GAIL KERBEL SUPERANNUATION FUND

XXXX XXXXXXXXXX

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

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 However, you cannot lodge your tax return electronically if you do not quote your TFN.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	XXX X	XX XXX		Year	2020	
Name of partnership,	GAIL	KERBEL	SUPERANNUATION	FIIND		
trust, fund or entity			DOL FIGHTION	I OIND		

I authorise my tax agent to electronically transmit this tax return via an approved ATO electronic channel.

Important

Before making this declaration please check to ensure that all income has been disclosed and the tax return is true and correct in every detail. If you are in doubt about any aspect of the tax return, place all the facts before the Tax Office. The tax law provides heavy penalties for false or misleading statements on tax returns.

Declaration: I declare that:

• the information provided to the agent for the preparation of this tax return, including any applicable schedules is true and correct, and

·	the agent is	authorised	to lodge	this	tax return.	
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Signature of partner, trustee or director	Date	

PART B

Electronic funds transfer consent

This declaration is to be completed when an electronic funds transfer (EFT) of a refund is requested and the tax return is being lodged through an approved ATO electronic lodgment channel.

This declaration must be signed by the partner, trustee, director or public officer prior to the EFT details being transmitted to the Tax Office. If you elect for an EFT, all details below must be completed.

Important: Care should be taken when completing EFT details as the payment of any refund will be made to the account specified.

gent's reference number	74081	1009]	
Account Name	GAIL	KERBEL	SUPERAN	NUATION	FUND

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

Signature

A

Date

_

20	20
LU	20

Self-managed	superannuation
fund annual re	eturn

Only self-managed superannuation funds (SMSFs) can	Return year 2020
complete this annual return. All other funds must complete the Fund income tax return 2020 (NAT 71287)	
The Self-managed superannuation fund annual return instructions 2020 (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 (NAT3036).	
Section A: Fund information	
1 Tax file number (TFN)	
The Tax Office is authorised by law to request your TFN. You chance of delay or error in processing your annual return. Se	are not obliged to quote your TFN but not quoting it could increase the e the Privacy note in the Declaration.
2 Name of self-managed superannuation fund (SMSF)	
GAIL KERBEI	SUPERANNUATION FUND
3 Australian business number (ABN) NNN NNN	NNN
4 Current postal address	& ASSOCIATES PTY LTD
PO Box 310	
MIDLAND	WA 6936
5 Annual return status Is this an amendment to the SMSF's 2020 return?Is this the first required return for a newly registered SMSF?	A N B N
6 SMSF auditor	
Auditor's name Title MR	
Family name BOYS	
First given name TONY	
Other given names	
SMSF Auditor Number 100 014 140)
Auditor's phone number 041 07127	08
Use Agent address details? Postal address PO Box 3376	5
RUNDLE MALI	SA 5000
Date audit was co	mpleted A
Was Part A of the	audit report qualified ?
Was Part B of the	audit report qualified ?
If Part B of the au have the reported	dit report was qualified, issues been rectified?

SMS	F Return 2020	GAIL KERBEL SUPERAN	NUATION FUND	XXXX XXX XXX XXX	Page 2 of 10
7	Electronic funds transference We need your self-managed	• (EFT) super fund's financial institution details	to pay any super payment	s and tax refunds owing to y	′ou.
	A Fund's financial instit This account is used for s	ution account details uper contributions and rollovers. Do no	ot provide a tax agent acco	unt here.	
	Fund BSB number (must be six digits)	INNNN Fund account nu	mber NNNNNNNN		
		kample, J&Q Citizen ATF J&Q Family S	F)]
	GAIL KERBEL SUP	ERANNUATION FUND			
	I would like my tax refund	s made to this account.			
	B Financial institution a	ccount details for tax refunds		Use Agent Trust Acco	ount? N
		ax refunds. You can provide a tax age	ent account here.		
	BSB number	Account nu	mber		
	Fund account name (for e	kample, J&Q Citizen ATF J&Q Family S	F)		
	C Electronic service add	Iress alias			
	Provide the electronic ser	vice address (ESA) issued by your SM	ISF messaging provider		
	(For example, SMSFdatal	ESAAlias). See instructions for more in	formation.		
					K XXX XXX
8		stralian superannuation fund	Y Func	benefit structure	A Code
	Governmer	deed allow acceptance of the tt's Super Co-contribution and v Income Super Contribution?	Ч		
9	Was the fund wound up	during the income year?			
	N Print Y for yes	yes, provide the date on		e all tax lodgment and payment ations been met?	
10	Exempt current pension Did the fund pay retirement p in the income year?	income hase superannuation income stream be	enefits to one or more mem	pers Y Print Y for ye or N for no.	!S
		current pension income, you must pay ent pension income at Label A	at least the minimum benef	it payment under	
	If No, Go to Section B: Incom	e			
	If Yes Exempt current pens	ion income amount	27,112		
	Which method did yo	u use to calculate your exempt current	pension income?		
	Segrega	ed assets method B			
	Unsegrega	ted assets method C X Was a	an actuarial certificate obtai	ned? D Y Print Y for ye	2S
	Did the fund have any oth	er income that was assessable?	Y Print Y for yes If Yes, g	o to Section B: Income	
		Choosing 'No' means that you do not ha f No - Go to Section C: Deductions and			
	If you are entitled to claim a these at Section D: Income t				

