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 However, you cannot lodge your tax return electronically if you do not quote your TFN.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	888 052 207]	Year	2020	
Name of partnership,	Crociani Sup	perannuation	Fund		
trust, fund or entity					

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 ta	ax return.	
---	--------------	------------	----------	---------	------------	--

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.

Agent's reference number	55610000								
Account Name	CROCIANI	SUPERANNUA	ATION	FUND	BSB:	033077	Acc:	259951	
se the refund to be	deposited directl	y to the specified a	ccount.						
ure						Date			

Signature

I authori

Return year

Page 1 of 12

	^
202	'U

2020

		-
	annual	
nna	anniiai	rotiirn
uliu	annuar	IGLUIII

Self-managed superannuation

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 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)

888 052 207

The Tax Office 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)

	Crociani Superannuation Fund
Australian business number (ABN)	51 699 468 167

4 Current postal address

3

C/- Walker Partners (Aust) Pty Ltd		
P O Box 706		
Heidelberg	VIC	3084

5 Annual return status

Is this an amendment to the SMSF's 2020 return?

AN

Is this the first required return for a newly registered SMSF? $\ensuremath{\textbf{B}}$ $\ensuremath{\mathbb{N}}$

6 SMSF auditor

Auditor's name	Title	Mr			
	Familyname	Raffoul			
F	irst given name	Michael			
Oth	er given names				
SMSF	Auditor Number	100 265 183			
Auditor	s phone number	03 90882242			
Use Agent address details?	Postal address	Kingston & Knight			
		P O Box 33151 Domai	n LPO		
		MELBOURNE		VIC	3004
		Date audit was completed	28/05/2021	U	
		Was Part A of the audit report q	ualified ?	N	
		Was Part B of the audit report q	ualified ?	N	
		If Part B of the audit report was have the reported issues been			

Sensitive (when completed)

