# Self-managed superannuation fund annual return 2021

Onl this	ho should complete this annual return?  ly self-managed superannuation funds (SMSFs) can complete annual return. All other funds must complete the Fund tome 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).	■ Use BLOCK LETTERS and print one character per box.  ③ M / / #
Se	ection A: Fund information	To assist processing, write the fund's TFN at
1	Tax file number (TFN) Provided	the top of pages 3, 5, 7 and 9.
	The ATO is authorised by law to request your TFN. You the chance of delay or error in processing your annual	u are not obliged to quote your TFN but not quoting it could increase return. See the Privacy note in the Declaration.
2	Name of self-managed superannuation fund (SN	MSF)
HE	EIGAN SUPERANNUATION FUND	
3	Australian business number (ABN) (if applicable)	12718279432
4	Current postal address	
PC	O Box 24	
$\overline{\Box}$		
Sub	ourb/town	State/territory Postcode
Cle	eveland	QLD 4163
5	Annual return status Is this an amendment to the SMSF's 2021 return?	A No X Yes
	Is this the first required return for a newly registered SMSF	? B No X Yes

**OFFICIAL: Sensitive** (when completed)

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	Tax File Number   Provided
6 SN	/ISF auditor
Auditor'	's name
Title: N	√ur X Mrs Miss Ms Other
Family na	ame
Boys	
_	n name Other given names
Auditor's name Title: Mr X Family name Boys First given name Anthony SMSF Auditor 100014140 Postal addres PO Box 337  Suburb/town Rundle Mall Date audit wa Was Part A of Was Part B of the have the repor  7 Electron We need A Fun This Fund Fund Hei  I wo  C Electron	ny William
	•
LO RO	X 33/6
Suburb/to	own State/territory Postcode
Rundle	
	Day Month Year
Date au	idit was completed A 22 / 11 / 2021
Was Pa	rt A of the audit report qualified?  B No Yes X
vvas Pa	rt B of the audit report qualified?  C No X Yes
	s of the audit report was qualified,  D No Yes
nave the	e reported issues been rectified?
We	ectronic funds transfer (EFT) e 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 064002 Fund account number 10488393
	Fund account name
	Heigan Superannuation Fund
	I would like my tax refunds made to this account. X Go to C.
	would like my tax returns made to this account.
В	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
С	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.
	AUSPOSTSMSF
	L

	Tax File Number Provided
8	Status of SMSF  Australian superannuation fund  Does the fund trust deed allow acceptance of the Government's Super Co-contribution and Low Income Super Amounts?  A No  Yes
9	Was the fund wound up during the income year?  No X Yes
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\$
	Which method did you use to calculate your exempt current pension income?
	Segregated assets method <b>B</b>
	Unsegregated assets method <b>C</b> Was an actuarial certificate obtained? <b>D</b> Yes
	Did the fund have any other income that was assessable?
	E Yes O 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 <b>not</b> complete Section B: Income.)
	If you are entitled to claim any tax offsets, you can list these at Section D: Income tax calculation statement.

