Self-managed superannuation fund annual return

2022

Who should complete this annual return? To complete this annual return Only self-managed superannuation funds (SMSFs) can complete ■ Print clearly, using a BLACK pen only. this annual return. All other funds must complete the Fund ■ Use BLOCK LETTERS and print one character per box. income tax return 2022 (NAT 71287). 8 M T H 8 T The Self-managed superannuation fund annual return Place |X| in ALL applicable boxes. instructions 2022 (NAT 71606) (the instructions) can assist you to complete this annual return. Postal address for annual returns: The SMSF annual return cannot be used to notify us of a Australian Taxation Office change in fund membership. You must update fund details GPO Box 9845 via ABR.gov.au or complete the Change of details for [insert the name and postcode superannuation entities form (NAT 3036). of your capital city] For example; Australian Taxation Office GPO Box 9845 SYDNEY NSW 2001 Section A: Fund information To assist processing, write the fund's TFN at 1 Tax file number (TFN) the top of pages 3, 5, 7, 9 and 11. The ATO is authorised by law to request your TFN. You are not obliged to quote your TFN but not quoting it could increase O 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) **Current postal address** 4 Suburb/town State/territory Postcode

| 5 | Annual return status Is this an amendment to the SMSF's 2022 return? | A No | Yes |
|---|--|-------------|-----|
| | Is this the first required return for a newly registered SMSF? | B No | Yes |

| 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.

Privacy

The ATO is authorised by the Taxation Administration Act 1953 to request the provision of tax file numbers (TFNs). The ATO will use the TFNs to identify each partner or beneficiary or entity in our records. It is not an offence not to provide the TFNs. However, you cannot lodge your tax return electronically if you do not quote your TFN.

Taxation law authorises the ATO to collect information and disclose it to other government agencies, including personal information about the person authorised to sign the declaration. For information about privacy go to ato.gov.au/privacy

The Australian Business Register

The Commissioner of Taxation, as Registrar of the Australian Business Register, may use the ABN and business details which you provide on this tax return to maintain the integrity of the register.

Please refer to the privacy statement on the Australian Business Register (ABR) website (www.abr.gov.au) for further information - it outlines our commitment to safeguarding your details.

Electronic funds transfer - direct debit

Where you have requested an EFT direct debit some of your details will be provided to your financial institution and the Tax Office's sponsor bank to facilitate the payment of your taxation liability from your nominated account.

Tax File Number Name of Fund

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

Important

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

Declaration: I declare that:

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

| Signature of Partner, Trustee, or Director | | Date | / | 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^{.....}

.....

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

Signature

Date

/

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 | Date | / | / | |
|-------------------------------|--------------------------------|---|---|--|
| Contact name | Client Reference | | | |
| Agent's Phone Number | UU [·] 5 [YbhˈBia VYf | | | |

| 6 SMSF auditor Auditor's name | | |
|---|-------------------|--------------------------|
| Title: Mr Mrs Miss Ms Other Family name | | |
| First given name | Other given names | |
| SMSF Auditor Number Auditor's | phone number | |
| Postal address | | |
| Suburb/town | | State/territory Postcode |
| Date audit was completed A / | th Year | |
| Was Part A of the audit report qualified? | B No Yes | |
| Was Part B of the audit report qualified? | C No Yes | |
| If Part B of the audit report was qualified, have the reported issues been rectified? | D 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 numberAccount numberAccount nameAccount number

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 | Status | s of SMSF | Australian superannuation | on fund | A No | Yes | Fund benefit structure B | Code |
|----|--------------|-------------|--|---------------------------|------------|----------------|--|------|
| | | | e fund trust deed allow accepta vernment's Super Co-contributi Low Income Super Am | on and | C No | Yes | | |
| 9 | Was tl No | | bund up during the income If yes, provide the date on which the fund was wound up | e year? _{Day} | Month | Year | Have all tax lodgment and payment obligations been met? No | s |
| 10 | | | pension income iirement phase superannuation | income s | stream be | nefits to one | or more members in the income year? | |
| | | | exemption for current pension pt current pension income at La | | you must | pay at least | the minimum benefit payment under the | law. |
| | No | Go to Sec | otion B: Income. | | | | | |
| | Yes | Exempt c | urrent pension income amount | A \$ | | | | |
| | | Which me | ethod did you use to calculate y | our exem | npt currer | t pension in | come? | |
| | | | Segregated assets method | В | | | | |
| | | | Unsegregated assets method | c) | Was an a | octuarial cert | ificate obtained? D Yes | |
| | Did the | fund have a | ny other income that was asses | ssable? | | | | |
| | E Yes | Go to | Section B: Income. | | | | | |
| | No | | sing 'No' means that you do no Section C: Deductions and nor | | | | , including no-TFN quoted contributions. t complete Section B: Income.) | |
| | | | tled to claim any tax offsets, you ion D: Income tax calculation st | | | | | |

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.



