Self-managed superannuation fund annual return

2017

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 2017* (NAT 71287).

🛈 The *Self-managed superannuation fund annual return instructions 2017* (NAT 71606) (the instructions) can assist you to complete this annual return.

TO COMPLETE THIS ANNUAL RETURN

■ Print clearly, using a BLACK pen only.
■ Use BLOCK LETTERS.
■ Place ☒ in ALL applicable boxes.

Section A: **Fund information**

1   Tax file number (TFN) | Provided |

> To assist processing, **write the fund's TFN at the top of pages 3, 5 and 7**.

🛈 The ATO is authorised by law to request your TFN. You are not obliged to quote your TFN but not quoting it could increase the chance of delay or error in processing your annual return. See the Privacy note in the Declaration.

2   Name of self-managed superannuation fund (SMSF)

Veha Vela Vera Super Fund

3   Australian business number (ABN) (if applicable)   34540116088

4   Current postal address

PO Box 3685

Suburb/town	State/territory	Postcode
Rundle Mall	SA	5000

5   Annual return status

Is this an amendment to the SMSF's 2017 return?   **A** No ☒   Yes ☐

Is this the first required return for a newly registered SMSF?   **B** No ☒   Yes ☐

Tax File Number | Provided

6 SMSF auditor

Auditor's name

Title: Mr [X] Mrs [ ] Miss [ ] Ms [ ] Other [ ]

Family name

Boys

First given name

Anthony William

Other given names

SMSF Auditor Number

100014140

Auditor's phone number

0410712708

Postal address

PO Box 3376

Suburb/town

Rundle Mall

State/territory

SA

Postcode

5000

Date audit was completed **A** [Day] / [Month] / [Year]

Was Part B of the audit report qualified? **B** No [X] Yes [ ]

If the audit report was qualified, have the reported compliance issues been rectified? **C** No [ ] Yes [ ]

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.

A Financial institution details for super payments and tax refunds

You must provide the financial institution details of your fund's nominated super account. If you would like your fund's tax refunds paid to a different account, you can provide additional financial institution details at **B**.

Fund BSB number (must be six digits) 805007   Fund account number 00215575

Fund account name (for example, J&Q Citizen ATF J&Q Family SF)

Veha Vela Vera Super Fund

B Financial institution details for tax refunds only

If you would like your fund's tax refunds paid to a different account, provide additional financial institution details.
Tax refunds cannot be paid to a trustee's personal account. (See relevant instructions.)

BSB number (must be six digits) [ ]   Account number [ ]

Account name (for example, J&Q Citizen ATF J&Q Family SF)

[ ]

C Electronic service address alias

We will use your electronic service address alias to communicate with your fund about ATO super payments.

[ ]

Sensitive (when completed)

Tax File Number | Provided

8 Status of SMSF   Australian superannuation fund **A** No ☐ Yes ☒   Fund benefit structure **B** ☒A Code

Does the fund trust deed allow acceptance of
the Government's Super Co-contribution and
Low Income Super Contribution? **C** No ☐ Yes ☒

9 Was the fund wound up during the income year?

No ☒ Yes ☐ If yes, provide the date on
which the fund was wound up   Day ☐ / Month ☐ / Year ☐   Have all tax lodgment
and payment
obligations been met? No ☐ Yes ☐

10 Exempt current pension income

Did the fund pay an income stream 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 ☐ ▸ Go to Section B: Income.

Yes ☒ ▸ Exempt current pension income amount **A** $ | 698

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 ☐ ▸ Go 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.

Section B: **Income**

⊖ **Do not complete this section** if your fund was in **full** pension phase for the **entire year** and there was **no** other income that was assessable. If you are entitled to claim any tax offsets, you can record these at Section D: Income tax calculation statement.

