# Self-managed superannuation fund annual return 2023

To complete this annual return

this	Ily self-managed superannuation funds (SMSFs) can complete s annual return. All other funds must complete the Fund some tax return 2023 (NAT 71287).  The Self-managed superannuation fund annual return instructions 2023 (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).	<ul> <li>■ Print clearly, using a BLACK pen only.</li> <li>■ Use BLOCK LETTERS and print one character per box.</li> <li>☑ M / T # ☑ T / IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII</li></ul>			
_		OTBRET NOW 2001			
Se	ection A: <b>Fund information</b>	To assist processing, write the fund's TFN at			
1	Tax file number (TFN) Provided	the top of pages 3, 5, 7, 9 and 11.			
	The ATO is authorised by law to request your TFN. You at the chance of delay or error in processing your annual re	are not obliged to quote your TFN but not quoting it could increase eturn. See the Privacy note in the Declaration.			
2	Name of self-managed superannuation fund (SMS	SF)			
Ze	eitz Superannuation Fund				
3	Australian business number (ABN) (if applicable)	0377692773			
4	Current postal address				
PC	O Box 3685				
Sub	purb/town	State/territory Postcode			
Rι	undle Mall	SA 5000			
5	Annual return status Is this an amendment to the SMSF's 2023 return? Is this the first required return for a newly registered SMSF?	A No X Yes  B No X Yes			

Who should complete this annual return?

<b>6 SMSF</b> Auditor's nan	<b>auditor</b> ne
Title: Mr X	
Family name	
Boys	
First given nam	
Anthony W	
SMSF Audito	or Number Auditor's phone number
100014140	0410712708
Postal addre	SS
PO Box 33	76
Suburb/town	State/territory Postcode
Rundle Ma	
Date audit wa	ras completed <b>A</b> Day / Month / Year
Was Part A c	of the audit report qualified?  B No X Yes
Was Part B c	of the audit report qualified?  C No X Yes
If Part R of th	ne audit report was qualified,
	orted issues been rectified?  D No Yes
We need <b>A</b> Full	conic funds transfer (EFT)  d your self-managed super fund's financial institution details to pay any super payments and tax refunds owing to you.  Ind's financial institution account details
	is account is used for super contributions and rollovers. Do not provide a tax agent account here.
Fur	nd BSB number 085183 Fund account number 455188871
_	nd account name
Ze	eitz Superannuation Fund
Iw	ould like my tax refunds made to this account. X Go to C.
Thi	nancial institution account details for tax refunds is account is used for tax refunds. You can provide a tax agent account here.  Account number
ACC	count name
C Ele	ectronic service address alias
Pro	ovide the electronic service address alias (ESA) issued by your SMSF messaging provider.  r example, SMSFdataESAAlias). See instructions for more information.
<u> </u>	GLSF360
<u> </u>	

Tax File Number Provided

	Tax File Number Provided					
8	Status of SMSF Australian superannuation fund A No Yes X Fund benefit structure B A	Code				
	Does the fund trust deed allow acceptance of the Government's Super Co-contribution and Low Income Super Amounts?					
9	Was the fund wound up during the income year?  Day Month Year Have all tax lodgment					
	The lift yes provide the date on the lift of the lift	es				
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 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 C ) Was an actuarial certificate obtained? D 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.					

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Tax File Number	Provided
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### 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. If the total capital loss or total capital gain is greater than 11 Income \$10,000 or you elected to use the transitional CGT relief in Did you have a capital gains tax Yes X 2017 and the deferred notional gain has been realised, (CGT) event during the year? complete and attach a Capital gains tax (CGT) schedule 2023. Code Have you applied an Yes exemption or rollover? Net capital gain **A**\$ 190,618 Gross rent and other leasing and hiring income 30,000 Gross interest 15,814 Forestry managed investment **X**\$ scheme income Gross foreign income D1 \$ Net foreign income **D** \$ **E** \$ Australian franking credits from a New Zealand company Number Transfers from **F**\$ 0 foreign funds Gross payments where **H**\$ ABN not quoted Calculation of assessable contributions Loss Gross distribution I \$ Assessable employer contributions from partnerships **R1**\$ Unfranked dividend J \$ amount plus Assessable personal contributions \*Franked dividend **K**\$ 1,855 **R2** \$ amount plus \*\*No-TFN-quoted contributions \*Dividend franking L\$ 795 credit **R3**\$ 0 Code \*Gross trust (an amount must be included even if it is zero) M \$ distributions Transfer of liability to life insurance less company or PST Assessable contributions **R6**\$ **R**\$ (R1 plus R2 plus R3 less R6) Calculation of non-arm's length income 'Net non-arm's length private company dividends \*Other income **U1**\$ Assessable income plus \*Net non-arm's length trust distributions due to changed tax **T** \$ status of fund **U2** \$ Net non-arm's plus \*Net other non-arm's length income length income U\$ bject to 45% tax rate) **U3**\$ #This is a mandatory **GROSS INCOME W**\$ 239,082 label. (Sum of labels A to U) \*If an amount is Exempt current pension income Y\$ entered at this label, check the instructions TOTAL ASSESSABLE to ensure the correct **V** \$ 239,082 INCOME (W less Y) tax treatment has

