# Self-managed superannuation **2019** fund annual return

#### 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 2019* (NAT 71287).

- The Self-managed superannuation fund annual return instructions 2019 (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).

#### To complete this annual return

Print clearly, using a BLACK pen only.



Place  $|\mathcal{X}|$  in ALL applicable boxes.

Postal address for annual returns:

Australian Taxation Office GPO Box 9845 [insert the name and postcode of your capital city]

For example;

Australian Taxation Office GPO Box 9845 SYDNEY NSW 2001

To assist processing, write the fund's TFN at

the top of pages 3, 5, 7 and 9.

## Section A: Fund information

#### 1 Tax file number (TFN)

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)

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

#### 4 Current postal address

| Sub | urb/town   |      |     | State/territory | Postcode |
|-----|--|------|-----|-----------------|----------|
| 5   | <b>Annual return status</b><br>Is this an amendment to the SMSF's 2019 return? | A No | Yes |                 |          |
|     | Is this the first required return for a newly registered SMSF?                 | B No | Yes |                 |          |

| 6 SMSF auditor<br>Auditor's name  |                          |
|---|--------------------------|
| Title: Mr Mrs Miss Ms Other<br>Family name                              |                          |
| First given name Other give   | ven names                |
| SMSF Auditor Number Auditor's phone number                              |                          |
| Postal address  |                          |
|   |                          |
| Suburb/town   | State/territory Postcode |
| Day     Month     Year       Date audit was completed     A     /     / |                          |
| Was Part A of the audit report qualified? <b>B</b> No                   | Yes                      |
| Was Part B of the audit report qualified? C No                          | Yes                      |
| If the audit report was qualified, have the reported <b>D</b> 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 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.

#### B 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

#### C 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.

| 8  | Statu  | s of SMS  | F Australian supe  | rannuation fund | A No       | Yes           | Fund benefit structure <b>B</b>   | Code  |  |  |
|----|--|---|--|-----------------|------------|---------------|---|-------|--|--|
|    |  |   | the fund trust deed allow<br>Government's Super Co-c<br>Low Income S         |                 | C No       | Yes           |   |       |  |  |
| 9  | Was t<br>No  | t <b>he fund</b><br>Yes   | Wound up during the<br>If yes, provide the date of<br>which the fund was wou | Day<br>Day      | Month      | Year          | Have all tax lodgment<br>and payment<br>obligations been met? <b>No</b> | Yes   |  |  |
| 10 |  | •   | nt pension income<br>retirement phase superar                                | nnuation income | stream ber | nefits to one | or more members in the income ye  | ear?  |  |  |
|    | 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 <b>A</b> . |   |  |                 |            |               |   |       |  |  |
|    | No   | No Go to Section B: Income.   |  |                 |            |               |   |       |  |  |
|    | Yes  | Exemp   | current pension income   | amount A\$      |            |               |   |       |  |  |
|    |  | Which method did you use to calculate your exempt current pension income?                 |  |                 |            |               |   |       |  |  |
|    |  |   | Segregated assets  | method 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  | <b>E</b> Yes Go to Section B: Income.   |  |                 |            |               |   |       |  |  |
|    | No   |   |  |                 |            |               | including no-TFN quoted contributi<br>t complete Section B: Income.)    | ions. |  |  |
|    | -  |   | ntitled to claim any tax of<br>action D: Income tax calc                     |                 |            |               |   |       |  |  |