11   Income

Did you have a capital gains tax (CGT) event during the year? **G** No ☐ Yes ☐ ▸ If the total capital loss or total capital gain is greater than $10,000 complete and attach a *Capital gains tax (CGT) schedule 2017.*

Have you applied an exemption or rollover? **M** No ☐ Yes ☐   Code ☐

Net capital gain **A** $ _____

Gross rent and other leasing and hiring income **B** $ _____

Gross interest **C** $ _____

Forestry managed investment scheme income **X** $ _____

Gross foreign income **D1** $ _____   Net foreign income **D** $ _____   Loss ☐

Australian franking credits from a New Zealand company **E** $ _____

Transfers from foreign funds **F** $ _____   Number _____

Gross payments where ABN not quoted **H** $ _____

Calculation of assessable contributions

Assessable employer contributions
R1 $ _____

plus   Assessable personal contributions
R2 $ _____

plus   **No-TFN-quoted contributions
R3 $ _____
(an amount must be included even if it is zero)

less   Transfer of liability to life insurance company or PST
R6 $ _____

Gross distribution from partnerships **I** $ _____   Loss ☐

*Unfranked dividend amount **J** $ _____

*Franked dividend amount **K** $ _____

*Dividend franking credit **L** $ _____

*Gross trust distributions **M** $ _____   Code ☐

Assessable contributions
(**R1** *plus* **R2** *plus* **R3** *less* **R6**) **R** _____

Calculation of non-arm's length income

*Net non-arm's length private company dividends
U1 $ _____

plus *Net non-arm's length trust distributions
U2 $ _____

plus   *Net other non-arm's length income
U3 $ _____

*Other income **S** $ _____   Code ☐

*Assessable income due to changed tax status of fund **T** $ _____

Net non-arm's length income
(subject to 47% tax rate)
(**U1** *plus* **U2** *plus* **U3**) **U** $ _____

#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.

GROSS INCOME
(Sum of labels **A** to **U**) **W** _____   Loss ☐

Exempt current pension income **Y** _____

TOTAL ASSESSABLE INCOME
(**W** *less* **Y**) **V** _____   Loss ☐

Tax File Number | Provided

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	**E1** $	**E2** $	
Insurance premiums – members	**F1** $	**F2** $	
Death benefit increase	**G1** $		
SMSF auditor fee	**H1** $	**H2** $	869
Investment expenses	**I1** $	**I2** $	
Management and administration expenses	**J1** $	**J2** $	1,806
Forestry managed investment scheme expense	**U1** $	**U2** $	
Other amounts	**L1** $	Code	**L2** $	Code
Tax losses deducted	**M1** $		

TOTAL DEDUCTIONS

N $

(Total **A1** to **M1**)

TOTAL NON-DEDUCTIBLE EXPENSES

Y $ 2,675

(Total **A2** to **L2**)

#TAXABLE INCOME OR LOSS

O $ 0 Loss ☐

(**TOTAL ASSESSABLE INCOME** *less* **TOTAL DEDUCTIONS**)

#This is a mandatory label.

TOTAL SMSF EXPENSES

Z $ 2,675

(**N** *plus* **Y**)

Tax File Number | Provided

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 2017* on how to complete the calculation statement.

#Taxable income **A** $ | 0
(an amount must be included even if it is zero)

#Tax on taxable income **T1** $ | 0.00
(an amount must be included even if it is zero)

#Tax on no-TFN-quoted contributions **J** $ | 0.00
(an amount must be included even if it is zero)

Gross tax **B** $ | 0.00
(**T1** *plus* **J**)

Foreign income tax offset
C1 $

Rebates and tax offsets
C2 $

Non-refundable non-carry forward tax offsets
C $
(**C1** *plus* **C2**)

SUBTOTAL 1
T2 $
(**B** *less* **C** – cannot be less than zero)

Early stage venture capital limited partnership tax offset
D1 $ | 0.00

Early stage investor tax offset
D2 $ | 0.00

Non-refundable carry forward tax offsets
D $ | 0.00
(**D1** *plus* **D2**)

SUBTOTAL 2
T3 $ | 0.00
(**T2** *less* **D** – cannot be less than zero)

Complying fund's franking credits tax offset
E1 $

No-TFN tax offset
E2 $

National rental affordability scheme tax offset
E3 $

Exploration credit tax offset
E4 $ | 0.00

Refundable tax offsets
E $
(**E1** *plus* **E2** *plus* **E3** *plus* **E4**)

#TAX PAYABLE **T5** $ | 0.00
(**T3** *less* **E** – cannot be less than zero)

Section 102AAM interest charge
G $

Sensitive (when completed)

Fund's tax file number (TFN)

Provided

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 $ 0.00

Credit for interest on no-TFN tax offset

H6 $

Credit for amounts withheld from foreign
resident capital gains withholding

H8 $ 0.00

Eligible credits

H $

(**H1** *plus* **H2** *plus* **H3** *plus* **H5** *plus* **H6** *plus* **H8**)

#**Tax offset refunds**
(Remainder of refundable tax offsets)

I $ 0.00

(*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
A positive amount at **S** is what you owe,
while a negative amount is refundable to you.