been applied.

## Section C: Deductions and non-deductible expenses

## 12 Deductions and non-deductible expenses

<ul> <li>Under 'Deductions' list all expenses and allowances you are e expenses', list all other expenses or normally allowable deduc all expenses related to exempt current pension income should</li> </ul>	tions that you cannot claim as a deduction (for example,
DEDUCTIONS	NON-DEDUCTIBLE EXPENSES
Interest expenses within Australia A1 \$	A2 \$
Interest expenses R1 ¢	R2 ¢

within Australia		Ψ	<b>72</b>	
Interest expenses overseas			<b>B2</b> \$	
Capital works expenditure			D2 \$	
Decline in value of depreciating assets			<b>E2</b> \$	
Insurance premiums – members	F1	\$	<b>F2</b> \$	
SMSF auditor fee	H1	\$ 990	<b>H2</b> \$	
Investment expenses	11	\$	<b>I2</b> \$	
Management and administration expenses		\$ 3,324	<b>J2</b> \$	
Forestry managed investment scheme expense	U1	\$	U2 \$	0 1
Other amounts	L1	\$	Code L2\$	 Code
Tax losses deducted	М1	\$		

	TOTAL DEDUCTIONS	TOTAL NON-DEDUCTIBLE EXPENSES
	<b>N</b> \$ 4,314	<b>Y</b> \$ 2,059
	(Total A1 to M1)	(Total A2 to L2)
	*TAXABLE INCOME OR LOSS Loss	TOTAL SMSF EXPENSES
,	<b>O</b> \$ 234,768	<b>Z</b> \$ 6,373
	(TOTAL ASSESSABLE INCOME less TOTAL DEDUCTIONS)	(N plus Y)
1	I TO IAL DEDUCTIONS	I .

#This is a mandatory label.

### 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.

IS Ca	lculation statement				
		#Taxable income	<b>A</b> \$		234,768
	refer to the anaged superannuation			(an amount must be included even if it is ze	ro)
	nnual return instructions	*Tax on taxable income	T1 \$		35,215.20
	n how to complete the	IIIOOIIIO		(an amount must be included even if it is ze.	ro)
calcula	tion statement.	#Tax on no-TFN-quoted	J \$		0.00
		contributions	- •	(an amount must be included even if it is ze	
	ı	0	<b>D</b> A		05.045.00
		Gross tax	В\$		35,215.20
				( <b>T1</b> plus <b>J</b> )	
	Foreign income tax offset	-			
C1 \$					
	Rebates and tax offsets			efundable non-carry forward tax offs	sets
C2\$			<b>C</b> \$		
				(C1 plus C2)	
			SUBT	OTAL 1	
			<b>T2</b> \$		35,215.20
				(B less C – cannot be less than zero)	
	Early stage venture capital	limited			
	partnership tax offset				
<b>D1</b> \$		0.00			
	Early stage venture capital				
	tax offset carried forward fr			efundable carry forward tax offsets	
<b>D2</b> \$		0.00	<b>D</b> \$	(D1 plus D2 plus D3 plus D4)	0.00
	Early stage investor tax offs			(D1 plus D2 plus D3 plus D4)	
<b>D3</b> \$		0.00			
	Early stage investor tax offs carried forward from previous		SUBT	OTAL 2	
<b>D</b> 4\$	carried forward from previo	0.00	T3 \$		35,215.20
		0.00	ΙΟΨ	( <b>T2</b> less <b>D</b> – cannot be less than zero)	00,210.20
				(12/888 2	
	Complying fund's franking o	redits tax offset			
E1\$	,,,,,	795.26			
+	No-TFN tax offset	. 55.25			
<b>E2</b> \$					
•	National rental affordability so	cheme tax offset			
<b>E3</b> \$					
<b>-</b> 0	Exploration credit tax offset		Refun	dable tax offsets	
<b>E4</b> \$	1	0.00	<b>E</b> \$		795.26
•		0.00	- •	(E1 plus E2 plus E3 plus E4)	100.20
	r			, , , , , , , , , , , , , , , , , , , ,	
		*TAX PAYABLE	T5 \$		34,419.94
				( <b>T3</b> less <b>E</b> – cannot be less than zero)	0 1, 1 10.0 F
	ı		Sectio	n 102AAM interest charge	
			G\$	2 2 2 2 2 2 2	
			Y		1

