Self-managed superannuation fund annual return 2021

To complete this annual return

this	is annual return. All other funds must complete the <i>Fund</i> ome tax return 2021 (NAT 71287).	■ Use BLOCK LETTERS and print one character per box.
0	The Self-managed superannuation fund annual return instructions 2021 (NAT 71606) (the instructions) can assist you to complete this annual return.	■ Place X in ALL applicable boxes.
•	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).	Postal address for annual returns: Australian Taxation Office GPO Box 9845 [insert the name and postcode of your capital city] For example; Australian Taxation Office GPO Box 9845 SYDNEY NSW 2001
Se	ection A: Fund information	To assist processing, write the fund's TFN at
1	Tax file number (TFN) Provided	the top of pages 3, 5, 7 and 9.
	The ATO is authorised by law to request your TFN. Yo the chance of delay or error in processing your annual	ou are not obliged to quote your TFN but not quoting it could increase al return. See the Privacy note in the Declaration.
2_	Name of self-managed superannuation fund (SI	MSF)
DJ	J COLLINS SUPERANNUATION FUND	
3	Australian business number (ABN) (if applicable)	43070090376
4	Current postal address	
PC	O Box 24	
	purb/town	State/territory Postcode
CIE	eveland	QLD 4163
5	Annual return status Is this an amendment to the SMSF's 2021 return?	A No X Yes
	Is this the first required return for a newly registered SMSF	? B No X Yes

Who should complete this annual return?

	led
6 SMSF auditor	
Auditor's name	
Title: Mr X Mrs Miss Ms Other	
Family name	
Boys	
First given name Other given names	
Anthony William	
SMSF Auditor Number Auditor's phone number	
100014140 61410712708	
Postal address	
PO Box 3376	
L Suburb/town State/territory	Postcode
Rundle Mall SA	5000
Day Month Year	
Date audit was completed A 06 / 11 / 2021	
Was Part A of the audit report qualified? B No X Yes	
Was Part B of the audit report gualified?	
If Part B of the audit report was qualified, have the reported issues been rectified?	
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 484799 Fund account number 029290303	
Fund account name	
DJ COLLINS SUPERANNUATION FUND	
DO GOLLING GOT ET WIND/THOM FORD	
I would like my tax refunds made to this account. X 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.	
Account name	
	l
C Electronic service address alias	
C Electronic service address alias Provide the electronic service address alias (ESA) issued by your SMSF messaging provider.	
Provide the electronic service address alias (ESA) issued by your SMSF messaging provider.	

	Tax File Number Provided	
8	Status of SMSF Australian superannuation fund A No Yes X Fund benefit structure B A Code C No Yes X Yes X	
9	Was the fund wound up during the income year? No X Yes) If yes, provide the date on which the fund was wound up / Month / Year Have all tax lodgment and payment obligations been met? No Yes	
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 Record exempt current pension income at Label A.		
	No Go to Section B: Income. Yes X Exempt current pension income amount A \$ 0 Which method did you use to calculate your exempt current pension income? Segregated assets method B Unsegregated assets method C X Was an actuarial certificate obtained? D Yes U	
	Did the fund have any other income that was assessable? E Yes X) 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 not complete Section B: Income.)	
	If you are entitled to claim any tax offsets, you can list these at Section D: Income tax calculation statement.	