S $ 259.00

(**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

⚠ If total loss is greater than $100,000,
complete and attach a *Losses
schedule 2017*.

Tax losses carried forward
to later income years

U $ 892

Net capital losses carried
forward to later income years

V $

Tax File Number | Provided

Section F: **Member information**

> ❗ In Section F report all current members in the fund at 30 June.
> Use Section G to report any former members or deceased members who held an interest in the fund at any time during the income year.

MEMBER 1

Title: Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐ _____

Family name
Doe

First given name
Christopher John

Other given names

Member's TFN
See the Privacy note in the Declaration. | Provided

Date of birth: Day 20 / Month 01 / Year 1959

Contributions

> ❗ Refer to instructions for completing these labels.

OPENING ACCOUNT BALANCE	$	69,828.23
Employer contributions	**A** $	
ABN of principal employer	**A1**	
Personal contributions	**B** $	
CGT small business retirement exemption	**C** $	
CGT small business 15-year exemption amount	**D** $	
Personal injury election	**E** $	
Spouse and child contributions	**F** $	
Other third party contributions	**G** $	
Assessable foreign superannuation fund amount	**I** $	
Non-assessable foreign superannuation fund amount	**J** $	
Transfer from reserve: assessable amount	**K** $	
Transfer from reserve: non-assessable amount	**L** $	
Contributions from non-complying funds and previously non-complying funds	**T** $	
Any other contributions (including Super Co-contributions and Low Income Super Contributions)	**M** $	
TOTAL CONTRIBUTIONS	**N** $	

Other transactions

Allocated earnings or losses	**O** $	1,976.63	Loss L
Inward rollovers and transfers	**P** $		
Outward rollovers and transfers	**Q** $		
Lump Sum payment	**R1** $		Code ☐
Income stream payment	**R2** $	5,200.00	Code O
CLOSING ACCOUNT BALANCE	**S** $	62,651.60	

Section H: **Assets and liabilities**

15 ASSETS

15a Australian managed investments

Listed trusts	**A** $	
Unlisted trusts	**B** $	
Insurance policy	**C** $	
Other managed investments	**D** $	

15b Australian direct investments

Cash and term deposits	**E** $	62,195
Debt securities	**F** $	
Loans	**G** $	
Listed shares	**H** $	
Unlisted shares	**I** $	

Limited recourse borrowing arrangements

Australian residential real property

J1 $

Australian non-residential real property

J2 $

Overseas real property

J3 $

Australian shares

J4 $

Overseas shares

J5 $

Other

J6 $

Limited recourse borrowing arrangements	**J** $	
Non-residential real property	**K** $	
Residential real property	**L** $	
Collectables and personal use assets	**M** $	
Other assets	**O** $	456

15c Overseas direct investments

Overseas shares	**P** $	
Overseas non-residential real property	**Q** $	
Overseas residential real property	**R** $	
Overseas managed investments	**S** $	
Other overseas assets	**T** $	
TOTAL AUSTRALIAN AND OVERSEAS ASSETS (Sum of labels **A** to **T**)	**U** $	62,651

15d 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] Yes [ ] $

15e Limited recourse borrowing arrangements

If the fund had an LRBA were the LRBA borrowings from a licensed financial institution? **A** No [ ] Yes [ ]

Did the members or related parties of the fund use personal guarantees or other security for the LRBA? **B** No [ ] Yes [ ]

Sensitive (when completed)

Tax File Number | Provided

16 LIABILITIES

Borrowings for limited recourse
borrowing arrangements

V1 $ [   ]

Permissible temporary borrowings

V2 $ [   ]

Other borrowings

V3 $ [   ]   Borrowings **V** $ [   ]

Total member closing account balances
(total of all **CLOSING ACCOUNT BALANCE**s from Sections F and G) **W** $ [62,651]

Reserve accounts **X** $ [   ]

Other liabilities **Y** $ [   ]