# Section B: Income

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

| 1 Income  | G No                            | Yes   | lf the<br>\$10<br>201<br>com | I these at Section D: Income tax calculation statement.<br>e total capital loss or total capital gain is greater than<br>,000 or you elected to use the transitional CGT relief in<br>7 and the deferred notional gain has been realised,<br>aplete and attach a <i>Capital gains tax (CGT) schedule 2019</i> |
|---|---------------------------------|---|------------------------------|---|
| Have you applied an exemption or rollover?  | M No                            | Yes   | Cod                          | 16  |
|   | Ν                               | et capital gair   | n <b>A</b>                   | \$  |
| Gross rent and other least  | sing and                        | hiring income   | e B                          | \$  |
|   |                                 | Gross interes   | t C                          | \$  |
| Forestry  |                                 | ed investmen<br>heme income                                   |                              | \$  |
| Gross foreign income  |                                 |   |                              | Loss  |
| D1 \$   | Net fo                          | oreign income   | e D                          | \$  |
| Australian franking credits from a N  | lew Zeal                        | and company   | y E                          |   |
|   | -                               | Transfers fron<br>foreign funds                               |                              | \$  |
| 0   |                                 | yments where<br>3N not quoted                                 |                              | \$  |
| Calculation of assessable contributions<br>Assessable employer contributions  | Gro                             | ss distribution   | ר ו                          | \$  |
| R1 \$   | *Unfra                          | nked dividend<br>amoun  |                              | \$  |
| plus Assessable personal contributions <b>R2 \$</b>   | *Fra                            | nked dividend<br>amoun  | ĸ                            | \$  |
| <i>plus **</i> No-TFN-quoted contributions <b>R3 \$</b>   | *Divi                           | idend franking<br>credi                                       | 9                            | \$ Code   |
| (an amount must be included even if it is zero)   |                                 | *Gross trus<br>distributions                                  | IVI                          |   |
| less Transfer of liability to life insurance<br>company or PST  |                                 | Assessable  |                              |   |
| R6 \$   |                                 | Contributions<br>(R1 plus R2<br>plus R3 less R6               | 2 П                          | \$  |
| Calculation of non-arm's length income<br>*Net non-arm's length private company dividend<br>U1 \$<br>plus *Net non-arm's length trust distributions | *Asses                          | Other income<br>ssable income<br>changed ta<br>status of fund | ∍<br>× T                     |   |
| U2 \$   |                                 | let non-arm'  |                              |   |
| <i>plus</i> *Net other non-arm's length income <b>U3</b> \$   | le<br>(subject<br>( <b>U1</b> µ | to 45% tax rate<br>blus <b>U2</b> plus <b>U3</b>              | U                            | \$  |
| "This is a mandatory label.   |                                 | <b>DSS INCOME</b><br>f labels <b>A</b> to <b>U</b>            |                              | \$  |
| *If an amount is<br>entered at this label,<br>check the instructions  | urrent pe                       | ension income   | • <b>Y</b>                   |   |
| to ensure the correct TOTAL A   | SSESSA<br>ME ( <b>W</b> /e      |   |                              | Loss  |

been applied.

# 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<br>overseas                    |            | <b>B2</b> \$            |      |
| Capital works<br>expenditure                     | D1 \$      | D2 \$                   |      |
| Decline in value of depreciating assets          | E1 \$      | <b>E2</b> \$            |      |
| Insurance premiums –<br>members                  |            | F2 \$                   |      |
| Death benefit increase                           | G1 \$      |                         |      |
| SMSF auditor fee                                 | H1 \$      | H2 \$                   |      |
| Investment expenses                              | 11 \$      | 12 \$                   |      |
| Management and<br>administration expenses        | J1 \$      | <b>J2</b> \$            |      |
| Forestry managed<br>investment scheme<br>expense | U1 \$      | U2 \$                   | Code |
| Other amounts                                    | L1 \$      | L2 \$                   |      |

Tax losses deducted M1 \$

#This is a mandatory

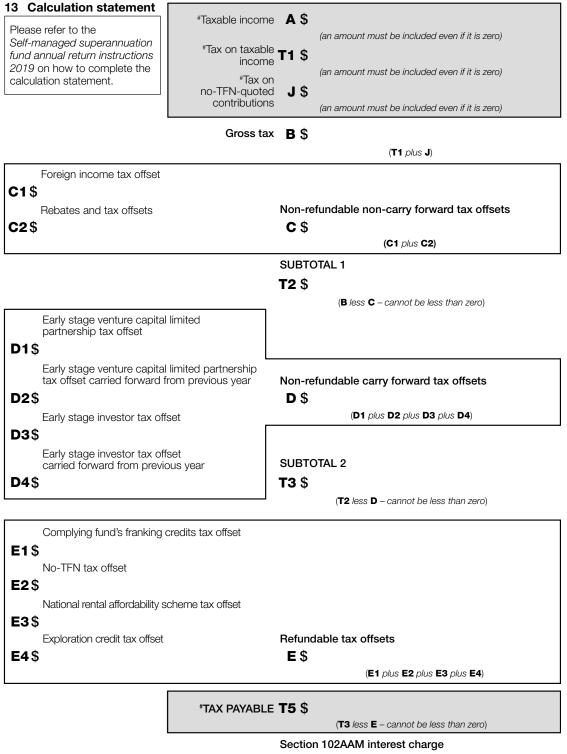
label.