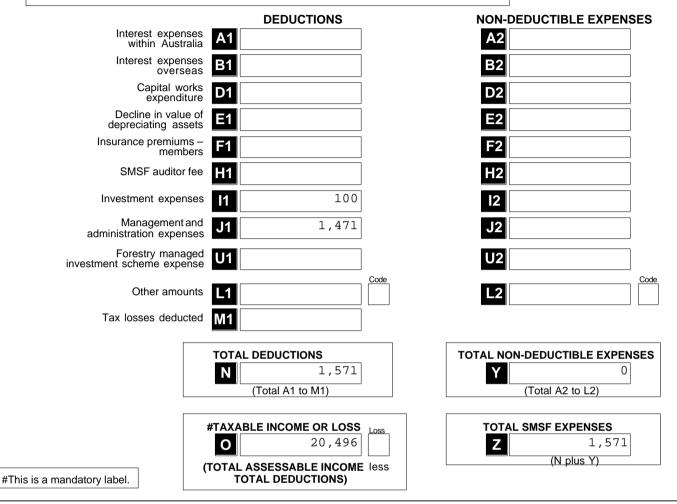
	Α	Fund's financial in This account is used			s. Do not prov	vide a tax agent a	ccount here.
		Fund BSB number (must be six digits)	033077	Fund acc	ount number	259951	
		Fund account name ((for example, J&Q Citi	izen ATF J&Q F	amily SF)		
		Crociani supe	erannuation f	und			
		I would like my tax re	efunds made to this a		Print Y for yes or N for no.	If Yes, Go to C	
	в	Financial instituti					Use Agent Trust Account?
		This account is used	for tax refunds. You	can provide a	tax agent acc		
		BSB number	033077	Acco	ount number	259951	
		Fund account name ((for example, J&Q Citi	izen ATF J&Q F	amily SF)		
		CROCIANI SUP	ERANNUATION F	TUND			
	~		addross alias				
	С	Electronic service Provide the electroni (For example, SMSE	c service address (Es dataESAAlias). See ii	SA) issued by y	our SMSF m	essaging provider	
8	51		Australian superar trust deed allow acce		A Y	j F	und benefit structure
			nment's Super Co-co Low Income Super	ntribution and	C Y		
9	W	as the fund wound	Low Income Super	ntribution and Contribution? come year?	ay Month Ye		lave all tax lodgment and payment ligations been met?
_	N Ex Dic	as the fund wound	Low Income Super I up during the inc If yes, provide th which fund was sion income	ntribution and Contribution? come year? ne date on wound up	ay Month Ye	ob	and payment
9	N Dic in t	as the fund wound Print Y for yes or N for no.	Low Income Super I up during the inc If yes, provide th which fund was sion income ent phase superannu- on for current pension	ntribution and Contribution? come year? Date date on wound up ation income st income, you m	ay Month Ye	to one or more m	and payment ligations been met? embers Print Y for yes or N for no.
_	N Dic in t	as the fund wound Print Y for yes or N for no. cempt current pens d the fund pay retirement the income year?	Low Income Super I up during the inc If yes, provide th which fund was sion income ent phase superannu- on for current pension t current pension inco	ntribution and Contribution? come year? Date date on wound up ation income st income, you m	ay Month Ye	to one or more m	and payment ligations been met? embers Print Y for yes or N for no.
_	N Dic in t th If	as the fund wound Print Y for yes or N for no. cempt current pens d the fund pay retirem- the income year? To claim a tax exemption the law. Record exemption No, Go to Section B: I	Low Income Super I up during the inc If yes, provide th which fund was sion income ent phase superannu- on for current pension t current pension inco	ntribution and Contribution? come year? Date date on wound up ation income st income, you mome at Label A	ay Month Ye	to one or more m	and payment ligations been met? embers Print Y for yes or N for no.
_	N Dic in t th If	as the fund wound Print Y for yes or N for no. cempt current pens d the fund pay retirement the income year? to claim a tax exemption ne law. Record exemption ne law. Record exemption No, Go to Section B: I Yes Exempt current	Low Income Super I up during the inc If yes, provide th which fund was sion income ent phase superannu- on for current pension t current pension inco ncome	ntribution and Contribution? come year? Date date on wound up ation income st income, you mome at Label A	ay Month Ye	to one or more m st the minimum be	and payment ligations been met? embers Print Y for yes or N for no.
_	N Dic in t th If	as the fund wound Print Y for yes or N for no.	Low Income Super I up during the inc If yes, provide th which fund was sion income ent phase superannu- on for current pension inco t current pension inco ncome pension income amo	ntribution and Contribution? come year? ne date on wound up ation income st income, you m ome at Label A unt A te your exempt	ay Month Ye	to one or more m st the minimum be	and payment ligations been met? embers Print Y for yes or N for no.
_	N Dic in t th If	as the fund wound Print Y for yes or N for no.	Low Income Super I up during the inc If yes, provide th which fund was sion income ent phase superannu- on for current pension t current pension income ncome pension income amo	ntribution and Contribution? come year? he date on be wound up be ation income st income, you mome at Label A unt A be te your exempt od B be	ay Month Ye	to one or more m st the minimum be	and payment ligations been met?
_	N Did in t T t th If	as the fund wound Print Y for yes or N for no.	Low Income Super I up during the inc If yes, provide th which fund was sion income ent phase superannu- on for current pension inco t current pension inco ncome pension income amo tid you use to calcular pregated assets methor pregated assets methor	intribution and Contribution? come year? ine date on wound up ation income st income, you mome at Label A unt A te your exempt od B od C	ay Month Ye	ob	and payment ligations been met?
_	N Did in t T t th If	as the fund wound Print Y for yes or N for no. cempt current pens d the fund pay retirement the income year? to claim a tax exemption the law. Record exemption ne law. Record exemption No, Go to Section B: I Yes Exempt current Which method of Seg Unseg	Low Income Super I up during the inc If yes, provide th which fund was sion income ent phase superannu- on for current pension income t current pension income pension income amo did you use to calcular pregated assets methor gregated assets methor y other income that w Choosing 'No' me	ntribution and Contribution? come year? ne date on wound up ation income st income, you mome at Label A unt A unt A te your exempt od B od C vas assessable eans that you d	ay Month Ye	to one or more m st the minimum be non income?	and payment ligations been met? embers N Print Y for yes enefit payment under btained? Print Y for yes