		Tax File Number	Provided
Section B: <b>Income</b>			
Do not complete this section if all superanr the retirement phase for the entire year, ther notional gain. If you are entitled to claim any to	e was <b>no</b> other incom	e that was assessable, and you hav	ve not realised a deferred
11 Income  Did you have a capital gains tax (CGT) event during the year?	No Yes X	If the total capital loss or total capital \$10,000 or you elected to use the tra 2017 and the deferred notional gain complete and attach a Capital gains	ansitional CGT relief in has been realised,
Have you applied an exemption or rollover?	No X Yes	Code	
	Net capital gain	A \$	1,077
Gross rent and other leasi	ng and hiring income	B \$	40,690
	Gross interest	<b>C</b> \$	
Forestry	managed investment scheme income	X \$	
Gross foreign income		<b>D</b> 0	Loss
<b>D1</b> \$ 1,270	Net foreign income	D \$	1,270
Australian franking credits from a Ne	ew Zealand company	<b>E</b> \$	Number
	Transfers from foreign funds	F \$	0
Gı	ross payments where ABN not quoted	н \$	
Calculation of assessable contributions Assessable employer contributions	Gross distribution from partnerships	I \$	Loss
<b>R1</b> \$ 8,534	*Unfranked dividend	J \$	
plus Assessable personal contributions  R2 \$ 16,292	amount *Franked dividend	K \$	693
plus #*No-TFN-quoted contributions	amount *Dividend franking		
<b>R3</b> \$ 0	credit *Gross trust	L \$	297 Code
(an amount must be included even if it is zero)  less Transfer of liability to life insurance	distributions	M \$	
company or PST  R6 \$	Assessable contributions (R1 plus R2 plus R3 less R6)	R \$	24,826
Calculation of non-arm's length income *Net non-arm's length private company dividends U1 \$	*Other income	<b>s</b> \$	Code
plus *Net non-arm's length trust distributions U2 \$	*Assessable income due to changed tax status of fund	т \$	
plus *Net other non-arm's length income  U3 \$	Net non-arm's length income (subject to 45% tax rate) (U1 plus U2 plus U3)	U \$	
#This is a mandatory label.	GROSS INCOME (Sum of labels <b>A</b> to <b>U</b> )	w \$	68,853 Loss
*If an amount is entered at this label, Exempt cu	rrent pension income	Y \$	
	SSESSABLE ME (W less Y) V \$		68,853 Loss

Tax File Number	Provided
Tax File Number	Provided

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

TOTAL DEDUCTIONS)

label.

### 12 Deductions and non-deductible expenses

		DEDUCTIONS		NON-DEDUCTIBLE EXPENSES	
Interest expenses within Australia	A1 \$	8	A2	\$	
Interest expenses overseas		8	B2	\$	
Capital works expenditure		3	D2	\$	
Decline in value of depreciating assets		1,042	E2	\$	
Insurance premiums – members		1,523	F2	\$	
SMSF auditor fee	H1 \$	880	H2	\$	
Investment expenses	I1 \$	34,010	l2 :	\$	
Management and dministration expenses	J1 \$	3,910	J2 :	\$	
Forestry managed investment scheme expense	U1 \$	S	U2	\$	Code
Other amounts	L1 \$	3	]	\$ 2,578	
Tax losses deducted	М1 \$	S	]		
					1
	_	AL DEDUCTIONS	-	TAL NON-DEDUCTIBLE EXPENSES	
	N \$	(Total <b>A1</b> to <b>M1</b> )	[ Y	\$ 2,578 (Total <b>A2</b> to <b>L2</b> )	
	# <b>T</b> A Y	(ABLE INCOME OR LOSS	Lass TO	TAL SMSF EXPENSES	l
	0\$				
	U 4	21,700		Ψ   Τυ,υτυ	4

Tax File Number	Provided
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### Section D: Income tax calculation statement

#### #Important

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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.

, oa wiii					
13 Ca	lculation statement	# <b>T</b>	A C		07.400
Please	refer to the	#Taxable income	АЭ		27,488
Self-m	anaged superannuation	#Toy on toyoldo		(an amount must be included even if it is zero	)
	nnual return instructions	#Tax on taxable income	T1 \$		4,123.20
	on how to complete the	#Tax on		(an amount must be included even if it is zero	o)
Calcula	ation statement.	no-TFN-quoted			0.00
		contributions		(an amount must be included even if it is zero	
		Gross tax	<b>B</b> \$		4,123.20
				(T1 plus J)	
	Foreign income tax offset				
C1\$	- oronger mederne tear one or	358.59			
-	Dahataa and tay affacts	330.39	Non r	efundable non-carry forward tax offs	oto
	Rebates and tax offsets			l	
C2\$			<b>C</b> \$	(2.1.1.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2	358.59
				(C1 plus C2)	
			SUBT	OTAL 1	
			<b>T2</b> \$		3,764.61
			- 1	(B less C – cannot be less than zero)	
	Early stage venture capital	limited		,	
	partnership tax offset	III TIICOG			
<b>D</b> 1\$		0.00			
	Early stage venture capital	limited partnership			
	tax offset carried forward f		Non-re	efundable carry forward tax offsets	
<b>D2</b> \$		0.00	<b>D</b> \$		0.00
	Early stage investor tax off		_ +	(D1 plus D2 plus D3 plus D4)	
D3\$		0.00		(	
	Early stage investor tax off carried forward from previous		SUBT	OTAL 2	
<b>D</b> 4\$	Carried forward from provid	0.00	T3 \$		3,764.61
ΨΨ		0.00	ΙΟΨ	(T2 loss D. sappet he loss than zero)	3,704.01
				(T2 less D – cannot be less than zero)	
	Complying fund's franking of	oradite tay offeat			
E1\$	N. TENL	297.04			
	No-TFN tax offset				
<b>E2</b> \$					
	National rental affordability s	cheme tax offset			
<b>E3</b> \$					
	Exploration credit tax offset		Refund	dable tax offsets	
<b>E4</b> \$		0.00	E\$		297.04
				(E1 plus E2 plus E3 plus E4)	
		#TAX PAYABLE	T5 \$		3,467.57
			. 5 🖤	( <b>T3</b> less <b>E</b> – cannot be less than zero)	0, 101.01
			Soction	n 102AAM interest charge	
			Sectio		
					I