| TOTAL DEDUCTIONS N\$                               |      | TOTAL NON-DEDUCTIBLE EXPENSES   |
|--|------|---------------------------------|
| (Total A1 to M1)                                   |      | (Total <b>A2</b> to <b>L2</b> ) |
| *TAXABLE INCOME OR LOSS                            | Loss | TOTAL SMSF EXPENSES             |
| <b>O</b> \$  |      | Z \$                            |
| (TOTAL ASSESSABLE INCOME less<br>TOTAL DEDUCTIONS) |      | (N plus Y)                      |

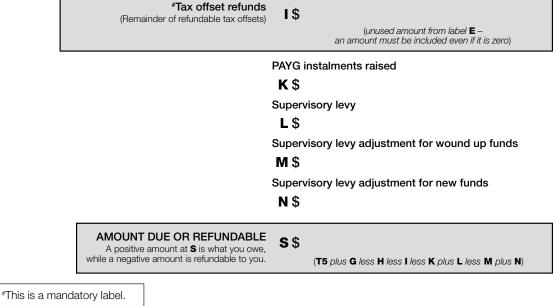
# Section D: Income tax calculation statement

#### #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.



|              |  | (H1 plus H2 plus H3 plus H5 plus H6 plus H8) |  |
|--------------|--|--|--|
| <b>H8</b> \$ | 6  | H\$  |  |
|              | Credit for foreign resident capital gains withholding amounts                    | Eligible credits                             |  |
| <b>H6</b> \$ |  |  |  |
|              | Credit for interest on no-TFN tax offset   |  |  |
| <b>H5</b> \$ | 6  |  |  |
|              | Credit for TFN amounts withheld from<br>payments from closely held trusts        |  |  |
| Н3\$         | 6  |  |  |
|              | Credit for tax withheld – where ABN or TFN not quoted (non-individual)           |  |  |
| H2\$         | 6  |  |  |
|              | Credit for tax withheld – foreign resident withholding (excluding capital gains) |  |  |
| H1\$         | 6  |  |  |
|              | Credit for interest on early payments –<br>amount of interest                    |  |  |



# Section E: Losses

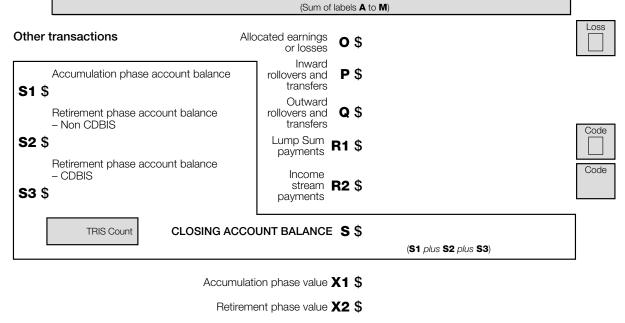
### 14 Losses

If total loss is greater than \$100,000, complete and attach a Losses schedule 2019. Tax losses carried forward U \$