OFFICIAL: Sensitive (when completed)

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 | S |
|--|------------|-------------------------|------|
| Interest expenses within Australia | A1 \$ | A2 \$ | |
| Interest expenses overseas | B1 \$ | B2 \$ | |
| Capital works expenditure | D1 \$ | D2 \$ | |
| Decline in value of depreciating assets | E1 \$ | E2 \$ | |
| Insurance premiums – members | F1 \$ | F2 \$ | |
| SMSF auditor fee | H1 \$ | H2 \$ | |
| Investment expenses | l1 \$ | 12 \$ | |
| Management and administration expenses | J1 \$ | J2 \$ | |
| Forestry managed investment scheme expense | U1 \$ | U2 \$ | Code |
| Other amounts | L1 \$ | L2 \$ | |
| | | | |

Tax losses deducted **M1**\$

| TOTAL DEDUCTIONS | TOTAL NON-DEDUCTIBLE EXPENSES |
|--|---------------------------------|
| N \$ | Y \$ |
| (Total A1 to M1) | (Total A2 to L2) |
| *TAXABLE INCOME OR LOSS | Loss TOTAL SMSF EXPENSES |
| 0\$ | Z \$ |
| (TOTAL ASSESSABLE INCOME less TOTAL DEDUCTIONS) | (N plus Y) |

[#]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.



OFFICIAL: Sensitive (when completed)

| | | (H1 plus H2 plus H3 plus H5 plus H6 plus H8) |
|---------------|--|--|
| -18 \$ | | Н\$ |
| | Credit for foreign resident capital gains withholding amounts | Eligible credits |
| H6 \$ | | |
| | Credit for interest on no-TFN tax offset | |
| H5\$ | | |
| | Credit for TFN amounts withheld from payments from closely held trusts | |
| Н3\$ | | |
| | Credit for tax withheld – where ABN or TFN not quoted (non-individual) | |
| H2\$ | | |
| | Credit for tax withheld – foreign resident withholding (excluding capital gains) | |
| H1 \$ | | |
| | Credit for interest on early payments – amount of interest | |



Section E: Losses

14 Losses

If total loss is greater than \$100,000, complete and attach a *Losses schedule 2022*.

Tax losses carried forward to later income years **U** \$

Net capital losses carried forward to later income years **V** \$

| Section F | : Member information | on | | |
|---|---|---------------------------------------|---|-----------|
| MEMBER 1 | | | | |
| ītle: Mr Mrs āmily name | Miss Ms Other | | | |
| irst given name | Othe | r given n | ames | |
| /lember's TFN See the Privacy note in | the Declaration. | | Day Mo Date of birth | onth Year |
| Contributions | OPENING ACCOUNT BALANCE | \$ | |] |
| Refer to instruction | ons for completing these labels. | Н\$ | Proceeds from primary residence disposal | |
| C \$ CGT small bus D \$ Personal injury E \$ Spouse and ch F \$ | oal employer ributions siness retirement exemption siness 15-year exemption amount | H1 I\$ J\$ K\$ L\$ T\$ | Non-assessable foreign superannuation fur Transfer from reserve: assessable amount Transfer from reserve: non-assessable amo Contributions from non-complying funds and previously non-complying funds Any other contributions (including Super Co-contributions and Low Income Super Amounts) | nd amount |
| | TOTAL CONTRIBUTIONS | N \$ | (Sum of labels A to M) | |
| Other transactions | | 0\$ | Allocated earnings or losses | Loss |
| Accumulation S1 \$ | phase account balance | Р\$ | Inward rollovers and transfers | |
| | ase account balance | Q \$ | | |
| S2 \$ Retirement ph | ase account balance | R1 \$ | Lump Sum payments | Code |
| - CDBIS S3 \$ | | R2 \$ | Income stream payments | Code |
| TRIS Count | CLOSING ACCOUNT BALANCE | S \$ | (S1 plus S2 plus S3) | |
| | Accumulation phase value | X1 \$ | | |
| | Retirement phase value | X2 \$ | | |
| | Outstanding limited recourse borrowing arrangement amount | Y \$ | | |

OFFICIAL: Sensitive (when completed)

MEMBER 2

Title: Mr Mrs Miss Ms Other

Family name

First given name

Other given names

Day

Date of birth

Month

Year

Member's TFN

See the Privacy note in the Declaration.