	Tax File Number 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)	
Н3\$	
Credit for TFN amounts withheld from payments from closely held trusts	
<b>H5</b> \$ 0.00	
Credit for interest on no-TFN tax offset	
H6\$	
Credit for foreign resident capital gains withholding amounts	Eligible credits
H8\$ 0.00	H\$
	(H1 plus H2 plus H3 plus H5 plus H6 plus H8)
"Tax offset refun (Remainder of refundable tax offse	
	PAYG instalments raised
	<b>K</b> \$ 3,275.00
	Supervisory levy
	<b>L</b> \$ 259.00
	Supervisory levy adjustment for wound up funds
	M \$
	Supervisory levy adjustment for new funds
	N \$
	•••
AMOUNT DUE OR REFUNDAB	LE <b>\$</b> \$ 451.57
A positive amount at <b>S</b> is what you over while a negative amount is refundable to you	we,
#This is a mandatory label.	
Section E: <b>Losses</b>	
4 Losses	T. J
<b>O</b> *** • • • • • • • • • • • • • • • • •	Tax losses carried forward to later income years U \$

Net capital losses carried forward to later income years  $\, {f V} \, \, {\bf \$} \, |$ 

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

schedule 2021.

				Tax File N	umber Provided	d
Section F: Member	informatio	on				
MEMBER 1		- <del>-</del>				
Title: Mr X Mrs Miss M	ls Other					
Family name						
Heigan						
First given name		Other given r	names			
Ivan						
Member's TFN See the Privacy note in the Declara	ation. Provided			Date of birth	Provid	ded
Contributions	PENING ACCOUN	NT BALANCE	\$		500,128.60	
Refer to instructions for com	pleting these label	·	Proceeds	from primary resider	nce disposal	
Employer contributions			Receipt d	late s		
A \$			H1	Day Mont	th Year	
ABN of principal employer				le foreign superannua	/	
A1			ı \$[	io iorolgi roaporali ilao		
Personal contributions				essable foreign supera	annuation fund amo	unt
В \$	16,29	0.00	J \$ [			
CGT small business retirer	ment exemption		Transfer f	rom reserve: assessa	ble amount	
C \$			K \$ [			
CGT small business 15-ye	ar exemption amo	unt	Transfer f	rom reserve: non-ass	essable amount	
D \$			L \$[			
Personal injury election				ions from non-comply		
<b>E</b> \$			and previ	ously non-complying	funds	
Spouse and child contribu	tions	_	· L	contributions		
F \$			(including	Super Co-contribution	ons and	
Other third party contributi	OHS		M \$	me Super Amounts)		
<b>4</b> \$			Ψ. Ψ.			_
TOTAL C	ONTRIBUTIONS	N \$		16,292	2.63	
		(Sum c	of labels A to	o <b>M</b> )		
Other transactions	Alloc	ated earnings	<b>o</b> \$ [		30,637.76	Loss
		or losses			30,037.70	
Accumulation phase acco	unt balance	Inward rollovers and				
S1 \$	547,058.99	transfers				
		Outward rollovers and				
Retirement phase account  - Non CDBIS	Dalai ice	transfers				Code
S2 \$	0.00	Lump Sum	R1 \$ [			
Retirement phase account	halance	payments	Ψ			
- CDBIS	Daidi 100	Income	во фГ			Code
S3 \$	0.00	stream payments	<b>R2</b> \$ [			
	L					$\neg$
0 TRIS Count	CLOSING ACCOU	NT BALANCI	E <b>S</b> \$[		547,058.99	
				(S1 plus S2 plus	s <b>S3</b> )	
						_
	Accumulatio	n phase value	X1 \$ [			
	Retiremer	nt phase value	<b>x</b> 2 ⊈ [			
		·				
	Outstanding lin borrowing arrange	med recourse ement amount	<b>Y</b> \$			
Page 8		AL: Sensitiv		completed)		