Net capital losses carried forward to later income years

Year

| Section F: Member information                                   |  |  |  |  |  |
|---|--|--|--|--|--|
| MEMBER 1  |  |  |  |  |  |
| itte: Mr Mrs Miss Ms Other<br>amily name                        |  |  |  |  |  |
| irst given name Other g   | iven names   |  |  |  |  |
| <b>Aember's TFN</b><br>See the Privacy note in the Declaration. | Day Month / /  |  |  |  |  |
| Contributions OPENING ACCOUNT BALAN                             | ICE \$   |  |  |  |  |
| Refer to instructions for completing these labels.              | Proceeds from primary residence disposal                                     |  |  |  |  |
| Employer contributions  | Receipt date Day Month Year  |  |  |  |  |
| A \$  | H1 / /<br>Assessable foreign superannuation fund amount                      |  |  |  |  |
| ABN of principal employer                                       |  |  |  |  |  |
| A1  | I \$   |  |  |  |  |
| Personal contributions  | Non-assessable foreign superannuation fund amount                            |  |  |  |  |
| <b>B</b> \$   | J \$   |  |  |  |  |
| CGT small business retirement exemption                         | Transfer from reserve: assessable amount                                     |  |  |  |  |
| <b>C</b> \$   | 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<br>and previously non-complying funds |  |  |  |  |
| <b>Ε Φ</b><br>Spouse and child contributions                    | T S  |  |  |  |  |
| F S   | Any other contributions  |  |  |  |  |
| Other third party contributions                                 | (including Super Co-contributions and<br>Low Income Super Amounts)           |  |  |  |  |
|   | M \$   |  |  |  |  |



Outstanding limited recourse borrowing arrangement amount

|     | ction H: Assets and liabilitie  | )S                 |                                  |             |    |    |  |
|-----|---|--------------------|----------------------------------|-------------|----|----|--|
|     | Australian managed investments  |                    | Listed true                      | sts .       | A  | \$ |  |
|     |   |                    | Unlisted true                    | sts         | В  | \$ |  |
|     |   | Ir                 | nsurance poli                    | icy (       | С  | \$ |  |
|     | Othe  | <sup>r</sup> manag | ged investmer                    | nts         | D  | \$ |  |
| 15b | Australian direct investments   | Cash an            | d term depos                     | sits        | E  | \$ |  |
|     | Limited recourse borrowing arrangements<br>Australian residential real property   |                    | Debt securiti                    | es          | F  | \$ |  |
|     | J1 \$   |                    | Loa                              | ins         | G  | \$ |  |
|     | Australian non-residential real property  |                    | Listed shar                      | es          | Н  | \$ |  |
|     | J2 \$<br>Overseas real property   |                    | Unlisted shar                    | es          | I  | \$ |  |
|     | J3 \$   | L                  | imited recour                    |             |    |    |  |
|     | Australian shares b   |                    | g arrangemer                     |             | J  | \$ |  |
|     | J4 \$   |                    | Non-resident                     | tial        | ĸ  | \$ |  |
|     | Overseas shares   |                    | real prope<br>Resident           | i ty<br>Hal |    |    |  |
|     | J5 \$   |                    | real prope                       | rty         |    | \$ |  |
|     | Other<br>J6 \$  | pers               | Collectables a<br>conal use asse | na<br>ets   | Μ  | \$ |  |
|     | <b>JO</b> 9   |                    | Other asse                       | ets         | 0  | \$ |  |
| 15c | Other investments   | C                  | Crypto-Curren                    | су          | N  | \$ |  |
| 15d | Overseas direct investments   | C                  | Overseas shar                    | es          | Ρ  | \$ |  |
|     | Overseas non-   | resident           | tial real prope                  | rty (       | Q  | \$ |  |
|     | Overseas  | resident           | tial real prope                  | rty         | R  | \$ |  |
|     |   |                    | yed investmer                    | -           |    |    |  |
|     |   | 0                  | overseas asse                    |             |    |    |  |
|     |   |                    |                                  |             | _  | •  |  |
|     | TOTAL AUSTRALIAN AND<br>(Sum of labels  |                    | SEAS ASSET                       | S           | U  | \$ |  |
| 15e | In-house assets<br>Did the fund have a loan to, lease to<br>or investment in, related parties<br>(known as in-house assets)<br>at the end of the income year? | No                 | Yes                              | )           |    | \$ |  |
| 15f | Limited recourse borrowing arrangements<br>If the fund had an LRBA were the LRBA<br>borrowings from a licensed<br>financial institution?                      | No                 | Yes                              |             |    |    |  |
|     | Did the members or related parties of the<br>fund use personal guarantees or other<br>security for the LRBA?  | <b>B</b> No        | Yes                              |             |    |    |  |
|     | Page 16 Ser   | nsitive            | (when com                        | plete       | ec | I) |  |

