given nar	nes			
Melissa		Karen			Day Month	Year
Member's TFN See the Privacy note in the Declaration	on.			Date of birth	Day Worth	Teal
Contributions	PENING ACCOL	JNT BALANCE	\$		44201.73	
Refer to instructions						
or completing these abels.		Proceeds H \$	s trom pr	rimary residence disp	osal	
Employer contributions		Receipt	date [[]	Day Month	Year	
A \$		H1				
ABN of principal employer			le foreig	n superannuation fun	d amount	
A1 \$		I \$				
		· '				
Personal contributions B \$	3284.00		essable '	foreign superannuation	on tung amount	
· L		J \$				
CGT small business retirement exe	mption		from res	erve: assessable am	ount	
C \$		K \$				
CGT small business 15-year exem	ption amount		from res	erve: non-assessable	amount	
D \$		L \$				
Personal injury election				m non-complying	fu va da	
E \$			Id previo	ously non-complying	Tunds	
Spouse and child contributions		T \$				
F \$		Any other	er contrib	outions		
Other third party contributions		(including	g Super ome Sur	Co-contributions and er Amounts)	1	
G \$		M \$				
* *						
		NTRIBUTIONS labels A to M)	N \$		3284.00	Loss
Other transactions	Allo	cated earnings or losses	o \$[2827.84	
Accumulation phase accoun	t balance	Inward rollovers and	P \$			
S1 \$	44657.89	transfers	• V			
Retirement phase accoun – Non CDBIS	t balance	Outward rollovers and transfers	Q \$			0-4-
S2 \$	0.00	Lump Sum	R1 \$			Code
Retirement phase account – CDBIS	balance	payment Income	ΙΝΙΨ			 Code
S3 \$	0.00	stream payments	R2 \$			
0 TRIS Count CL		UNT BALANCE			44657.89	
		ion phase value	X1 \$			
		ent phase value	, [
		mited recourse	· L			
b	porrowing arrang	gement amount	Y \$			

Taxpayer/entity name: Gilmartin Superannuation Fund

Taxpayer/entity harne. Giiriattiii Superai	inidation i diid		ax f	ile r	number (TFN)		
MEMBER 2 Title: Mr X Mrs Miss Ms	Other						
Family name Gilmartin							
First given name		Other given nar	nes				
Darryl		James					
Member's TFN See the Privacy note in the Declaration					Date of birth	ay Month	Year
Contributions		JNT BALANCE	<u></u>	_		2002.07	
Refer to instructions for completing these labels.	NING ACCOC			m pr	rimary residence disposa	3663.67	
Employer contributions		Receipt	date	, [Day Month	/ear	
A \$		H1 .					
ABN of principal employer		Assessal	ole fo	oreig	n superannuation fund a	mount	
A1 \$		I \$					
Personal contributions		•	essa	able	foreign superannuation f	und amount	
B \$		J \$			<u> </u>		
CGT small business retirement exem	ntion		from	n res	erve: assessable amoun		
C \$		K \$					
CGT small business 15-year exempt	ion amount		fron	n res	serve: non-assessable ar	 mount	
D \$		L \$					
Personal injury election					m non-complying		
E \$		funds ar	nd p	revio	busly non-complying fun	ds	
Spouse and child contributions		T \$					
F \$		Any other	er cc	ontrik	outions		
Other third party contributions		(includin	g Su	ıper	Co-contributions and per Amounts)		
G \$		M \$			you rundanto,		
		NTRIBUTIONS	N	<u> </u>			
Other transactions	`	f labels A to M) ocated earnings	_				Loss
	7 110	or losses	0	\$_		234.25	
Accumulation phase account b	3429.42	Inward rollovers and transfers	P	\$[
Retirement phase account - Non CDBIS	balance	Outward rollovers and transfers	Q	\$			Codo
S2 \$ Retirement phase account b	0.00	Lump Sum payment	R1	\$[Code
- CDBIS	0.00	Income stream	R2	\$			Code
		payments UNT BALANCE		<u> </u>		3429.42	
		S2 plus S3) ion phase value		 کو آ]
		ent phase value		_ T _			
	Outstanding li	imited recourse	Y				
bol	rrowing arrang	gement amount	T	Ψ			

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Taxpayer/entity name: Gilmartin Superannuation Fund