tirement phase	this section if all superannuation in for the entire year, there was no o	terests in the SMSF were supporting superannuation other income that was assessable, and you have not sets, you can record these at Section D: Income tax of	realised a deferred	
Income	Did you have a capital gains ta (CGT) event during the year	X G N Print Y for yes \$10,000 or you e the deferred notic	loss or total capital gain is greater to lected to use the CGT relief in 2017 a onal gain has been realised, complete ital Gains Tax (CGT) schedule 2020	and
	Have you applied a exemption or rollover	n M Print Y for yes		
		Net capital gain	Α	
		Gross rent and other leasing and hiring income	B 2,820	
		Gross interest	C 47	
		Forestry managed investment scheme income	X	
Gross fo	preign income	Net foreign income	D	Loss
	Austr	alian franking credits from a New Zealand company	E	
		Transfers from foreign funds	F	Numl
Coloulation of	f anna an tribution a	Gross payments where ABN not quoted	Н	Loss
Assessa	f assessable contributions ble employer contributions	Gross distribution from partnerships		
R1	19,107 able personal contributions	* Unfranked dividend amount	J 73	
R2	0	* Franked dividend amount	Κ	
·	N-quoted contributions	* Dividend franking credit		
(an amount must be included even if it is zero) less Transfer of liability to life		* Gross trust distributions	M	
insurand	ce company or PST	Assessable contributions (R1 plus R2 plus R3 less R6)	R 19,107	
Calculation of	f non-arm's length income			1
	n-arm's length private pany dividends			Code
U1		* Other income	S 20	0
plus * Net nor	n-arm's length trust distributions	*Assessable income due to changed tax status of fund	T	
plus * Net oth	er non-arm's length income	Net non-arm's length income (subject to 45% tax rate) (U1 plus U2 plus U3)	U 0	
	t is entered at this label, check the o ensure the correct tax	GROSS INCOME (Sum of labels A to U)	W 22,067	Loss
		Exempt current pension income	Y	
		TOTAL ASSESSABLE INCOME (W less Y)		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).



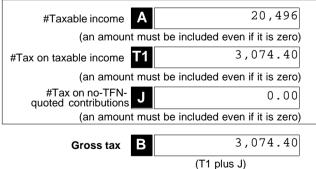
Section D: Income tax calculation statement

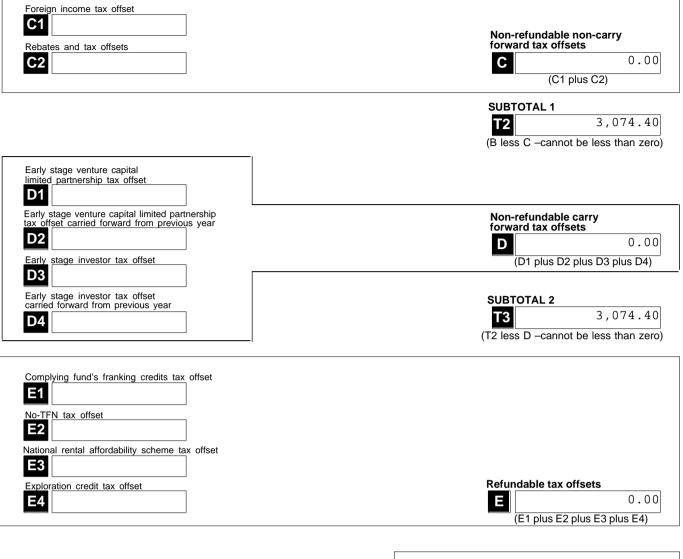
#Important:

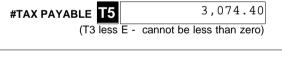
Section B label R3, Section C label O and Section D labels A,T1, J, T5 and I are mandatory. If you leave these labels blank you will have specified a zero amount