#### **16 LIABILITIES**

| Borrowings for limited recourse borrowing arrangements               |  |   |      |  |
|--|--|---|------|--|
| V1 \$  |  |   |      |  |
| Permissible temporary borrowings                                     |  |   |      |  |
| V2 \$  |  |   |      |  |
| Other borrowings   |  |   |      |  |
| <b>V3</b> \$   | Borrowings                                     | V | ' \$ |  |
| Total member clos<br>otal of all <b>CLOSING ACCOUNT BALANCE</b> s fi | sing account balances<br>rom Sections F and G) | w | / \$ |  |
|  | Reserve accounts                               | X | X \$ |  |
|  | Other liabilities                              | Y | ′\$  |  |
|  | TOTAL LIABILITIES                              | _ |      |  |

## Section I: Taxation of financial arrangements

17 Taxation of financial arrangements (TOFA)

Total TOFA gains 🛛 🖁 💲

Total TOFA losses |\$

## 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 2018–19 income year, write **2019**).
  - 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 2019.* **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 2019* for each election.

If revoking an interposed entity election, print **R**, and complete and attach the *Interposed entity election or revocation 2019*.

## Section K: Declarations

Penalties may be imposed for false or misleading information in addition to penalties relating to any tax shortfalls.

#### Important

Before making this declaration check to ensure that all income has been disclosed and the annual return, all attached schedules and any additional documents are true and correct in every detail. If you leave labels blank, you will have specified a zero amount or the label was not applicable to you. If you are in doubt about any aspect of the annual return, place all the facts before the ATO. **Privacy** 

The ATO is authorised by the *Taxation Administration Act 1953* to request the provision of tax file numbers (TFNs). We will use the TFN to identify the entity in our records. It is not an offence not to provide the TFN. However if you do not provide the TFN, the processing of this form may be delayed.

Taxation law authorises the ATO to collect information and disclose it to other government agencies. For information about your privacy go to **ato.gov.au/privacy** 

#### **TRUSTEE'S OR DIRECTOR'S DECLARATION:**

I declare that, the current trustees and directors have authorised this annual return and it is documented as such in the SMSF's records. I have received a copy of the audit report (If required) and are aware of any matters raised therein. The information on this annual return, including any attached schedules and additional documentation is true and correct.

| Authorised trustee's, director's or publ                             | c officer's signature  |  |  |
|--|--|--|--|
|  |  | Day<br>Date                              | Month Year                                 |
| Preferred trustee or director co                                     | ntact details:   |  |  |
| Title: Mr Mrs Miss Ms  | Other  |  |  |
| Family name  |  |  |  |
| First given name   | Other given names  |  |  |
| Phone number<br>Email address  |  |  |  |
| Non-individual trustee name (if applica                              | ble)   |  |  |
| ABN of non-individual trustee  |  |  |  |
| Time tak   | en to prepare and complete this annual return  | Hrs                                      |  |
| The Commissioner of Taxation, as provide on this annual return to ma | Registrar of the Australian Business Register, may us intain the integrity of the register. For further informat                                   | se the ABN and k<br>ion, refer to the ir | ousiness details which you<br>nstructions. |
|  | nnuation fund annual return 2019 has been prepa<br>ses have given me a declaration stating that the in-<br>norised me to lodge this annual return. |  |  |
| Tax agent's signature  |  |  |  |
|  |  | Day<br>Date                              | Month Year                                 |
| Tax agent's contact details  |  |  | , ,  |
| Title: Mr Mrs Miss Ms<br>Family name                                 | Other  |  |  |
| First given name   | Other given names  |  |  |
|  |  |  |  |
| Tax agent's practice   |  |  |  |
| Tax agent's phone number   | Reference number   | Tax ag                                   | gent number                                |

# 2019

## Losses schedule

Companies and trusts that do not join consolidated groups should complete and attach this schedule to their 2019 tax return. Superannuation funds should complete and attach this schedule to their 2019 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. Place  $\overline{X}$  in all applicable boxes.