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TFN	

MEMBER 3						
Title: Mr Mrs Miss Ms	Other					
Family name						
First given name		Other given nan	nes			
Manuela auta TENI				1	Day Month	Year
Member's TFN See the Privacy note in the Declaration				Date of birth		
Contributions		NIT DAL ANIOE	<u> </u>			$\overline{1}$
Refer to instructions	INING ACCOU	NT BALANCE \$				
for completing these			s from pri	mary residence dis	posal	
abels.		H \$				
Employer contributions A \$		Receipt of	date Da	ay Month	Year	
		H1				
ABN of principal employer A1 \$		Г	ne toreign	superannuation fur	nd amount	
7.3		I \$				
Personal contributions		Non-asse	essable fo	oreign superannuat	ion fund amount	
B \$		J \$				
CGT small business retirement exem	ption	Transfer t	from rese	erve: assessable am	nount	
C \$		K \$				
CGT small business 15-year exempt	ion amount	Transfer	rom rese	erve: non-assessab	le amount	
D \$		L \$				
		Contribu	tions fror	n non-complying		
Personal injury election				usly non-complying	funds	
E \$		T \$				
Spouse and child contributions F \$		Anyotho	r oontribu	ıtiono		
• L		(including	er contribu g Super C	Co-contributions an	d	
Other third party contributions G \$		_	rme Supe	er Amounts)		
G \$		M \$				_
	TOTAL CON	NTRIBUTIONS	N \$			
	,	labels A to M)				Loss
Other transactions	Allo	cated earnings or losses	o \$			
Accumulation phase account b	palance	Inward	D #			_ _
S1 \$		rollovers and transfers	P \$			
Retirement phase account	balance	Outward rollovers and	Q \$			
– Non CDBIS		transfers				 Code
S2 \$		Lump Sum payment	R1 \$			
Retirement phase account b - CDBIS	alance	Income				Code
S3 \$		stream payments	R2 \$ _			
TRIS Count CLC	SING ACCOL	JNT BALANCE	s \$			
OLC		32 plus S3)	σ φ			
		on phase value	X1 \$			
		ent phase value	· · · · ·			\exists
		·	· -			_
ho	rrowing arrang	mited recourse	Y \$			

Taxpayer/entity name: Gilmartin Superannuation Fund

RN :100017882MS	
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MEMBER 4						
Fitle: Mr Mrs Miss Ms	Other					
amily name						
First given name		Other given nar	mes			
not given name		Ctrior givorrita	1100			
Member's TFN				l -	Day Month	Year
See the Privacy note in the Declaration				Date of birth		
Contributions	NING ACCOL	JNT BALANCE	\$			\exists
Refer to instructions				mary residence disp	nosal	
or completing these abels.		H \$	s irom pm	Tially residence disp	posai	
Employer contributions		Receipt	data Da	y Month	Year	
A \$		H1				
ABN of principal employer			ole foreign	superannuation fur	nd amount	
A1 \$		I \$				
December 1 and the time		·	L essable fo	oreign superannuat	ion fund amount	
Personal contributions B \$		- 4				
	ntin n	·	<u> </u>		1	
CGT small business retirement exem	puon	ransier K \$	from rese	rve: assessable am	iount	
	ion amount	•				
CGT small business 15-year exempt D \$	ion amount	Iransfer L \$	from rese	erve: non-assessab	le amount	
		•	utions from	n non-complying		
Personal injury election				isly non-complying	funds	
E \$		T \$				
Spouse and child contributions		A				
F \$		(includin	er contribu g Super C	Co-contributions an	d	
Other third party contributions G \$			ome Supe	er Amounts)		
G \$		M \$				_
		NTRIBUTIONS flabels A to M)	N \$			
Other transactions	Allo	ocated earnings or losses	o \$			Loss
Accumulation phase account b	palance	Inward rollovers and transfers	P \$			
Retirement phase account I - Non CDBIS	balance	Outward rollovers and transfers	Q \$			
S2 \$		Lump Sum	D1 ¢			Code
Retirement phase account b	alance	I Paymont	nı v_			 Code
- CDBIS '		Income stream payments	R2 \$			
TRIS Count CLO	SING ACCO	UNT BALANCE	s\$			
		S2 plus S3)				
	Accumulat	ion phase value	X1 \$			
	Retireme	ent phase value	X2 \$			
hou	Outstanding l	imited recourse	Y \$			