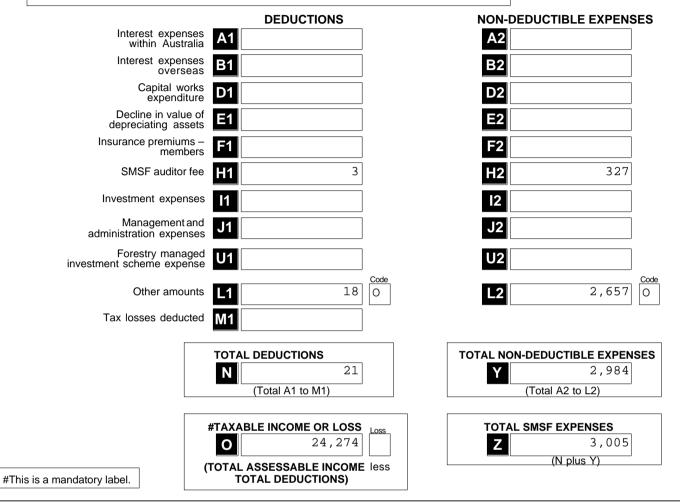
GAIL KERBEL SUPERANNUATION FUND

MS	F Return 2020		GAIL KE	RBEL SUPE	RANNUATION	FUND	XXXX XXX XXX XXX	Page 3	3 of 10
Sec	tion B: Incon	ne							
re	tirement phase fo	or the entire year	, there was no o	ther income t	hat was assessab	ole, and you have n	n income streams in the ot realised a deferred calculation statement.		
1	Income	(CGT) event	capital gains tax during the year?		Print Y for yes or N for no. Code	\$10,000 or you the deferred no and attach a Ca	al loss or total capital gain elected to use the CGT reli tional gain has been realise apital Gains Tax (CGT) sche	ef in 2017 a d, complete	and
			ve you applied ar ption or rollover?		Print Y for yes or N for no.				
						Net capital gain	n A		
				Gross re	nt and other leasir	ng and hiring incom	B		
						Gross interes	t C	1,034	
					Forestry r	managed investmen scheme income			
	Gross fore	ign income							1.000
	D1	533				Net foreign incom	e D	501	
			Austra	alian franking	credits from a Ne	w Zealand compan	y E		
						Transfers from foreign fund			Number
	[Gro	ss payments where ABN not quote			
	Calculation of a Assessable	e employer cont				Gross distribution	n T		Loss
	R1	24,0			•	* Unfranked dividen amour	d J		
	plus Assessab	le personal con				* Franked dividen	d K		
	plus#*No-TFN-c	quoted contributi				* Dividend franking			
	R3 (an amount must	be included eve	0 n if it is zero)			* Gross trus distribution	t M	5,295	Code P
	insurance	of liability to life company or PS			Asse	ssable contribution	-	4 070	
	R6		0			R2 plus R3 less R6		4,079	
	Calculation of n	non-arm's lengt	h income						
		urm's length priva any dividends	ite						Code
	U1					* Other income	e S	498	0
	plus * Net non-a	arm's length trus	t distributions			*Assessable income due to changed ta status of fun	x		
	plus * Net other	non-arm's lengt	h income		Net non-arm	's length income]
	U3				(subj	ect to 45% tax rate (U1 plus U2 plus U3		0	
	#This is a manda * If an amount is instructions to e treatment has be	s entered at this language the correct sector is the correct sector in the correct sector is the correct sector sector sector is the correct sector secto			(5	GROSS INCOM Sum of labels A to U	E W 5	1,407	Loss
				ı	Exempt cur	rent pension incom	e Y 2	7,112	
					TOTAL ASS	SESSABLE INCOM (W less Y		4,295	Loss

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).