Tax File Number	Provided

Credit for tax withhe withholding (excludi	eld – foreign resident ng capital gains)			
12\$				
Credit for tax withhe	ld – where ABN			
or TFN not quoted (				
H3\$				
Credit for TFN amou				
payments from clos				
H5\$	0.00			
Credit for interest or	no-TFN tax offset			
H6\$				
Credit for foreign re- withholding amount		Eligible credits		
H8\$		H\$		
-10 Ψ[	0.00	·	lus <b>H3</b> plus <b>H5</b> plus <b>H6</b> plu	s H8)
		( p.	and the place in place	,
	#Tax offset refu	ndo -		
(R	lemainder of refundable tax of			0.00
		an.	unused amount from lab amount must be included ev	
				5111111115 2010)
		PAYG instalme	nts raised	
		K \$		9,251.00
		Supervisory lev	у	
		L\$		259.00
		Supervisory lev	y adjustment for wou	nd up funds
		M \$		
			y adjustment for new	funds
		N \$	y adjustificant for fiew	Turius
		И Ф		
AMOL	INT DUE OR REFUNDA	RIE .		
A pos	sitive amount at <b>S</b> is what you	owe, 3 \$		25,427.94
while a neg	gative amount is refundable to	you. ( <b>T5</b> plus	G less H less I less K plus I	less M plus N)
This is a mandatory label.				
Section E: <b>Loss</b> e	es			
4 Losses		Tax losses carried f	orward U \$	
If total loss is greater the	nan \$100 000	to later income	e years U \$	
complete and attach a schedule 2023.	Loccoc	Net capital losses orward to later incom	carried <b>V</b> \$	

Section F: <b>Member inform</b>	nation		
MEMBER 1			_
Title: Mr X Mrs Miss Ms Other			_
Family name  Zeitz			_
First given name	Other giver	en names	_
Christopher	Other given	an inco	_
		Day Month Year	_
Member's TFN See the Privacy note in the Declaration. Provided		Date of birth Provided	
Contributions OPENING ACCOUNT BAL	ANCE \$	1,137,671.04	
Refer to instructions for completing these labels	S.	Proceeds from primary residence disposal	
Employer contributions	— п	Day Month Year	
A \$	н	Pay Month Year  All Receipt date / / / / / / / / / / / / / / / / / / /	
ABN of principal employer	•	Assessable foreign superannuation fund amount	
A1		I \$	
Personal contributions		Non-assessable foreign superannuation fund amount	
B \$	J	J\$	
CGT small business retirement exemption		Transfer from reserve: assessable amount	
C \$	K	(\$	
CGT small business 15-year exemption amo	ount	Transfer from reserve: non-assessable amount	
D \$	L	. \$	
Personal injury election		Contributions from non-complying funds	
<b>E</b> \$	т	and previously non-complying funds  \$ \[ \]	
Spouse and child contributions		Any other contributions	
<b>F</b> \$		(including Super Co-contributions	
Other third party contributions <b>G</b> \$	R.A	and Low Income Super Amounts)	
<b>G</b> 5	IVI	15	
TOTAL CONTRIBU	TIONS N	1\$	
		(Sum of labels <b>A</b> to <b>M</b> )	
		Allocated earnings or losses Loss	
Other transactions	0	240,259.97	
A course defice whose constant helps		Inward rollovers and transfers	
Accumulation phase account balance  \$1,377,931.01	P	9\$	
, , , , , , , , , , , , , , , , , , , ,		Outward rollovers and transfers	
Retirement phase account balance  – Non CDBIS	Q	<b>!</b> \$	
<b>S2</b> \$ 0.00		Lump Sum payments Code	
Retirement phase account balance	R1	\$	
- CDBIS		Income stream payments Code	
<b>S3</b> \$ 0.00	R2	2 \$	
0 TRIS Count CLOSING ACCOUNT BAL	ANCE S	5 \$ 1,377,931.01	
		( <b>S1</b> plus <b>S2</b> plus <b>S3</b> )	
Accumulation phase	e value <b>X1</b>	\$	
Retirement phase		: Φ[]	
Outstanding limited re borrowing arrangement a	course amount	<b>'</b> \$	