RN:100017882MS Self managed superannuation fund return 2021 Taxpayer/entity name: Gilmartin Superannuation Fund Section G: Supplementary member information MEMBER 5 Code Mrs Other Miss Ms Title: Mr Account status Family name First given name Other given names Member's TFN Date of birth If deceased, date of death See the Privacy note in the Declaration. Month Month Contributions OPENING ACCOUNT BALANCE \$ Refer to instructions Proceeds from primary residence disposal for completing these labels. Н \$ Employer contributions Receipt date Month Year \$ **H1** ABN of principal employer Assessable foreign superannuation fund amount A1 \$ \$ Non-assessable foreign superannuation fund amount Personal contributions \$ В CGT small business retirement exemption Transfer from reserve: assessable amount \$ C \$ CGT small business 15-year exemption amount Transfer from reserve: non-assessable amount \$ \$ Contributions from non-complying Personal injury election funds and previously non-complying funds \$ \$ Spouse and child contributions \$ Any other contributions (including Super Co-contributions and Low Income Super Amounts) Other third party contributions \$ M TOTAL CONTRIBUTIONS N \$ (Sum of labels A to M) Loss Other transactions Allocated earnings 0\$ or losses Inward Accumulation phase account balance rollovers and **P**\$ **S1**\$ transfers Outward Retirement phase account balance

rollovers and – Non CDBİS transfers Code **S2**\$ Lump Sum R1 \$ payment Retirement phase account balance Code Income - CDBIS stream R2 \$ **S3**\$ payments TRIS Count CLOSING ACCOUNT BALANCE \$\$ (S1 plus S2 plus S3)

Accumulation phase value X1 \$

Retirement phase value **X2** \$

Outstanding limited recourse borrowing arrangement amount

Self managed superannuation fund return 2021Taxpayer/entity name: Gilmartin Superannuation Fund

RN:100017882MS				
			TFN	

MEMBER 6 Title: Mr	Other				Account status
Family name					
First given name		Other given names			
Member's TFN See the Privacy note in the Declaration		of birth Month Year		If deceased, date Day Month	of death Year
Contributions	NING ACCOL	JNT BALANCE \$ [
Refer to instructions for completing these labels.	TVIIVG AGGGG	L	om primary res	sidence disposal	<u></u>
Employer contributions A \$		Receipt dat	te ^{Day}	Month Year]
ABN of principal employer A1 \$		Assessable I \$	foreign supera	nnuation fund amou	nt
Personal contributions B \$		Non-assess	sable foreign su	uperannuation fund	amount
CGT small business retirement exem	ption	Transfer fro	m reserve: ass	essable amount	
CGT small business 15-year exempt D \$	ion amount	Transfer fro	m reserve: nor	n-assessable amour	nt
Personal injury election E \$		funds and	ons from non-copreviously non-	omplying -complying funds	
Spouse and child contributions F \$		T \$ Any other of (including S	contributions Super Co-contr	ibutions and	
Other third party contributions G \$		Low Incom M \$	e Super Amou	nts)	
		NTRIBUTIONS Note: 1 https://doi.org/10.1008/1008/	1 \$		Loss
Other transactions	Allo	ocated earnings or losses	\$		
Accumulation phase account b	palance	transfers	\$		
Retirement phase account to - Non CDBIS	balance	transfers	\$		Code
Retirement phase account b – CDBIS	palance	Lump Sum Rayment Rayment Income stream Rayment			Code
TRIS Count CLO		payments UNT BALANCE	S \$		
		S2 <i>plus</i> S3) ion phase value X	1 \$		
		ent phase value X	*		
bor			/ \$		

Self managed superannuati	on fund re	aturn 2021	RN:100017882MS
Taxpayer/entity name: Gilmartin Supera		**************************************	TFN
MEMBER 7			
	¬ —		Coc
Title: Mr Mrs Miss Ms Ms	Other		Account status
Family name			
First given name		Other given names	
Member's TFN See the Privacy note in the Declaration			sed, date of death
dec the Filitacy flote in the Deciaration). Day	Month Year Day	WOTH! Teal
Contributions] [
OPE	ENING ACCOL	JNT BALANCE \$	
Refer to instructions for completing these		Proceeds from primary residence of	lisposal
labels.		H \$	·
Employer contributions		Receipt date Day Month	Year
A \$		H1	
ABN of principal employer		Assessable foreign superannuation	fund amount
A1 \$		I \$	
		Non-assessable foreign superannu	
Personal contributions B \$			
· L		J \$	
CGT small business retirement exem	ption	Transfer from reserve: assessable a	amount
		K \$	
CGT small business 15-year exempt	tion amount	Transfer from reserve: non-assessa	able amount
D \$		L \$	
Personal injury election		Contributions from non-complying funds and previously non-complyir	na funds
E \$		T \$	
Spouse and child contributions		· •	
F \$		Any other contributions	
Other third party contributions		(including Super Co-contributions a Low Income Super Amounts)	and
G \$		M \$	
	1	NTRIBUTIONS N \$ flabels A to M)	
Other transactions	` `		Loss
		or losses Φ	
Accumulation phase account by	palance	Inward rollovers and P \$	
S1 \$		transfers	
Retirement phase account - Non CDBIS	balance	Outward rollovers and Q \$	
S2 \$		transfers	Code
Retirement phase account b	palance	Lump Sum R1 \$	0-1-
– CDBIS		Income stream R2 \$	Code
S3 \$		payments payments	
TRIS Count CLC	SING ACCO	UNT BALANCE S \$	
	(S1 plus	S2 plus S3)	
	Accumulat	ion phase value X1 \$	
	Retiroma	ent phase value Y2 \$	