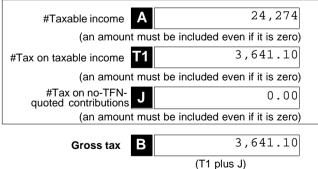
Section D: Income tax calculation statement

#Important:

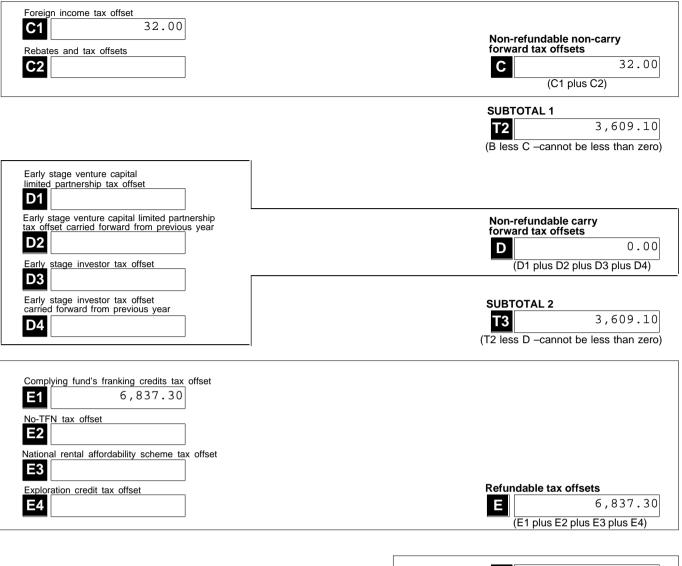
Section B label R3, Section C label O and Section D labels A,T1, J, T5 and I are mandatory. If you leave these labels blank you will have specified a zero amount

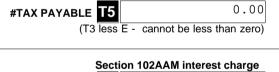
13 Calculation statement

Please refer to the Self-managed superannuation fund annual return instructions 2020 on how to complete the calculation statement.