	Tax File Number Provided
MEMBER 2	
Title: Mr Mrs X Miss Ms Other	
Family name	
Heigan	
First given name	Other given names
Christine	Vivian
	VIVIGIT
<b>Member's TFN</b> See the Privacy note in the Declaration. Provided	Date of birth Provided
- Coo the Final Final Final Education.	
Contributions OPENING ACCOUN	T BALANCE \$ 93,415.78
Contributions	30,118.10
Refer to instructions for completing these labels	Proceeds from primary residence disposal
Refer to instructions for completing these labels	· H \$
Employer contributions	Receipt date Day Month Year
<b>A</b> \$ 8,534.66	H1 / / /
ABN of principal employer	Assessable foreign superannuation fund amount
A1 [	\$
Personal contributions	Non-assessable foreign superannuation fund amount
В \$	J \$
CGT small business retirement exemption	Transfer from reserve: assessable amount
C \$	K \$
CGT small business 15-year exemption amount	
D \$	Transfer from reserve: non-assessable amount  L \$
Personal injury election	_ +
E \$	Contributions from non-complying funds and previously non-complying funds
Spouse and child contributions	T \$
F \$	Any other contributions
Other third party contributions	(including Super Co-contributions and Low Income Super Amounts)
<b>G</b> \$	M \$ 536.25
TOTAL CONTRIBUTIONS N \$	9,070.91
•	(Sum of labels <b>A</b> to <b>M</b> )
	Loss
Other transactions Alloca	ated earnings 0 \$ 3 791 52
	Of losses
Accumulation phase account balance	rollovers and <b>P</b> \$
<b>S1</b> \$ 106,278.21	transfers
Retirement phase account balance	Outward rollovers and <b>Q</b> \$
– Non CDBIS	transfers
<b>S2</b> \$ 0.00	Lump Sum R1 \$
	payments P P L
Retirement phase account balance  - CDBIS	Income
<b>S3</b> \$ 0.00	stream R2 \$
0.00	payments
TDIS CAUSE	NT DALANCE & C
0 TRIS Count CLOSING ACCOUNT	NT BALANCE <b>\$</b> \$ 106,278.21
	(S1 plus S2 plus S3)
Accumulation	n phase value <b>X1</b> \$
Retiremen	t phase value <b>X2</b> \$
Outstanding lim	
borrowing arrange	
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				Tax File Number	Provided	
Section H: <b>Assets and liabilitie</b> 5 <b>ASSETS</b>	es					
5a Australian managed investments	Listed trusts	A	\$[			
	Unlisted trusts	В	\$ 			
	Insurance policy	С	- 1\$			
Other	managed investments					
	-				3 006	
5b Australian direct investments  Limited recourse borrowing arrangements	Cash and term deposits				3,996	
Australian residential real property	Debt securities	F	\$[			
<b>J1</b> \$ 265,000	Loans	G	\$[			
Australian non-residential real property	Listed shares	Н	\$[		18,964	
J2 \$	Unlisted shares		- \$[		2,100	
Overseas real property  J3 \$	Ormotod driards	_	ΨL		2,100	_
	Limited recourse orrowing arrangements	J	\$[		265,000	
J4 \$	Nie en et de et de					
Overseas shares	real property	K	\$[			
J5 \$	Residential real property	L	\$[		377,500	
Other	Collectables and personal use assets	M	\$[			
J6 \$					5.440	
Property count  J7 2	Other assets	U	<b>⊅</b> [		5,146	
2						
5c Other investments	Crypto-Currency	N	\$[			
5d Overseas direct investments	Overseas shares	P	\$[		119,379	
Overseas non-	residential real property	Q	\$[			
Overseas	residential real property	R	\$[			
Overseas	managed investments	S	\$[			
	Other overseas assets	T	\$[			
TOTAL AUSTRALIAN AND (Sum of labels		U	\$[		792,085	
5e 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?	No X Yes		\$[			