Tax File Number Provided

				Tax File Number	Provided	
MEMBER 2					•	
Title: Mr Mrs X	Miss Ms Other					
Family name						
Zeitz						
First given name		Other given	names			
Kathryn						
Member's TFN				Day	Month Year	
See the Privacy note in	the Declaration. Provided			Date of birth	Provided	
Contributions	OPENING ACCOUNT BAL	ANCE ¢ [		762,23	22 24	
Contributions	OPENING ACCOUNT BALL	ANCE JE		102,23	3.34	
Pofor to instruction	ns for completing these labels		Proceeds fro	m primary residence disp	posal	
		. H	\$			
Employer conti	ributions			Day Month	Year	
<b>A</b> \$		Н	1 Receipt date	•		
ABN of principa	al employer		Assessable f	oreign superannuation fu	nd amount	
A1			\$			
Personal contri	ibutions		Non-assess	able foreign superannuat	ion fund amount	
В\$		J	\$			
CGT small bus	iness retirement exemption		Transfer fron	n reserve: assessable am	nount	
C \$		K	\$			
CGT small bus	iness 15-year exemption amo	ount	Transfer fron	n reserve: non-assessabl	e amount	
D \$		L	\$			
Personal injury	election			s from non-complying fu	nds	
<b>E</b> \$			and previous	sly non-complying funds		
Spouse and ch	nild contributions	Т	\$			
F \$			Any other co	ontributions		
Other third par	ty contributions		and Low Inc	uper Co-contributions ome Super Amounts)		
G \$		М		· · · · · · · · · · · · · · · · · · ·		
			· <b>-</b>		<u> </u>	
	TOTAL CONTRIBU	TIONS N	\$			
			(Sum	of labels A to M)		
			Allocated ea	rnings or losses	Loss	
Other transactions		0	\$	160,97		
	1			vers and transfers		
Accumulation p	ohase account balance	Р			$\neg$	
S1 \$	923,209.12	•	· <u> </u>	overs and transfers		
Retirement pha	ase account balance	Q		Overs and transfers		
– Non CDBIS		Q				
S2 \$	0.00	D4	Lump Sum p	payments	Code	
Retirement pha	ase account balance	R1	\$ <u></u>			
- CDBIS			Income stream	am payments	Code	
S3 \$	0.00	R2	\$			
	l					
0 TRIS Count	CLOSING ACCOUNT BAL	ANCE S	\$	923,20	9.12	
			(S1	plus <b>S2</b> plus <b>S3</b> )		
	Δ 1 1	37.4	ф <u>Г</u>		<u> </u>	
	Accumulation phase	e value X1	<b>⊅</b> [			
	Retirement phase	e value <b>X2</b>	\$			
	Outstanding limited red		· <u> </u>		<u> </u>	
	borrowing arrangement a	mount <b>Y</b>	\$			

					Tax File Number	Provided	
15	Section H: <b>Assets and liab</b>	ilities					
15a	Australian managed investments	Listed trusts	A	\$			
		Unlisted trusts	В	\$			
		Insurance policy	С	\$			
	Other	r managed investments	D	\$			
	Australian direct investments	Cash and term deposits	E	\$		660,736	
	Limited recourse borrowing arrangements	Debt securities	F	\$			
	Australian residential real property  J1 \$	Loans	G	\$			
	Australian non-residential real property	Listed shares	н	\$		81,219	
	J2 \$			. 1		01,210	
	Overseas real property	Unlisted shares		\$			_
	J3 \$b	Limited recourse orrowing arrangements	J	\$			
	J4 \$	Non-residential		· ا م			
	Overseas shares	real property	K	\$		1,448,187	
	J5 \$	Residential real property	L	\$			
	Other	Collectables and personal use assets	М	\$			
	J6 \$ []	Other assets				179,724	
	Property count  J7			Ψ1			
5с	Other investments	Crypto-Currency	N	\$			
5d	Overseas direct investments	Overseas shares	P	\$			
	Overseas non-	residential real property	Q	\$			
	Overseas	residential real property	R	\$			
	Overseas	s managed investments	s	\$			
		Other overseas assets	T	\$			
	TOTAL AUSTRALIAN AND (Sum of labels		U	\$		2,369,866	
I 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?	<b>≬</b> No X Yes ☐		\$			