	Tax File Number	Provided
Section B: Income		
Do not complete this section if all superannuation interests in the the retirement phase for the entire year, there was no other income notional gain. If you are entitled to claim any tax offsets, you can red	e that was assessable, and you have	e not realised a deferred
Did you have a capital gains tax (CGT) event during the year? G No X Yes)	If the total capital loss or total capital \$10,000 or you elected to use the tra 2017 and the deferred notional gain b complete and attach a <i>Capital gains</i>	ansitional CGT relief in nas been realised,
Have you applied an exemption or rollover? M No X Yes	Code	
Net capital gain	A \$	
Gross rent and other leasing and hiring income	В\$	
Gross interest	C \$	1,456
Forestry managed investment scheme income	X \$	
Gross foreign income Net foreign income	D \$	Loss
Australian franking credits from a New Zealand company	E \$	
Transfers from foreign funds	F \$	Number
Gross payments where ABN not quoted	н \$	
Calculation of assessable contributions Assessable employer contributions Gross distribution from partnerships	1\$	Loss
R1 \$ *Unfranked dividend	J\$	
Plus Assessable personal contributions amount *Franked dividend amount	K \$	
plus **No-TFN-quoted contributions *Dividend franking	LS	
R3 \$ 0 credit (an amount must be included even if it is zero) *Gross trust	M \$	Code
less Transfer of liability to life insurance company or PST Assessable	[4] φ	
R6 \$ Contributions (R1 plus R2 plus R3 less R6)	R \$	
Calculation of non-arm's length income *Net non-arm's length private company dividends.	s \$	Code
*Other income *Assessable income	3 4	
plus *Net non-arm's length trust distributions due to changed tax status of fund	Т\$	
plus *Net other non-arm's length income Net non-arm's length income (subject to 45% tax rate) (U1 plus U2 plus U3)	U \$	
This is a mandatory GROSS INCOME label. (Sum of labels A to U)	w \$	1,456 Loss
*If an amount is entered at this label, Exempt current pension income	Y \$	0
to ensure the correct tax treatment has been applied. TOTAL ASSESSABLE INCOME (W less Y)		1,456 Loss

Tax File Number	Provided

Section C: Deductions and non-deductible expenses

	12	Deductions	and	non-deductible	expenses
--	----	-------------------	-----	----------------	----------

Under 'Deductions' list all expenses and allowances you are entitled to claim a deduction for. Under 'Non-deductible expenses', list all other expenses or normally allowable deductions that you cannot claim as a deduction (for example, all expenses related to exempt current pension income should be recorded in the 'Non-deductible expenses' column).

	DEDUCTIONS	NON-DEDUCTIBLE EXPENSES
Interest expenses within Australia	A1 \$	A2 \$
Interest expenses overseas	B1 \$	B2 \$
Capital works expenditure	D1 \$	D2 \$
Decline in value of depreciating assets		E2\$
Insurance premiums – members	F1 \$	F2 \$
SMSF auditor fee	H1 \$ 550	H2 \$
Investment expenses	I1 \$	12 \$
Management and administration expenses	J1 \$ 1,359	J2 \$
Forestry managed investment scheme expense		U2 \$ Code
Other amounts		L2 \$ []
Tax losses deducted	M1 \$	
	TOTAL DEDUCTIONS	TOTAL NON-DEDUCTIBLE EXPENSES
	N \$ 1,909 (Total A1 to M1)	(Total A2 to L2)
	*TAXABLE INCOME OR LOSS	OSS TOTAL SMSF EXPENSES
	O \$ 453	L Z \$ 1,909
"This is a mandatory	(TOTAL ASSESSABLE INCOME less	(N plus Y)

Tax File Number	Provided

Section D: Income tax calculation statement

blank,

	have specified a zero amoun	t.			
		*Taxable income	A\$		0
	e refer to the anaged superannuation			(an amount must be included even if it is zero)	
fund ai	nnual return instructions	*Tax on taxable income	T1 \$		0.00
	on how to complete the	#Tax on		(an amount must be included even if it is zero)	
Jaicula	ation statement.	no-TFN-quoted	J\$		0.00
		contributions		(an amount must be included even if it is zero)	
		Gross tax	В\$		0.00
				(T1 plus J)	0.00]
- 2	Foreign income tax offset				
C1 \$			2.4		
	Rebates and tax offsets			efundable non-carry forward tax offsets	
C2\$			C \$		
				(C1 plus C2)	
			9	OTAL 1	
			T2 \$		
				(B less C - cannot be less than zero)	
	Early stage venture capital lir partnership tax offset	nited			
D1\$	partierorilp tax offeet	0.00			
Ψ	Early stage venture capital lin			=======================================	
	tax offset carried forward from		Non-re	efundable carry forward tax offsets	
D2\$		0.00	D \$		0.00
	Early stage investor tax offse	<u> </u>		(D1 plus D2 plus D3 plus D4)	
D3\$		0.00			
	Early stage investor tax offse		SUBT	OTAL 2	
D 4\$	carried forward from previous	0.00	T3 \$	JIAL 2	0.00
D4 9		0.00	13 \$	(T2 less D – cannot be less than zero)	0.00
				(12 1030 B Carriot DC 1033 triair 2010)	
Ä	Complying fund's franking cre	dits tax offset			
E1\$					
	No-TFN tax offset				
E2 \$	tetti os tilene				
- 1	National rental affordability sch	eme tax offset			
E3 \$			ъ.		
E a c	Exploration credit tax offset	0.00	- 0	dable tax offsets	
E4 \$		0.00	E\$	(E4 phip E0 phip E2 phip E4)	
				(E1 plus E2 plus E3 plus E4)	
		*TAX PAYABLE	T5 \$		0.00
				(T3 less E - cannot be less than zero)	
	_		Sectio	n 102AAM interest charge	
			G \$		