Sensitive (when completed)

Outstanding limited recourse borrowing arrangement amount

Self managed sup

MEMBER 8

labels.

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Title:

elf managed superannuation			RN:100017882MS
expayer/entity name: Gilmartin Superannua EMBER 8	alion Fund		
	her		Account status
st given name	Other given names		
lember's TFN ee the Privacy note in the Declaration.	Date of birth Day Month Year	If deceased, dat	e of death Year
ontributions			
Refer to instructions OPENING	G ACCOUNT BALANCE \$		
r completing these pels.	Proceeds from prima	ry residence disposal	
Employer contributions	H \$	Month Year	
A \$	Receipt date Day H1	Month Year	
ABN of principal employer		perannuation fund amo	 punt
\1 \$	I \$	·	
Paragral contributions		ign superannuation fun	d amount
Personal contributions B \$	J \$		
CGT small business retirement exemption		e: assessable amount	
C \$	K \$. assessable amount	
CGT small business 15-year exemption a		e: non-assessable amo	 unt
D \$	L \$		
Personal injury election	Contributions from n	ion-complying	
E \$		non-complying funds	
Spouse and child contributions	T \$		
F \$	Any other contribution	ons	
Other third party contributions	(including Super Co- Low Income Super A	contributions and Amounts)	
G \$	M \$		
ТС	OTAL CONTRIBUTIONS N \$		
Other transactions	Allocated earnings or losses 0 \$		Loss
Accumulation phase account balan	rollovers and transfers		
Retirement phase account bala – Non CDBIS	transfers		Code
Retirement phase account balar – CDBIS	Lump Sum R1 \$nce Income		Code
S3 \$	stream R2 \$		
TRIS Count CLOSIN	G ACCOUNT BALANCE \$\$ (S1 plus S2 plus S3)		
А	accumulation phase value X1 \$		

Retirement phase value X2 \$

Outstanding limited recourse borrowing arrangement amount

Taxpayer/entity name: Gilmartin Superannuation Fund

RN :100017882MS

Section H: Assets and liabilities 15 ASSETS Listed trusts A \$ -00 15a Australian managed investments Unlisted trusts **B** \$ 00 Insurance policy C\$ 00 Other managed investments **D** \$ -00 48087 -00 15b Australian direct investments Cash and term deposits **E**\$ Limited recourse borrowing arrangements -00 Debt securities **F** \$ Australian residential real property -00 -00 Loans G \$ **J1**\$ Australian non-residential real property Listed shares **H** \$ -00 **J2**\$ -00 -00 Unlisted shares Overseas real property **J3**\$ -00 Limited recourse **J**\$ 00 borrowing arrangements Australian shares **J4**\$ -00 Non-residential **K** \$ -00 real property Overseas shares Residential **L** \$ -00 -00 **J5**\$ real property Collectables and M \$ Other -00 personal use assets **J6**\$ 00 Other assets **O** \$ -00 Property count **J7**\$ 15c Other investments Crypto-Currency N \$ 00 15d Overseas direct investments Overseas shares **P** \$ -00 -00 Overseas non-residential real property **Q** \$ -00 Overseas residential real property **R** \$ -00 Overseas managed investments \$\$ 00 Other overseas assets **T** \$ TOTAL AUSTRALIAN AND OVERSEAS ASSETS **U** \$ 48087 -00 (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 X	(
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\$	-00