			Tax File Numb	er Provided
	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 security for the LRBA?	<b>A</b> No Yes <b>B</b> No Yes   Yes		
	Borrowings for limited recourse borrowing arrangements  V1 \$  Permissible temporary borrowings  V2 \$  Other borrowings			
	V3 \$	Borrowings	<b>v</b> \$	
	Total member clos (total of all <b>CLOSING ACCOUNT BALANCE</b> s fr	sing account balances om Sections F and G) Reserve accounts Other liabilities TOTAL LIABILITIES	W \$ X \$ Y \$ Z \$	2,301,139 68,727 2,369,866
	ction I: <b>Taxation of financia</b> Taxation of financial arrangements (TOF	_	nts	
		Total TOFA gains H	\$	
		Total TOFA losses	\$	
Se	ction J: Other information			
	illy trust election status  If the trust or fund has made, or is making, a fam  specified of the election (for ex  If revoking or varying a family trust  and complete and attach the I	ample, for the 2022–23 in election, print $f R$ for revol	ncome year, write 2023). ke or print ${f V}$ for variation,	А В П
Inte	rposed entity election status  If the trust or fund has an existing election, or fund is making one or more elect specified and complete an Interposed e	write the earliest income ions this year, write the e	year specified. If the trust parliest income year being	c
			on, print <b>R</b> , and complete ction or revocation 2023.	<b>D</b> [

Tax File Nun	nber	Provid	ed	
Section K: <b>Declarations</b>				
Penalties may be imposed for false or misleading information in addition to penalties rela	ting to	any tax	shortfa	alls.
Important Before making this declaration check to ensure that all income has been disclosed and the annual return, any additional documents are true and correct in every detail. If you leave labels blank, you will have specif label was not applicable to you. If you are in doubt about any aspect of the annual return, place all the fact Privacy The ATO is authorised by the Taxation Administration Act 1953 to request the provision of tax file numbers identify the entity in our records. It is not an offence not to provide the TFN. However if you do not provide form may be delayed.  Taxation law authorises the ATO to collect information and disclose it to other government agencies. For ingo to ato.gov.au/privacy	fied a z ts befo s (TFNs the TF	zero amou ore the ATO s). We will FN, the pro	int or the D.  use the ocessin	e TFN to
<b>TRUSTEE'S OR DIRECTOR'S DECLARATION:</b> I declare that, the current trustees and directors have authorised this annual return and it is documer records. I have received a copy of the audit report and are aware of any matters raised therein. The ir return, including any attached schedules and additional documentation is true and correct. Authorised trustee's, director's or public officer's signature				
	Day 19 /	Month 12	/ [	Year 2023
Preferred trustee or director contact details:	, <u> </u>		′ ∟	2020
Title: Mr X Mrs Miss Ms Other				
Zeitz				
First given name Other given names				
Christopher				
Phone number 08 82719555 Email address				
Non-individual trustee name (if applicable)				
Zeitz Enterprises 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 ar provide on this annual return to maintain the integrity of the register. For further information, refer to the			ails whi	ch you
TAX AGENT'S DECLARATION:  I declare that the Self-managed superannuation fund annual return 2023 has been prepared in accord provided by the trustees, that the trustees have given me a declaration stating that the information procorrect, and that the trustees have authorised me to lodge this annual return.  Tax agent's signature.	lance v	with infor to me is	mation true ar	nd
Tax agent's signature	Day	Month /	,	Year
	19 /	12	/ <u>L</u>	2023
Tax agent's contact details				
Title: Mr X Mrs Miss Ms Other				
Family name  Lounder				