Refer to *Losses schedule instructions 2019*, available on our website **ato.gov.au** for instructions on how to complete this schedule.

Tax file number (TFN)

Name of entity

Australian business number

## Part A - Losses carried forward to the 2019-20 income year - excludes film losses

| Year of loss                        |   |
|-------------------------------------|---|
| 2018–19                             | В |
| 2017–18                             | С |
| 2016–17                             | D |
| 2015–16                             | Е |
| 2014–15                             | F |
| 2013–14 and earlier<br>income years | G |
| Total                               | U |

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

1 Tax losses carried forward to later income years

|   | Year of loss                     |
|---|----------------------------------|
| н | 2018–19                          |
| I | 2017–18                          |
| J | 2016–17                          |
| Κ | 2015–16                          |
| L | 2014–15                          |
| М | 2013–14 and earlier income years |
| V | Total                            |

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

## Part B - Ownership and business continuity 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 business continuity test has to be satisfied in relation to that loss.

Do not complete items 1 or 2 of Part B if, in the 2018–19 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.

| Whether continuity of majority  | Year of loss                        |   |     |    |
|---|-------------------------------------|---|-----|----|
| ownership test passed   | 2018–19                             | A | Yes | No |
| <b>Note:</b> If the entity has deducted, applied, transferred in or transferred out (as applicable) in the 2018–19 income year a loss incurred in | 2017–18                             | в | Yes | No |
| any of the listed years, print <b>X</b> in the <b>Yes</b> or <b>No</b> box to indicate whether the entity has satisfied                           | 2016–17                             | С | Yes | No |
| the continuity of majority ownership test in respect of that loss.  | 2015–16                             | D | Yes | No |
|   | 2014–15                             | Е | Yes | No |
|   | 2013–14 and earlier<br>income years | F | Yes | No |

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 | н |

No

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 | <b>Do current year loss provisions apply?</b><br>Is the company required to calculate its taxable income or tax loss for<br>the year under Subdivision 165-B or its net capital gain or net capital loss<br>for the year under Subdivision 165-CB of the <i>Income Tax Assessment Act</i> | к | Yes |

#### Part C - Unrealised losses - company only

1997 (IŤAA 1997)?

| <b>Note</b> : These questions relate to the operation of Subdivision 165-CC of ITAA 1997.   |   |     |    |
|---|---|-----|----|
| Has a changeover time occurred in relation to the company<br>after 1.00pm by legal time in the Australian Capital Territory on<br>11 November 1999?       | L | Yes | No |
| If you printed <b>X</b> in the <b>No</b> box at <b>L</b> , do not complete <b>M</b> , <b>N</b> or <b>O</b> .  |   |     |    |
| At the changeover time did the company satisfy the maximum net asset value test under section 152-15 of ITAA 1997?  | М | Yes | No |
| If you printed <b>X</b> in the <b>No</b> box at <b>M</b> , has the company determined it had an unrealised net loss at the changeover time?               | N | Yes | No |
| If you printed <b>X</b> in the <b>Yes</b> box at <b>N</b> , what was the amount of<br>unrealised net loss calculated under section 165-115E of ITAA 1997? | ο |     |    |

## Part D – Life insurance companies

| omplying superannuation class tax losses carried forward to later income years  | Ρ |
|---|---|
| mplying superannuation net capital losses carried forward to later income years | Q |

### Part E – Controlled foreign company losses

- Current year CFC losses
  - 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

 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

 Conly 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

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

#### If the schedule is not lodged with the income tax return you are required to sign and date the schedule.

#### Important

Before making this declaration check to ensure that all the information required has been provided on this form and any attachments to this form, and that the information provided is true and correct in every detail. If you are in doubt about any aspect of the tax return, place all the facts before the ATO. The income tax law imposes heavy penalties for false or misleading statements.