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					1	Γax File Number	Provided	
15f	Limited recourse borrowing arrangements  If the fund had an LRBA were the LRBA borrowings from a licensed financial institution?  Did the members or related parties of the fund use personal guarantees or other	<b>A</b> No	Yes X					
	security for the LRBA?							
16	LIABILITIES	7						
	Borrowings for limited recourse borrowing arrangements							
	V1 \$ 135,284							
	Permissible temporary borrowings							
	V2 \$							
	Other borrowings							
	V3 \$	Во	rrowings	<u> </u>	\$[		135,28	34]
	Total member clos (total of all <b>CLOSING ACCOUNT BALANCE</b> s fr			w	\$[		653,33	34
		Reserve a	accounts	X	\$[			
		Other	liabilities	Υ	\$[		3,46	67
		TOTALLI	ABILITIES	7	фГ		792,08	
		TOTALLI	ADILITIES		Ψ		792,00	20
<u></u>	ction I: <b>Taxation of financi</b> a	al arran	namai	nto				
	Taxation of financial arrangements (TOF		geme	III	•			
		Total TOFA	gains <b>H</b>	\$[				
		Total TOFA I	osses I	sГ				_
		10101 1017(1	00000	ΨL				_
Se	ction J: Other information							
Fam	ily trust election status							
	If the trust or fund has made, or is making, a fam <b>specified</b> of the election (for ex-						A	]
	If revoking or varying a family trust and complete and attach the <i>l</i>						в	
Inte	posed entity election status							
	If the trust or fund has an existing election, or fund is making one or more elect specified and complete an <i>Interposed e.</i>	tions this year	, write the	earlie	est ind	come year being	c	]
	If revoking ar	n interposed e	entity election	on, p	orint <b>i</b>	R, and complete	<b>D</b> []	

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### 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 addition		
Authorised trustee's, director's or public officer's signa	ature	25 / 11 / 2021
Mayor		Day Month Year
		Date / /
Preferred trustee or director contact details	:	
Title: Mr X Mrs Miss Ms Other		
Family name		
Heigan		
First given name	Other given names	
Ivan		
Phone number 07 3286 1322		
Email address		
Non-individual trustee name (if applicable)		
Heigan Pty Ltd		
ABN of non-individual trustee		
Time taken to prepare a	nd complete this annual return	Hrs
The Commissioner of Taxation, as Registrar of the provide on this annual return to maintain the integri	Australian Business Register, may us ty of the register. For further informati	e the ABN and business details which you on, refer to the instructions.
TAX AGENT'S DECLARATION: I declare that the Self-managed superannuation fund a provided by the trustees, that the trustees have given correct, and that the trustees have authorised me to lot Tax agent's signature	me a declaration stating that the inf	
Tax agent's contact details		
Title: Mr Mrs X Miss Ms Other		
Family name		
Sherman		
First given name	Other given names	
Shona	Lorraine	
Tax agent's practice		
HFB Super Pty Ltd		
Tax agent's phone number F	Reference number	Tax agent number
	HEII	24805931