		Tax File Number	Provided
			# = = = = = = = = = = = = = = = = = = =
	Credit for interest on early payments – amount of interest		
H1:			
 `	Credit for tax withheld – foreign resident		4
	withholding (excluding capital gains)		
H23			
	Credit for tax withheld – where ABN or TFN not quoted (non-individual)		
нз			
	Credit for TFN amounts withheld from		
l	payments from closely held trusts		1
H5	V		
H6:	Credit for interest on no-TFN tax offset		
l no	Credit for foreign resident capital gains		
1	withholding amounts	Eligible credits	
H8	0.00	Н\$	
		(H1 plus H2 plus H3 plus H5 plus H6 plus H8	9)
	(Remainder of refundable tax offsets)	【 \$	0.00 cero)
	1	PAYG instalments raised	 -
		K\$	
		Supervisory levy	
		L\$	259.00
		Supervisory levy adjustment for wound up for	unds
		M \$	
		Supervisory levy adjustment for new funds	
		N \$	
		M. Say	
	AMOUNT DUE OR REFUNDABLE A positive amount at S is what you owe,	S \$	259.00
	while a negative amount is refundable to you.	(T5 plus G less H less I less K plus L less M	plus N)
#Thie	is a mandatory label.		
11113	is a manuatory label.		
Sec	tion E: Losses		
14 L	osses Ta	x losses carried forward	450
O II	total loss is greater than \$100,000,	to later income years	453
0	romplete and attach a Legace	let capital losses carried v s	

		Tax File Number Provided
Section F: Member inform	nation	
MEMBER 1		
Title: Mr Mrs Miss Ms X Other		111
Family name		
Lindsay		
First given name Gail	Other given names	
2		
Member's TFN See the Privacy note in the Declaration.	ided	Date of birth Provided
Contributions OPENING AG	CCOUNT BALANCE \$	17,288.18
Refer to instructions for completing thes	e labels, Proceeds	from primary residence disposal 100,000.00
Employer contributions	Receipt d	
A \$	H1	15 / 07 / 2020
ABN of principal employer		le foreign superannuation fund amount
A1 Personal contributions	\$ Non 2000	ssable foreign superannuation fund amount
В \$	J \$	Ssable foreign superannuation fund amount
CGT small business retirement exemp	ATACA L	rom reserve: assessable amount
C \$	к \$[
CGT small business 15-year exemption amount Transfer from reserve: non-assessable amount		
Personal injury election	L \$	one from pain compliant funds
E \$	and previo	ons from non-complying funds ously non-complying funds
Spouse and child contributions	T \$[
F \$	(including	contributions Super Co-contributions and
Other third party contributions G \$	Low Incor	ne Super Amounts)
TOTAL CONTRIBUT		100,000.00
	(Sum of labels A to	
Other transactions	Allocated earnings o \$	123.62 L
	or losses	
Accumulation phase account balance	rollovers and rollovers and transfers	
S1 \$	Outward =	
Retirement phase account balance - Non CDBIS	rollovers and Q \$	
S2 \$ 113,464		Code
Retirement phase account balance	payments payments	
- CDBIS	Income stream R2 \$	3,700.00 M
S3 \$.00 payments	3,700.00
0 TRIS Count CLOSING A	CCOUNT BALANCE S \$	113,464.56
		(S1 plus S2 plus S3)
Accur	nulation phase value X1 \$	
	tirement phase value X2 \$	
borrowing a	ding limited recourse Y\$	