13 Calculation statement

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





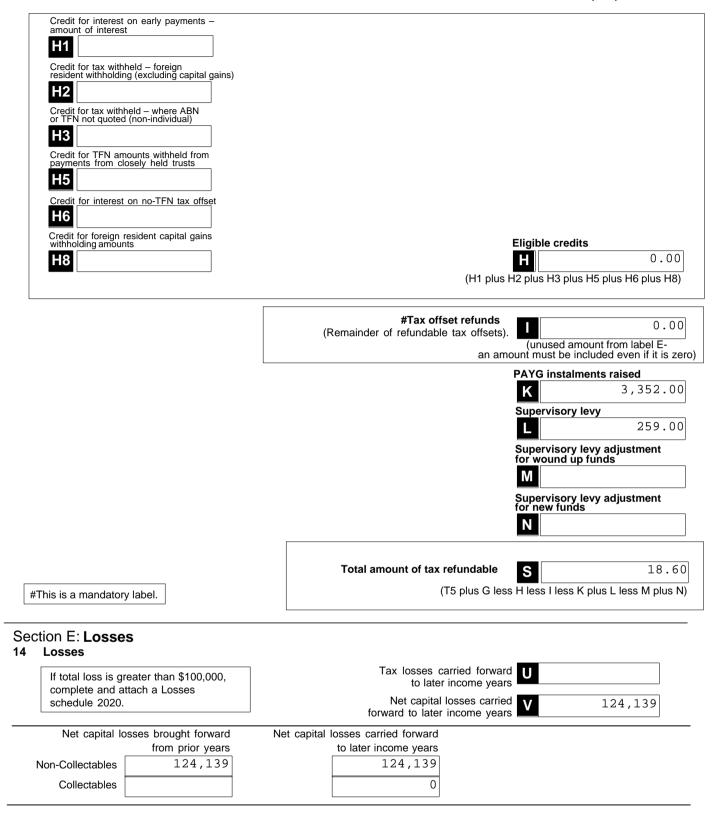


G

Section 102AAM interest charge



Fund's tax file number (TFN) 888 052 207



SMSF Return 2020

Crociani Superannuation Fund

Section F / Sect	ion G: Member Infor	mation		
In Section F / G repo	ort all current members in the	e fund at 30 June. s or deceased members who held an in	terest in the fund at a	av time during the income ve
		See the Privacy note in	the Declaration.	MemberNumber
Title	Mr	Member'sTFN 154	803 673	1
Familyname	Crociani			Account status
First given name	Rodney			O _{Code}
ther given names				
	Date of birth 22/06/196	58 If deceased, date of death		
ontributions		OPENING ACCOUNT BALANC	E 11	6,890.31
Refer to instruction	s for completing these labels		Proceeds from primar	y residence disposal
Employer contribut	· -		H Receipt date	
A	11,882.12			
ABN of principal er	mplover	ļ	ssessable foreign su	perannuation
ADI OF principal of	······································		fund amount	
Personal contributi	ions		Non-assessable forei	gn superannuation
В			fund amount	
	s retirement exemption		Transfer from reserve	<u> </u>
С	275,359.93		assessable amount	
CGT small busine exemption amount			K	
D			Transfer from reserve non-assessable amo	
Personal injury ele	ction		L	
E		(2	Contributions from nor and previously non-co	n-complying funds mplying funds
Spouse and child	contributions		Т	
F		ļ	Any other contribution Super Co-contribution	s (including s and low
Other third party co	ontributions	I	ncome Super Contribu	itions)
G			Μ	
	TOTAL CONTRIB	UTIONS N 287,24	2.05	
		(Sum of labels A to l	VI)	
ther transactions	5			
· · · ·	se account balance	Allocated earnings or losses	0 7	1,651.39 Loss
S1	332,480.97	Inward rollovers and transfers	Р	
Retirement phase -Non CDBIS		Outward rollovers and transfers	Q	
S 2	0.00			Code
Retirement phase - CDBIS	account balance	Lump Sum payment		
S3	0.00	Income stream payment	R2	
	SCount	CLOSING ACCOUNT BALANCE	S 33	2,480.97
			S1 plus S2 plus S	<u> </u>
		Accumulation phase value	X1	
		Retirement phase value	X2	
		Outstanding limited recourse borrowing arrangement amount	Y	

			Fund's tax file	number (TFN) 888 052 207
		See the Privacy note		Member Number
Title	Ms	Member'sTFN 15	>2 240 006	
Familyname	Crociani			Account status
First given name	Janine			Code
Other given names				
	Date of birth 05/02/196	57 If deceased, date of death		
Contributions		OPENING ACCOUNT BALA		70,395.08
Refer to instruction	ons for completing these labels	s	Proceeds from prima	ry residence disposal
Employer contrib	utions		Receipt date	
Α	7,225.63		Н	
ABN of principal	employer		Assessable foreign s	superannuation
A1				
Personal contribu	utions		Non-assessable fore	ign superannuation
В			fund amount	
	ess retirement exemption		Transfer from reserv	/e:
С			assessable amount	
CGT small busir exemption amou	ness 15-year nt		K	
D			Transfer from reserving non-assessable amo	
Personal injury e	lection		L	
E			Contributions from no and previously non-co	on-complying funds omplying funds
Spouse and child	d contributions		Т	
F			Any other contribution	ns (including
Other third party	contributions		Super Co-contribution Income Super Contrib	outions)
G			Μ	181.67
	TOTAL CONTRIB	UTIONS N 7,	407.30	
		(Sum of labels A	to M)	
Other transaction	ns			
	hase account balance	Allocated earnings or losse	es O	23,676.04 L
S1	54,553.31	Inward rollovers and transfer	rs P	426.97
- Non CDBIS	se account balance	Outward rollovers and transfer	rs Q	
S2	0.00			Code
Retirement phas - CDBIS	e account balance	Lump Sum payme		
S 3	0.00	Income stream paymer	nt R2	
	RISCount	CLOSING ACCOUNT BALANC	S S	54,553.31
1			S1 plus S2 plus	S3
		Accumulation phase value	e X1	
		Retirement phase valu	ie X2	
		Outstanding limited recourse borrowing arrangement amoun		