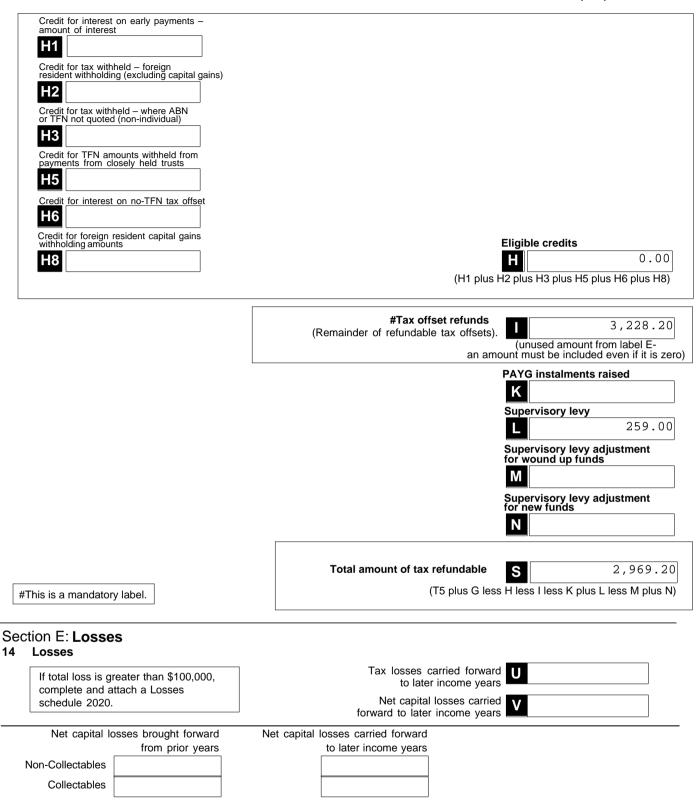
GAIL KERBEL SUPERANNUATION FUND





G

Fund's tax file number (TFN) 977 655 315



SMSF Return 2020

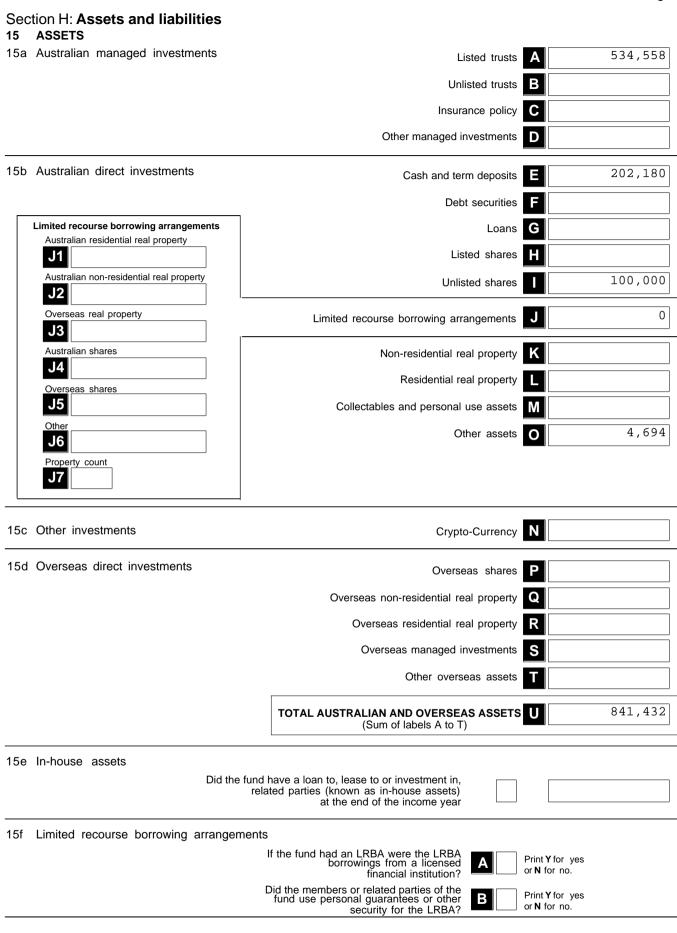
GAIL KERBEL SUPERANNUATION FUND

Section F / Section G: Member Information In Section F / G report all current members in the fund at 30 June. Use Section F / G to report any former members or deceased members who held an interest in the fund at any time during the income year. See the Privacy note in the Declaration. Member Number MRS Member'sTFN XXX XXX XXX 1 Title KERBEL Familyname Account status First given name GAIL 0 Code Other given names If deceased. 17/09/1947 Date of birth date of death 919,879.97 Contributions **OPENING ACCOUNT BALANCE** Proceeds from primary residence disposal Refer to instructions for completing these labels Η Employer contributions Receipt date 24,079.45 Α Н Assessable foreign superannuation ABN of principal employer fund amount A1 Personal contributions Non-assessable foreign superannuation fund amount 3,076.25 В J CGT small business retirement exemption Transfer from reserve: С assessable amount Κ CGT small business 15-year exemption amount Transfer from reserve: non-assessable amount D Personal injury election Contributions from non-complying funds П and previously non-complying funds Spouse and child contributions Т F Any other contributions (including Super Co-contributions and low Other third party contributions Income Super Contributions) G Μ 27,155.70 TOTAL CONTRIBUTIONS (Sum of labels A to M) Other transactions Accumulation phase account balance 40,602.96 Allocated earnings or losses L 0 19,677.32 **S1** Ρ Inward rollovers and transfers Retirement phase account balance - Non CDBIS Q Outward rollovers and transfers 821,755.39 **S**2 Code Lump Sum payment R1 Retirement phase account balance -CDBIS Code 65,000.00 Μ 0.00 Income stream payment R2 **S**3 841,432.71 0 TRISCount CLOSING ACCOUNT BALANCE S1 plus S2 plus S3 X1 Accumulation phase value **X2** Retirement phase value Outstanding limited recourse

borrowing arrangement amount

Υ

SMSF Return 2020



SMSF Return 2020

16 LIABILITIES

Borrowings for limited recourse borrowing arrangements		
Permissible temporary borrowings		
Other borrowings	Borrowings	V
(total of all	Total member closing account balances CLOSING ACCOUNT BALANCEs from Sections F and G)	W 841,432
	Reserve accounts	Χ
	Other liabilities	Y
	TOTAL LIABILITIES	Z 841,432
Section I: Taxation of financial arra 17 Taxation of financial arrangements (To	•	
	Total TOFA gains	H

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 2019–20 income year, write 2020).	
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 2020.	
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 2020 for each election	
If revoking an interposed entity election, print R, and complete and attach the Interposed entity election or revocation 2020.	

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 public officer's signature

							Day Month	Year
						Date	22/12/2	020
Preferred trustee or director con	tact detail	s:						
	Title	MRS						
-								
Family name		KERBEL						
First given name		GAIL						
Other given names								
		Area code	Number		1			
Pho	ne number	08	92746637					
Ema	ail address							
Non-individual trustee name (if applicable)								
ABN of non-individu]				
								1
		Time taken	to prepare an	d complete	this annua	I return	Hrs	
The Commissioner of Taxation, a	is Registra	r of the Aust	ralian Busines	s Register,	may use th	e ABN a	nd busines	s details
which you provide on this annual	return to m	naintain the ir	ntegrity of the r	egister. For	further info	rmation,	refer to the	instructions
TAX AGENT'S DECLARATION:								
I. D BAKER & ASSOCIATE	ES PTY I	LTD						
declare that the Self-managed sup								
by the trustees, that the trustees h			n stating that the	information	provided to n	ne is true	and correct, a	and that
the trustees have authorised me to lodge this annual return.					ſ	Day Month Year		
Tax agent's signature						Date	22/12/20)20
-								
Tax agent's contact details	MR							
nue								-
Familyname	MOSBACH							
First given name	FARRELI	J						
Other given names								
Tax agent's practice	D BAKER AND ASSOCIATES PTY LTD							
	Area code	Number						
Tax agent's phone number	08	927466	637					
Tax agent number	7408100)9		Reference	number K	ER14		