	Tax File Number Provided
MEMBER 2	
Title: Mr X Mrs Miss Ms Other	
Family name	
Collins	
First given name	Other given names
David	John
Member's TFN	
See the Privacy note in the Declaration. Provided	Date of birth Provided
Contributions OPENING ACCOU	NT BALANCE \$ 11,963.76
Refer to instructions for completing these laber	Proceeds from primary residence disposal
Refer to instructions for completing these label	H \$ 300,000.00
Employer contributions	Receipt date Day Month Year
A \$	H1 15 / 07 / 2020
ABN of principal employer	Assessable foreign superannuation fund amount
A1	I \$
Personal contributions	
B \$	Non-assessable foreign superannuation fund amount J \$
CGT small business retirement exemption	
C \$	Transfer from reserve: assessable amount K \$
CGT small business 15-year exemption amount	
D \$	Transfer from reserve: non-assessable amount
Personal injury election	L \$
E \$	Contributions from non-complying funds and previously non-complying funds
Spouse and child contributions	T \$
F \$	Any other contributions
Other third party contributions	(including Super Co-contributions and
G \$	Low Income Super Amounts) M \$
G 5	141 \$
TOTAL CONTRIBUTIONS N S	300,000.00 (Sum of labels A to M)
Oth ou two poortions	Loss
Other transactions Allo	cated earnings or losses 0 \$ 329.23
Accumulation phase account balance	rollovers and P \$
S1 \$ 299,683.37	transfers
299,663.37	Outward
Retirement phase account balance - Non CDBIS	rollovers and transfers Code
S2 \$ 11,651.16	Lump Sum P1 ¢
Retirement phase account balance	payments ** *
- CDBIS	Income Code
S3 \$ 0.00	stream payments 300.00
	F-2/
0 TRIS Count CLOSING ACCOU	JNT BALANCE S \$ 311,334.53
CLOSING ACCOU	
	(\$1 plus \$2 plus \$3)
	V4 ¢
Accumulation	on phase value X1 \$
Retireme	nt phase value X2 \$

Outstanding limited recourse borrowing arrangement amount

		Tax File Number Provided
Section H: Assets and lia 5 ASSETS	abilities	
5a Australian managed investments	Listed trusts A S	
	Unlisted trusts B \$	
	Insurance policy C \$	
	Other managed investments D \$	
b Australian direct investments	Cash and term deposits E	424,799
Limited recourse borrowing arrang	gements Debt securities F \$	5
Australian residential real property J1\$	Loans G S	
Australian non-residential real proper		
J2 \$		
Overseas real property	Unlisted shares	
J3 \$	Limited recourse	
Australian shares J4 \$	DOMING ATTAINGEMENTS	
Overseas shares	Non-residential real property	
J5 \$	Residential real property	
Other	Collectables and and	
J6 \$	personal use assets	300
Property count	Other assets O \$	
J7		
c Other investments	Crypto-Currency N \$	
d Overseas direct investments	Overseas shares P \$	S
Over	rseas non-residential real property Q	
	Overseas residential real property R \$	
	Overseas managed investments \$ \$	
	Other overseas assets T \$	
TOTAL AUGUST A		
	LIAN AND OVERSEAS ASSETS U \$ form of labels A to T)	424,799
5e In-house assets		
Did the fund have a loan to,		S C
or investment in, related (known as in-house	a assets)	, L
at the end of the incom	ne year?	

					Tax File Number	Provided	
15f	If the fund had an LRBA were the LRBA borrowings from a licensed financial institution?	A No B No	Yes				
16	LIABILITIES						_
	Borrowings for limited recourse borrowing arrangements						
	V1 \$						
	Permissible temporary borrowings						
	V2 \$						
	Other borrowings V3 \$	Во	rrowings	v \$			
	Total member clos	ing account l	palances				
	(total of all CLOSING ACCOUNT BALANCEs fro			W \$		424,799	
		Reserve a	occounts	X \$			
		Other	liabilities	Y \$			
		TOTAL LI	ABILITIES	z \$		424,799	
	ction I: Taxation of financia Taxation of financial arrangements (TOF		gemer	nts			_
••		-	gains H :	\$			
		Total TOFA I	osses I	\$ 			
						,	
	ction J: Other information			_			_
	ily trust election status If the trust or fund has made, or is making, a fam specified of the election (for exa					A	
	If revoking or varying a family trust of and complete and attach the F					в	
Inte	rposed entity election status If the trust or fund has an existing election, where or fund is making one or more elect specified and complete an Interposed en	ions this year	write the e	arliest	income year being	c	
					nt R , and complete or revocation 2021.	D [