TOTAL LIABILITIES **Z** $ [62,651]

Section I: **Taxation of financial arrangements**

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 2016–17 income year, write **2017**). **A** [   ]

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 2017.* **B** [ ]

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 2017* for each election. **C** [   ]

If revoking an interposed entity election, print **R**, and complete and attach the *Interposed entity election or revocation 2017.* **D** [ ]

Tax File Number | Provided

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 current trustees and directors have authorised this annual return and it is documented as such in the SMSF's records. I have received the audit report and I am aware of any matters raised. I declare that the information on this annual return, including any attached schedules and additional documentation is true and correct. I also authorise the ATO to make any tax refunds to the nominated bank account (if applicable).

Authorised trustee's, director's or public officer's signature

Date [ ] / [ ] / [ ]
Day / Month / Year

Preferred trustee or director contact details:

Title: Mr [ ] Mrs [ ] Miss [ ] Ms [ ] Other [ ]

Family name
Doe

First given name
Christopher John

Other given names

Phone number 0882719555

Email address

Non-individual trustee name (if applicable)
Alto Superannuation Pty Ltd

ABN of non-individual trustee

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:
I declare that the *Self-managed superannuation fund annual return 2017* 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

Date [ ] / [ ] / [ ]
Day / Month / Year

Tax agent's contact details

Title: Mr [X] Mrs [ ] Miss [ ] Ms [ ] Other [ ]

Family name
Lounder

First given name
Phillip

Other given names

Tax agent's practice
PDK Financial Synergy Pty Ltd

Tax agent's phone number
08 82719555

Reference number
VEHAVELA

Tax agent number
25452589

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

Sensitive (when completed)

Losses schedule

2017

Companies and trusts that do not join consolidated groups should complete and attach this schedule to their 2017 tax return.

Superannuation funds should complete and attach this schedule to their 2017 tax return.

Print neatly in BLOCK LETTERS with a black or blue ballpoint pen only. Print one letter or number in each box. Do not use correction fluid or tape.

Refer to *Losses schedule instructions 2017*, available on our website **ato.gov.au** for instructions on how to complete this schedule.

Tax file number (TFN)

Provided

Name of entity

Veha Vela Vera Super Fund

Australian business number (ABN)

34540116088

Part A Losses carried forward to the 2017–18 income year – excludes film losses

1 Tax losses carried forward to later income years

Year of loss

2016–17	**B**	
2015–16	**C**	
2014–15	**D**	892
2013–14	**E**	
2012–13	**F**	
2011–12 and earlier income years	**G**	
Total	**U**	892

Transfer the amount at **U** to the **Tax losses carried forward to later income years** label on your tax return.

2 Net capital losses carried forward to later income years

Year of loss

2016–17	**H**	
2015–16	**I**	
2014–15	**J**	
2013–14	**K**	
2012–13	**L**	
2011–12 and earlier income years	**M**	
Total	**V**	

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

Sensitive (when completed)

Tax File Number | Provided

Part B   Ownership and same business test – company and listed widely held trust only

Complete item **3** of **Part B** if a loss is being carried forward to later income years and the same business test has to be satisfied in relation to that loss.
Do not complete items **1** or **2** of **Part B** if, in the 2016–17 income year, no loss has been claimed as a deduction, applied against a net capital gain or, in the case of companies, losses have not been transferred in or out.

1   Whether continuity of majority ownership test passed

Note: If the entity has deducted, applied, transferred in or transferred out (as applicable) in the 2016–17 income year a loss incurred in any of the listed years, print **X** in the **Yes** or **No** box to indicate whether the entity has satisfied the continuity of majority ownership test in respect of that loss.

Year of loss

Year	Box	Yes	No	
2016–17	**A**	Yes ☐	No ☐	Print **X** in the appropriate box.
2015–16	**B**	Yes ☐	No ☐	Print **X** in the appropriate box.
2014–15	**C**	Yes ☐	No ☐	Print **X** in the appropriate box.
2013–14	**D**	Yes ☐	No ☐	Print **X** in the appropriate box.
2012–13	**E**	Yes ☐	No ☐	Print **X** in the appropriate box.
2011–12 and earlier income years	**F**	Yes ☐	No ☐	Print **X** in the appropriate box.