TRIS Count

OPENING ACCOUNT BALANCE \$ Contributions Proceeds from primary residence disposal Refer to instructions for completing these labels. **H**\$ Employer contributions Day Month Year **A**\$ H1 Receipt date ABN of principal employer Assessable foreign superannuation fund amount A1 1\$ Personal contributions Non-assessable foreign superannuation fund amount **B**\$ J \$ CGT small business retirement exemption Transfer from reserve: assessable amount **C** \$ **K**\$ CGT small business 15-year exemption amount Transfer from reserve: non-assessable amount **D**\$ L \$ Personal injury election Contributions from non-complying funds and previously non-complying funds **E**\$ **T**\$ Spouse and child contributions **F**\$ Any other contributions (including Super Co-contributions Other third party contributions and Low Income Super Amounts) **G** \$ **M**\$ TOTAL CONTRIBUTIONS N \$ (Sum of labels A to M) Allocated earnings or losses Loss Other transactions **O**\$ Inward rollovers and transfers Accumulation phase account balance **P**\$ **S1**\$ Outward rollovers and transfers Retirement phase account balance **Q** \$ - Non CDBIS Lump Sum payments Code **S2**\$ R1 \$ Retirement phase account balance - CDBIS Income stream payments Code **S3**\$ **R2** \$

Accumulation phase value X1 \$

CLOSING ACCOUNT BALANCE **S**\$

Retirement phase value X2 \$

Outstanding limited recourse **Y**\$

borrowing arrangement amount

(S1 plus S2 plus S3)

| 5 | Section H: Assets and liab | oilities | | |
|----|---|--|-------------------|--|
| 5a | Australian managed investments | Listed trusts | A \$ | |
| | | Unlisted trusts | B \$ | |
| | | Insurance policy | C \$ | |
| | Othe | r managed investments | D \$ | |
| b | Australian direct investments | Cash and term deposits | E \$ | |
| | Limited recourse borrowing arrangements Australian residential real property | Debt securities | F \$ | |
| | J1 \$ | Loans | G \$ | |
| | Australian non-residential real property J2 \$ | Listed shares | H \$ | |
| | Overseas real property | Unlisted shares | 1\$ | |
| | J3 \$ Australian shares | Limited recourse porrowing arrangements | | |
| | J4 \$ | Non-residential | K \$ | |
| | Overseas shares | real property | | |
| | J5 \$ | Residential real property | | |
| | Other | Collectables and | мф | |
| | J6 \$ | personal use assets | | |
| | Property count | Other assets | • O \$ | |
| | J7 | | | |
| с | Other investments | Crypto-Currency | ⁷ N \$ | |
| ōd | Overseas direct investments | Overseas shares | P \$ | |
| | Overseas non- | residential real property | Q \$ | |
| | Overseas | residential real property | r R \$ | |
| | Oversea | s managed investments | S \$ | |
| | | Other overseas assets | т\$ | |
| | TOTAL AUSTRALIAN AND (Sum of labels | | U \$ | |

(known as in-house assets) at the end of the income year?

| 15f | Limited recourse borrowing arrangements If the fund had an LRBA were the LRBA borrowings from a licensed financial institution? Did the members or related parties of the fund upp percent quarteriation or other | | No | - | /es | | | |
|-----|--|---|-------|------------|--------|---|--------|---|
| | fund use personal guarantees or other security for the LRBA? | D | NO | 1 | 65 | | | |
| 16 | LIABILITIES | _ | | | | | | |
| | Borrowings for limited recourse borrowing arrangements | | | | | | | |
| | V1 \$ | | | | | | | |
| | Permissible temporary borrowings | | | | | | | |
| | V2 \$ | | | | | | | |
| | Other borrowings | | | | | | | 7 |
| | V3 \$ | | | Borrow | vings | V | \$ | |
| | Total member clos total of all CLOSING ACCOUNT BALANCEs fr | | | | | w | \$ | |
| | | | Reser | ve acco | unts | X | \$ | |
| | | | Ot | ther liabi | lities | Y | \$ | |
| | | | ΓΟΤΑΙ | L LIABII | LITIES | z | \$ | |

Section I: Taxation of financial arrangements

17 Taxation of financial arrangements (TOFA)

- 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 2021–22 income year, write **2022**).
 - 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 2022.* **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 2022* for each election.
 - If revoking an interposed entity election, print **R**, and complete and attach the *Interposed entity election or revocation 2022*.

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 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 | | / | | / | |

Day

Month

/

/

Year

Preferred trustee or director contact details:

| Title: | Mr | Mrs | Miss | Ms | Other |
|--------|------|-----|------|----|-------|
| Family | name | | | | |

First given name

Other given names

Phone number Email address

Non-individual trustee name (if applicable)

| ABN of | non-individual | trustee |
|--------|----------------|---------|
|--------|----------------|---------|

Time taken to prepare and complete this annual return Hrs

🚺 The Commissioner of Taxation, as Registrar of the Australian Business Register, may use the ABN and business details which you provide on this annual return to maintain the integrity of the register. For further information, refer to the instructions.

TAX AGENT'S DECLARATION:

I declare that the Self-managed superannuation fund annual return 2022 has been prepared in accordance with information provided by the trustees, that the trustees have given me a declaration stating that the information provided to me is true and correct, and that the trustees have authorised me to lodge this annual return. Tax agent's signature

| | | Date | / | / |
|-----------------------------|-------------------|------|--------------|---|
| Tax agent's contact details | | | | |
| Title: Mr Mrs Miss Ms Other | | | | |
| Family name | | | | |
| First given name | Other given names | | | |
| Tax agent's practice | | | | |
| Tax agent's phone number | Reference number | Tax | agent number | |
| | | | | |