Self managed superannuation fund return 2021 Taxpayer/entity name: Gilmartin Superannuation Fund						RN :1000178	RN:100017882MS	
	Limited recourse borrowing arrang e fund had an LRBA were the LRBA bo from financial in	orrowings a licensed f stitution?	A No Yes S					
16	LIABILITIES Borrowings for limited recourse							
	borrowing arrangements V1 \$	-90						
	Permissible temporary borrowings V2 \$	-00						
	Other borrowings V3 \$	-00	Borrowings	V	\$		-00	
	Total me		ng account balances m Sections F and G)	W	\$	48087	-90	
	,		Reserve accounts	X	\$		-00	
			Other liabilities	Υ	\$		-00	
			TOTAL LIABILITIES	z	\$	48087	-90	
	ection I: Taxation of fin Taxation of financial arrangeme		_	ts	3			_
••	Taxason of financial arrangeme	.n.o (1017	Total TOFA gains H \$	3			-00	
			Total TOFA losses \$	3			-00	
Se	ction J: Other inform a	ation						
	nily trust election status If the trust or fund has made, or is mak	king, a fami	y trust election, write the	e fo	our-digit incom	e year		
	specified of the elect If revoking or varying a fa	ion (for exa mily trust e	mple, for the 2020–21 in lection, print R for revoke	ncoi e o	me year, write or print V for va	2021. A liation,		
B _{Ir}	nterposed entity election status If the trust or fund has an existing or fund is making one or m specified and complete an l	election, w ore electior	rite the earliest income y ns this year, write the earl	ear lies	r specified. If that It income year	e trust peing C		
	If re	evoking an	interposed entity election	n, p	orint R , and co	mplete		
	a	nd attach th	ne Interposed entity elect	tion	n or revocation	_{2021.} D		

Taxpayer/entity name: Gilmartin Superannuation Fund

1 11 1	 		
TFN			

DNI -100017882MS

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.

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 Preferred trustee or director contact details: Family name Gilmartin First given name Other given names Melissa 02 92677655 Phone number Email address Non-individual trustee name (if applicable) Penrith Nominees (NSW) Pty Limited ABN of non-individual trustee 97129794298 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: declare that the Self-managed superannuation fund annual return 2021 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 Day Year Month Date Tax agent's contact details Mrs Miss Other Title: Mr Ms Family name Rogers First given name Other given names Catriona Tax agent's practice The Rogers Group Ltd Partnership Tax agent's phone number Reference number Tax agent number

GILM70

Postal address for annual returns: Australian Taxation Office, GPO Box 9845, IN YOUR CAPITAL CITY

Not complete: 11/10/2021: 08:57

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

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	Silmartin Superannua	tion Fund		1				
Total Income/Loss 497	Total De	eductions Tax 3559	xable Income/l -306					
Privacy The ATO is authorised by the Taxation A TFNs to identify each partner or benefici lodge your tax return electronically if you	ary or entity in our records.							
Taxation law authorises the ATO to colle the person authorised to sign the declara		= =	ding personal inforr	nation about				
The Australian Business Register The Commissioner of Taxation, as Registax return to maintain the integrity of the		ess Register, may use the ABN and bu	ısiness details whic	ch you provide on this				
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 every detail. If you are in doubt about an for false or misleading statements on tax	y aspect of the tax return, p							
Declaration: I declare that: * all the information I have provided to any applicable schedules is true an * I authorise the agent to give this docu	d correct, and	the preparation of this tax return, include of Taxation.	ding					
Signature of Partner, Trustee or Director			Date					
PART D Ta	x agent's certificate	e (shared facilities only)						
We, The Rogers Group Ltd Partnership * We have prepared this tax return in acc * We have received a declaration made and correct, and * We are authorised by the partner, trust	cordance with the information by the entity that the information	ation provided to us for the preparation	of this tax return is	s true				
Agent's Signature			Date					
Agent's phone Agent's Contact Name Agent's reference number	02 9267 7655 Catriona Rogers 64941004	Client's referen	ce GI	LM70				

Taxation Estimate For the year ended 30 June 2021

GILM70 Tax File Number: Return Code: Description: Gilmartin Superannuation Fund Date prepared: 11/10/2021 \$ \$ **Summary of Taxable Income** Business and Investment Income: No-TFN contributions 497.00 Other Business income 497.00 **Less Deductions** 3,559.00 **Loss to Carry Forward** -3,062.00 **Tax on Taxable Income Gross Tax SUBTOTAL T2** Add: Supervisory levy 259.00 259.00 259.00 **TOTAL AMOUNT PAYABLE**