First given name

08 82719555

Tax agent's practice

Tax agent's phone number

PDK Financial Synergy Pty Ltd

Phillip

Tax agent number

25452589

Other given names

Reference number

ZEITZCK

## 2023

### Losses schedule

Companies and trusts that do not join consolidated groups should complete and attach this schedule to their 2023 tax return. Superannuation funds should complete and attach this schedule to their 2023 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 $X$ in all applicable boxes.				
Refer to Losses schedule instruction for instructions on how to complete	ons 2023, available on e this schedule.	our website <b>ato.gov.au</b>		
Tax file number (TFN)				
Provided	$\neg$			
Name of entity				
Zeitz Superannuation Fund				
Australian business number				
80377692773				
Part A – Losses ca		rs	24	· income year – excludes film los
				· income year – excludes film los
		Year of loss	В	• income year – excludes film los
		Year of loss ©222–23	В	• income year – excludes film los
		Year of loss ©022-23 2021-©2	B C	• income year – excludes film los
		Year of loss ©22-23 2021-©2 2020-21	B C D	• income year – excludes film los
		Year of loss (3022–23 2021–G2 2020–21 2019–20	B C D	• income year – excludes film los
		Year of loss ©022-23 2021-©2 2020-21 2019-20 2018-19	B C D E	• income year – excludes film los

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

Total **V** 

2022-23 **H** 

2021–22 **I** 2020–21 **J** 

2019–20 **K** 

2018–19 **L** 

2017–18 and earlier income years

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P	Part B – Ownership and b	ousiness continuity	/ to	est - company and listed widely held trust only
s	Complete item <b>3</b> of <b>Part B</b> if a loss is being of atis ied in relation to that loss.	·		•
a	o not complete items 1 or 2 of Part B if, in gainst a net capital gain or, in the case of co	the 2022–23 income year, no los ompanies, losses have not been	s ha tran	as been claimed as a deduction, applied asferred in or out.
1	Whether continuity of majority	Year of loss		
	ownership test passed	2022–23	A	Yes No
	<b>Note:</b> If the entity has deducted, applied, transferred in or transferred out (as applicable) in the 2022–23 income year a loss incurred in	2021–22	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 the continuity of majority ownership test in	2020–21	С	Yes No
	respect of that loss.	2019–20	D	Yes No
		2018–19	Ε	Yes No
		2017–18 and earlier income years	F	Yes No
2	Amount of losses deducted/applied for business continuity test is satisfied - e		orit	y ownership test is not passed but the
		Tax losses	G	
		Net capital losses	Н	
3	Losses carried forward for which the applied in later years – excludes film losse		be	satisfied before they can be deducted/
		Tax losses	I	
		Net capital losses	J	
4	Do current year loss provisions apply' Is the company required to calculate its taxa the year under Subdivision 165-B or its net cap for the year under Subdivision 165-CB of the In 1997 (ITAA 1997)?	able income or tax loss for pital gain or net capital loss	K	Yes No
P	art C - Unrealised losses - a	ompany only		
	Note: These questions relate to the operation of	Subdivision 165-CC of ITAA 1997.		
	Has a changeover time occurred in relation to after 1.00pm by legal time in the Australian Ca 11 November 1999?		L	Yes No
	If you printed ${\bf X}$ in the ${\bf No}$ box at ${\bf L}$ , do not compl	ete M, N or O.		
	At the changeover time did the company satismet asset value test under section 152-15 of IT		M	Yes No
	If you printed ${\bf X}$ in the ${\bf No}$ box at ${\bf M}$ , has the continuous that an unrealised net loss at the changeover		N	Yes No
	If you printed <b>X</b> in the <b>Yes</b> box at <b>N</b> , what was unrealised net loss calculated under section 16		0	

	Ta	x File Number	Provided
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		
Part E – Controlled foreign company losses			
Current year CFC losses	M		
CFC losses deducted	N		
CFC losses carried forward	0		
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	В		
SUBTRACT Net forgiven amount of debt	С		
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	н		
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)	ı		
Total tax losses carried forward to later income years	J		
Transfer the amount at .I to the Tax losses carried for	rwar	d to later income ve	ears 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.

r declare that the information on this form is true and correct.					
Signature		_			
		Date	Day	/ Month /	Year
Contact person	Dayti	ne contac	t number	(include are	a code)
Christopher John Zeitz	8 80	2719555			