2   Amount of losses deducted/applied for which the continuity of majority ownership test is not passed but the business continuity test is satisfied – excludes film losses

Tax losses **G** ☐

Net capital losses **H** ☐

3   Losses carried forward for which the business continuity test must be satisfied before they can be deducted/ applied in later years – excludes film losses

Tax losses **I** ☐

Net capital losses **J** ☐

4   Do current year loss provisions apply?
Is the company required to calculate its taxable income or tax loss for the year under Subdivision 165-B or its net capital gain or net capital loss for the year under Subdivision 165-CB of the *Income Tax Assessment Act 1997* (ITAA 1997)?

K Yes ☐   No ☐   Print **X** in the appropriate box.

Part C   Unrealised losses – company only

Note: These questions relate to the operation of Subdivision 165-CC of ITAA 1997.

Has a changeover time occurred in relation to the company after 1.00pm by legal time in the Australian Capital Territory on 11 November 1999?

L Yes ☐   No ☐   Print **X** in the appropriate box.

If you printed **X** in the **No** box at **L**, do not complete **M**, **N** or **O**.

At the changeover time did the company satisfy the maximum net asset value test under section 152-15 of ITAA 1997?

M Yes ☐   No ☐   Print **X** in the appropriate box.

If you printed **X** in the **No** box at **M**, has the company determined it had an unrealised net loss at the changeover time?

N Yes ☐   No ☐   Print **X** in the appropriate box.

If you printed **X** in the **Yes** box at **N**, what was the amount of unrealised net loss calculated under section 165-115E of ITAA 1997?

O ☐

Part D   Life insurance companies

Complying superannuation class tax losses carried forward to later income years **P** ☐

Complying superannuation net capital losses carried forward to later income years **Q** ☐

Tax File Number | Provided

Part E   Controlled foreign company losses

Current year CFC losses **M**

CFC losses deducted **N**

CFC losses carried forward **O**

Part F   Tax losses reconciliation statement

Balance of tax losses brought forward from the prior income year **A** 892

ADD Uplift of tax losses of designated infrastructure project entities **B**

SUBTRACT Net forgiven amount of debt **C**

ADD Tax loss incurred (if any) during current year **D**

ADD Tax loss amount from conversion of excess franking offsets **E**

SUBTRACT Net exempt income **F**

SUBTRACT Tax losses forgone **G**

SUBTRACT Tax losses deducted **H**

SUBTRACT Tax losses transferred out under Subdivision 170-A
(only for transfers involving a foreign bank branch or a PE of a foreign financial entity) **I**

Total tax losses carried forward to later income years **J** 892

Transfer the amount at **J** to the **Tax losses carried forward to later income years** label on your tax return.

Tax File Number | Provided

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 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   Day / Month / Year

Contact person

Christopher John Doe

Daytime contact number (include area code)

0882719555

Capital gains tax (CGT) schedule

2017

WHEN COMPLETING THIS FORM
- Print clearly, using a black or dark blue pen only.
- Use BLOCK LETTERS and print one character in each box.

S	*M*	*I*	*T*	*H*		*S*	*T*											

- Do not use correction fluid or covering stickers.
- Sign next to any corrections with your **full signature** (not initials).

- Use in conjunction with company, trust, fund income tax return or the self-managed superannuation fund annual return.
- Refer to the *Guide to capital gains tax 2017* available on our website at **ato.gov.au** for instructions on how to complete this schedule.

Tax file number (TFN) | Provided |

🛈 We are authorised by law to request your TFN. You do not have to quote your TFN. However, if you don't it could increase the chance of delay or error in processing your form.

Australian business number (ABN) | 34540116088 |

Taxpayer's name

Veha Vela Vera Super Fund

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1 Current year capital gains and capital losses

		Capital gain			Capital loss
Shares in companies listed on an Australian securities exchange	**A** $		**K** $		
Other shares	**B** $		**L** $		
Units in unit trusts listed on an Australian securities exchange	**C** $		**M** $		
Other units	**D** $		**N** $		
Real estate situated in Australia	**E** $		**O** $		
Other real estate	**F** $		**P** $		
Amount of capital gains from a trust (including a managed fund)	**G** $				
Collectables	**H** $		**Q** $		
Other CGT assets and any other CGT events	**I** $		**R** $		
Total current year capital gains	**J** $				

Add the amounts at labels **K** to **R** and write the total in item **2** label **A – Total current year capital losses**.