SMSF	Return 2020	Crociani	Superannuation Fund	TFN:	888 052 207 Pa	age 9 of 12
	ion H: Assets and liabilities ASSETS	i				
	Australian managed investments		Listed trust	5 A	1,10	06
			Unlisted trust	s B		
			Insurance polic	C		
			Other managed investment	S D		
15b	Australian direct investments		Cash and term deposit	s Ε	25,08	35
			Debt securitie	s F		
L	imited recourse borrowing arrangements		Loan	G		
	Australian residential real property		Listed share	s 📘	201,72	23
	Australian non-residential real property		Unlisted share	s 📘		
	Overseas real property J3		Limited recourse borrowing arrangements	J		0
	Australian shares		Non-residential real propert	K	133,00	00
			Residential real propert			
	Overseas shares		Collectables and personal use asset	s M		
	Other J6		Other asset	s 0	26,12	20
	Property count					
15c	Other investments		Crypto-Currenc	y N		
15d	Overseas direct investments		Overseas share	s P		
			Overseas non-residential real propert	Q		
			Overseas residential real propert	R		
			Overseas managed investment	s S		
			Other overseas asset	s T		
			TOTAL AUSTRALIAN AND OVERSEAS ASSET (Sum of labels A to T)	s U	387,03	34
15e	In-house assets					
	Did		have a loan to, lease to or investment in, ted parties (known as in-house assets) at the end of the income year			
15f	Limited recourse borrowing arran	-	f the fund had an LRBA were the LRBA borrowings from a licensed financial institution?		Y for yes for no.	
		[Did the members or related parties of the fund use personal guarantees or other security for the LRBA?	Print	Y for yes for no.	

SMSF Return 2020

16 LIABILITIES

10	LIABILITIES		
	Borrowings for limited recourse borrowing arrangements V1 Permissible temporary borrowings		
V2			
	Other borrowings	Borrowings	V
	(total of al	Total member closing account balances I CLOSING ACCOUNT BALANCEs from Sections F and G)	W 387,034
		Reserve accounts	X
		Other liabilities	Υ
		TOTAL LIABILITIES	Z 387,034
	ction I: Taxation of financial arra Faxation of financial arrangements (T	•	
		Total TOFA gains	Н
		Total TOFA losses	1

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.	
nterposed 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		
Preferred trustee or director con	tact detail	s:					
	Title	MR					
Fa	milyname	CROCIANI					
	iven name	RODNEY					
Other giv	en names						
Pho	nenumber	Area code	Number 84146700				
	ail address						
Non-individual trustee name (if a	pplicable)						
ABN of non-individu	al trustee						
		Time taken to	o prepare and	d complete this a	nnual return	Hrs	
The Commissioner of Taxation, a which you provide on this annual	is Registra return to n	ar of the Austra	lian Business egrity of the re	Register, may u gister. For furthe	se the ABN ar information,	and busines refer to the	ss details instructions
TAX AGENT'S DECLARATION: I, WALKER PARTNERS (AU	JST) PTY	Y LTD					
declare that the Self-managed sup by the trustees, that the trustees h the trustees have authorised me to	ave given n	ne a declaration s					and that
Tax agent's signature					Date		
Tax agent's contact details							
Title	MR						
Familyname	LORIENT	ГЕ					
First given name	PABLO						
Other given names							
Tax agent's practice	WALKER	PARTNERS (AUST) PTY	/ LTD			
Tax agent's phone number	Area code 0 3	Number 8414670	0				
Tax agent number	5561000	00		Reference number	er CROS000)1	

Losses Schedule 2020	Crociani Superannuation Fund	TFN: 888 052 207 Page
	Losses schedule Companies and trusts that do not join conso complete and attach this schedule to their 2	
	Superannuation funds should complete and 2020 tax return.	attach this schedule to their
Refer to Losses schedule instruction www.ato.gov.au for instructions on h		
Tax file number (TFN) 888 052 207		
Name of entity		
Crociani Superannuation	Fund	
Australian business number (ABN)		
51 699 468 167		
2 Not conital leases corriad for		

2 Net capital losses carried forward to later income years

2019–20	Н
2018–19	I 7,079
2017–18	J 117,060
2016–17	Κ
2015–16	
2014–15 and earlier income years	Μ
Total	V 124,139

Transfer the amount at label V to the Net capital 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 more 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

Contact	person	

Date	
Daytime contact number	
Area code Numb	ber

Page 12 of 12

Area code Number