#### Privacy

Taxation law authorises the ATO to collect information and disclose it to other government agencies. This includes personal information of the person authorised to sign the declaration. For 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

|      | Day | Month |   | Year |
|------|-----|-------|---|------|
| Date | /   | 1     | / |      |

Contact person

Daytime contact number (include area code)

# Capital gains tax (CGT) schedule

#### When completing this form

Print clearly, using a black or dark blue pen only.



- 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 2019 available on our website at ato.gov.au for instructions on how to complete this schedule.

#### Tax file number (TFN)

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)

#### Taxpayer's name

#### 1 Current year capital gains and capital losses

| Shares in companies<br>listed on an Australian<br>securities exchange   | A \$ | Capital gain | Capital loss <b>K \$</b>  |
|---|------|--------------|---|
| Other shares  |      |              | L \$  |
| Units in unit trusts<br>listed on an Australian<br>securities exchange  | C \$ |              | M\$   |
| Other units   | D \$ |              | N \$  |
| Real estate situated<br>in Australia  | E \$ |              | O \$  |
| Other real estate   | F \$ |              | P \$  |
| Amount of capital gains<br>from a trust (including<br>a managed fund)   | G \$ |              |   |
| Collectables  | Н\$  |              | Q \$  |
| Other CGT assets and<br>any other CGT events  | I\$  |              | R \$  |
| Amount of capital gain<br>previously deferred<br>under transitional<br>CGT relief for<br>superannuation funds | S \$ |              | Add the amounts at labels <b>K</b> to <b>R</b> and write<br>the total in item <b>2</b> label <b>A – Total current year</b><br><b>capital losses</b> . |
| Total current year<br>capital gains   | J \$ |              |   |

# 2019

| 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<br>(only for transfers involving a foreign bank branch or<br>permanent establishment of a foreign financial entity) | D \$  |
|   | Total capital losses applied  | E \$  |
|   |   | Add amounts at <b>B</b> , <b>C</b> and <b>D</b> .   |
| 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\$   |
|   |   | Add amounts at <b>A</b> and <b>B</b> and transfer the total to label <b>V</b> – <b>Net capital losses carried forward to later income years</b> 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 \$  |
|   |   |   |

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.

| 7 | Earnout arrangements  |   |          |
|---|---|---|----------|
|   | Are you a party to an earnout arrangement? <b>A</b> Yes, as a buyer (Print $\mathcal{X}$ in the appropriate box.)                                   | Yes, as a seller                                  | No       |
|   | If you are a party to more than one earnout arrangement, copy and details requested here for each additional earnout arrangement.                   | d attach a separate sheet to this schedule provic | ling the |
|   | How many years does the earnout arrangement run for?  | В   |          |
|   | 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 earr<br>to seek an amendment to that earlier income year, complete the followi |   | 'ou wish |
|   | Income year earnout right created   | F   |          |
|   | Amended net capital gain or capital losses carried forward  | G \$  | LOSS     |
| 8 | Other CGT information required (if applicable)  |   | CODE     |
|   | Small business 15 year exemption - exempt capital gains   | A \$  | /        |
|   | Capital gains disregarded by a foreign resident   | В\$   |          |
|   | 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 \$  |          |
|   |   |   |          |

# **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   |      |   |       |   |      |  |
| Daytime contact number (include area code)                       |      |   |       |   |      |  |

| Electronic L | _odgment 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.

Privacv

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

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<br>Director |  | Date | / | 1 |  |
|---|--|------|---|---|--|
|---|--|------|---|---|--|

#### 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.

5 WWC i bhBUa Y<sup>.....</sup>

.....

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

Signature

Date

1

1

Year

# Tax Agent's 8 YWU/U/jcb

#### 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 <sup></sup> | Date                           | / | / |  |
|-------------------------------|--------------------------------|---|---|--|
| Contact name                  | Client Reference               |   |   |  |
| Agent's Phone Number          | UU <sup>·</sup> 5 [YbhˈBia VYf |   |   |  |