Tax File Number | Provided

2 Capital losses

Total current year capital losses **A** $ [ ]

Total current year capital losses applied **B** $ [ ]

Total prior year net capital losses applied **C** $ [ ]

Total capital losses transferred in applied
(only for transfers involving a foreign bank branch or
permanent establishment of a foreign financial entity) **D** $ [ ]

Total capital losses applied **E** $ [ ]

Add amounts at **B**, **C** and **D**.

3 Unapplied net capital losses carried forward

Net capital losses from collectables carried forward to later income years **A** $ [ ]

Other net capital losses carried forward to later income years **B** $ [ ]

Add amounts at **A** and **B** and transfer the total
to label **V – Net capital losses carried forward
to later income years** on your tax return.

4 CGT discount

Total CGT discount applied **A** $ [ ]

5 CGT concessions for small business

Small business active asset reduction **A** $ [ ]

Small business retirement exemption **B** $ [ ]

Small business rollover **C** $ [ ]

Total small business concessions applied **D** $ [ ]

6 Net capital gain

Net capital gain **A** $ [ ]

1J *less* **2E** *less* **4A** *less* **5D** (cannot be less than
zero). Transfer the amount at **A** to label **A – Net
capital gain** on your tax return.

Sensitive (when completed)

Tax File Number | Provided

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7 Earnout arrangements

Are you a party to an earnout arrangement? **A** Yes, as a buyer ☐   Yes, as a seller ☐   No ☐

(Print ☒ in the appropriate box.)

❗ If you are a party to more than one earnout arrangement, copy and attach a separate sheet to this schedule providing the details requested here for each additional earnout arrangement.

How many years does the earnout arrangement run for? **B** ☐

What year of that arrangement are you in? **C** ☐

If you are the seller, what is the total estimated capital proceeds from the earnout arrangement? **D** $ ☐

Amount of any capital gain or loss you made under your non-qualifying arrangement in the income year. **E** $ ☐ / ☐ LOSS

❗ **Request for amendment**

If you received or provided a financial benefit under a look-through earnout right created in an earlier income year and you wish to seek an amendment to that earlier income year, complete the following:

Income year earnout right created **F** ☐

Amended net capital gain or capital losses carried forward **G** $ ☐ / ☐ LOSS

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8 Other CGT information required (if applicable)

Small business 15 year exemption – exempt capital gains **A** $ ☐ / ☐ CODE

Capital gains disregarded by a foreign resident **B** $ ☐

Capital gains disregarded as a result of a scrip for scrip rollover **C** $ ☐

Capital gains disregarded as a result of an inter-company asset rollover **D** $ ☐

Capital gains disregarded by a demerging entity **E** $ ☐

Have you chosen to apply the transitional CGT relief for superannuation funds? **F** Yes ☐   No ☐

Notional capital gain amount deferred **G** $ ☐

Sensitive (when completed)

Tax File Number | Provided

Taxpayer's declaration

🛈 **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 information about your privacy go to **ato.gov.au/privacy**

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

Signature

Date

Day	Month	Year

Contact name

Christopher John Doe

Daytime contact number (include area code)

0882719555

Electronic Lodgment Declaration (SMSF)

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	Name of Fund	Year
Provided	Veha Vela Vera Super Fund	2017

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 provided to the agent for the preparation of this tax return, including any applicable schedules is true and correct; and
- I authorise the agent to lodge this tax return.

Signature of Partner, Trustee, or Director		Date	/ /

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	Veha Vela Vera Super Fund

Account Number	805007 00215575	Client Reference	VEHAVELA

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

Signature		Date	/ /

Tax Agent's Declaration

I declare that:

- I have prepared this tax return in accordance with the information supplied by the partner, trustee, director or public officer
- I have received a declaration made by the entity that the information provided to me for the preparation of this tax return is true and correct; and
- I am authorised by the partner, trustee, director or public officer to lodge this tax return, including any applicable schedules.

Agent's signature		**Date**	/ /
Contact name	Phillip Lounder	**Client Reference**	VEHAVELA
Agent's Phone Number	08 82719555	**Tax Agent Number**	25452589