## Capital gains tax (CGT) schedule

■ Use in conjunction with company, trust, fund

When completing this form

2021

S M / T H C	S and	d p	rint one character in each box.	superannu Refer to available	uation fur the <i>Guid</i> on our v	n or the self-managed id annual return.  le to capital gains tax 2021  website at ato.gov.au for  ow to complete this schedule.
Tax file number (TFN	٠ ١		ovided		TEA	
			to request your TFN. You do not havuld increase the chance of delay or e			
Australian business	nu	mb	per (ABN) 12718279432			
Taxpayer's name						
HEIGAN SUPERANI	NU	ΑT	ION FUND			
1 Current year ca	pita	ıl g	ains and capital losses			
Shares in companies		. 1	Capital gain			Capital loss
listed on an Australian securities exchange	A	\$			K \$	
Other shares	В	\$[		1,080	L \$	3
Units in unit trusts listed on an Australian securities exchange	C	\$[			М\$	
Other units	D	\$[			N \$	
Real estate situated in Australia		\$[			0\$	
Other real estate	F	\$[			<b>P</b> \$	
Amount of capital gains from a trust (including a managed fund)	G	\$[				
Collectables	Н	\$[			<b>Q</b> \$	
Other CGT assets and any other CGT events		\$[			R \$	
Amount of capital gain previously deferred under transitional CGT relief for superannuation funds	S	\$[		0	the to	he amounts at labels K to R and write tal in item 2 label A – Total current year al losses.
Total current year capital gains	J	\$		1,080		

			Ta	x File Number Provided
2	Capital losses			
	Total current year capital losses	A	\$	3
	Total current year capital losses applied	В	\$	3
	Total prior year net capital losses applied	С	\$	
	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	\$	3
		Ad	ld a	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	В	\$	
		to	lab	amounts at A and B and transfer the total el V - Net capital losses carried forward er 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	В	\$	
	Small business rollover	C	\$	
	Total small business concessions applied	D	\$	
6	Net capital gain			
	Net capital gain	A	\$	1,077
		zer	ro).	is <b>2E</b> less <b>4A</b> less <b>5D</b> (cannot be less than Transfer the amount at <b>A</b> to label <b>A – Net al gain</b> on your tax return.

	Tax File Number Provided
7	Earnout arrangements
	Are you a party to an earnout arrangement? A Yes, as a buyer Yes, as a seller No
	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>B</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?
	Amount of any capital gain or loss you made under your non-qualifying arrangement in the income year.
	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 <b>F</b> Amended net capital gain or capital losses carried forward <b>G</b> (Compared to the compared to the compar
8	Other CGT information required (if applicable)
	Small business 15 year exemption – exempt capital gains A\$
	Capital gains disregarded by a foreign resident <b>B</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 <b>E</b> \$

Ta	ax File Number	Provided
Taxpayer's declaration		
If the schedule is not lodged with the income tax return you are required to s	sign and date the so	chedule.
<b>Important</b> Before making this declaration check to ensure that all the information required has been to this form, and that the information provided is true and correct in every detail. If you return, place all the facts before the ATO. The income tax law imposes heavy penalties	are in doubt about a	ny aspect of the tax
<b>Privacy</b> Taxation law authorises the ATO to collect information and disclose it to other governm information of the person authorised to sign the declaration. For information about your		
I declare that the information on this form is true and correct.		
Signature		0004
a)	Date / 11 /	2021

Contact name Ivan Heigan Daytime contact number (include area code)

07 3286 1322

### **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

Tay File Number

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.

Name of Fund

Tax Tile INUITID		Ivaliic of Fullu		ı cai	
Provided HEIGAN SUPERANNUATION FUND				2021	
I authorise my	tax agent to electronic	ally transmit this tax return via an approved ATO electronic ch	annel.		
correct in every	y detail. If you are in do	e check to ensure that all income has been disclosed and the toubt about any aspect of the tax return, place all the facts befor 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 Pa	artner, Trustee, or	fleyes	Date 25 / 11//	2021	

### **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	Heigan Superannuation Fund					
Account Number	064002 10488393	Client	Reference HE	ΞII		
authorise the refund to be deposited directly to the specified account						
Signature			Date	/	/	

Voor

### **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	05 / 05	/ 2022
Contact name	Shona Sherman		Client Reference	HEII	
Agent's Phone Num	07 3286 1322	Т	ax Agent Number	24805931	