## Capital gains tax (CGT) schedule

When completing this form ■ Print clearly, using a black or dark blu ■ Use BLOCK LETTERS and print one  S M / T H S T ■ ■ Do not use correction fluid or coverin ■ Sign next to any corrections with your	ir character in each box.  g stickers.	<ul> <li>Use in conjunction with company, trust, fund income tax return or the self-managed superannuation fund annual return.</li> <li>Refer to the Guide to capital gains tax 2023 available on our website at ato.gov.au for instructions on how to complete this schedule.</li> </ul>					
Tax file number (TFN) Provided							
We are authorised by law to reque However, if you don't it could incre							
Australian business number (AB	8N) 80377692773						
Taxpayer's name							
Zeitz Superannuation Fund							
Current year capital gains a	nd capital losses						
Shares in companies listed on an Australian A \$	Capital gain	Capital loss					
securities exchange	00,:	,532					
Other shares <b>B</b> \$		L \$					
Units in unit trusts listed on an Australian securities exchange		М\$					
Other units <b>D</b> \$		N \$					
Real estate situated in Australia <b>E \$</b>	195,6	5,699 <b>O</b> \$					
Other real estate <b>F</b> \$		P \$					
Amount of capital gains from a trust (including a managed fund)							
Collectables <b>H</b> \$		Q \$					
Other CGT assets and any other CGT events		R \$					
Amount of capital gain previously deferred under transitional CGT relief for superannuation funds		Add the amounts at labels <b>K</b> to <b>R</b> and write the total in item <b>2</b> label <b>A – Total current year capital losses</b> .					
Total current year capital gains	261,	1,231					

			Ta	ax File Number	Provided
2	Capital losses				
	Total current year capital losses	A	\$		
	Total current year capital losses applied	В	\$		
	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	\$		
		Ad	dd a	amounts at <b>B</b> , <b>C</b> an	d <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	\$		
		to	lab		3 and transfer the total losses carried forward on your tax return.
4	CGT discount				
	Total CGT discount applied	A	\$		70,613
5	CGT concessions for small business				
	Small business active asset reduction	A	\$		
	Small business retirement exemption	В	\$		
	Small business rollover	С	\$		
	Total small business concessions applied	D	\$		
6	Net capital gain				
	Net capital gain	A	\$		190,618
		1J	l le:	ss 2E less 4A less 5	5D (cannot be less than

zero). Transfer the amount at **A** to label **A** – **Net capital gain** on your tax return.

d
No 🗌
e providing the
/ LOSS
e year and you
/ Loss
CODE
/

Provided
F

## 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 you	in 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 Zeitz	
Daytime contact number (include area code)	
08 82719555	

### 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.

Signature

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

Tax File Number	Nam	e of Fund			Yea	ar	
Provided	Zeitz	eitz Superannuation Fund			20:	2023	
I authorise my tax ag	ent to electronically tra	ansmit this tax return via an approved AT	O electronic cha	annel.			
correct in every detai	I. If you are in doubt a	ck to ensure that all income has been dis bout any aspect of the tax return, place a lse or misleading statements on tax retu	all the facts before				
Declaration: I de	eclare that:						
		ided to the agent for the preparation of the	nis tax return, inc	cluding any appl	icable schedu	les	
_	rue and correct; and authorise the agent to	lodge this tax return.					
Signature of Partner Director	, Trustee, or			Date	/	1	
	ELEC	CTRONIC FUNDS TRANSFER	CONSENT				
	o be completed when	n an electronic funds transfer (EFT) of onic channel.	a refund is requ	uested and the	tax return is	being	
	be signed by the part Γ, all details below mu	ner, trustee, director or public officer pric st be completed.	or to the EFT det	ails being transı	mitted to the T	ax Office.	
				a made to the a	ccount specifie	ed.	
mportant: Care sho	uld be taken when co	mpleting EFT details as the payment of a	any refund will be	e made to the a			
	uld be taken when co		any retund will be	e made to the at			
	Y Zëifz Superan	nuation Fund	1	Reference ZE	EITZCK		
5 WWti bhBUa	Y Zëïtz Superan er 085183 45518	nuation Fund	1		EITZCK		

Date

## Tax Agent's 8 YWUfUijcb

### 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	1	1
Contact name	Phillip Lounder		Client Reference	ZEITZCK	
Agent's Phone Num	ber 08 82719555	Н	lUl '5 [Ybh'Bia VYf	25452589	