Tax File Number	Provided
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Section K: Declarations

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

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.

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 office	er's signature	
Stavid lock		Date 6 / W / Year
Preferred trustee or director contac	t details:	
Title: Mr X Mrs Miss Ms Oth	er	
Family name		
Collins		
First given name	Other given names	
David	John	
Phone number 07 3286 1322 Email address		
Non-individual trustee name (if applicable)		
ABN of non-individual trustee Time taken to	prepare and complete this annual return	Hrs
	trar of the Australian Business Register, may the integrity of the register. For further information	
TAX AGENT'S DECLARATION: I declare that the Self-managed superannual provided by the trustees, that the trustees have authorise Tax agent's signature	ave given me a declaration stating that the i	
Tax agent's contact details Title: Mr Mrs X Miss Ms Oth Family name	er	
Sherman		
First given name	Other given names	
Shona	Lorraine	
Tax agent's practice	Londino	
HFB Super Pty Ltd		
7899 17	Defendance	Tourness -
Tax agent's phone number 07 3286 1322	Reference number	Tax agent number 24805931
U1 3200 1322	JOULLD	24003931

Losses schedule

Companies and trusts that do not join consolidated groups should complete and attach this schedule to their 2021 tax return. Superannuation funds should complete and attach this schedule to their 2021 tax return.

Print neatly in BLOCK LETTERS with a black or blue ballpoint pen only. Print one letter or number in each box. Do not use correction fluid or tape. Place \overline{X} in all applicable boxes,

	er to Losses schedule instructions 2021, available on our website .gov.au for instructions on how to complete this schedule.	
Tax	file number (TFN)	

iax ille fidiliber (11 14)	
Provided	
Name of entity	
DJ COLLINS SUPERANNUATIO	ON FUND
3	
Australian business number	
43070090376	7

Part A - Losses carried forward to the 2021-22 income year - excludes film losses

1 Tax losses carried forward to later income years

Year of loss		
2020–21	В	453
2019–20	C	
2018–19	D	
2017–18	E	
2016–17	F	
2015–16 and earlier income years	G	
Total	U	453

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

2 Net capital losses carried forward to later income years

Year of loss		
2020–21	Н	
2019–20	ı	
2018–19	J	
2017–18	K	
2016–17	L	
2015–16 and arlier income years	M	
Total	٧	

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

Comples satis iee Do not against 1 Wheo own Note trans in the any or box is the complex to the	ete item 3 of Part B if a loss is being c	arried forward to later income you	ears ss ha tran	
satis ied Do not against 1 Wheo own Note trans in the any of box the of	d in relation to that loss. complete items 1 or 2 of Part B if, in tanet capital gain or, in the case of content capital gain or, in the capital gain capita	he 2020–21 income year, no los mpanies, losses have not been Year of loss 2020–21 2019–20 2018–19	ss ha tran	as been claimed as a deduction, applied sferred in or out.
Note trans in the any of box in the co	ership test passed Et if the entity has deducted, applied, ferred in or transferred out (as applicable) 2020–21 income year a loss incurred in of the listed years, print X in the Yes or No to indicate whether the entity has satisfied continuity of majority ownership test in	2020–21 2019–20 2018–19	A B	
in the any of box to the of	oferred in or transferred out (as applicable) c 2020–21 income year a loss incurred in of the listed years, print X in the Yes or No to indicate whether the entity has satisfied continuity of majority ownership test in	2018–19	_	Yes No
box t	to indicate whether the entity has satisfied continuity of majority ownership test in		C	
Теар	oct of that loss.	2017–18	_	Yes No
		2016–17	E	Yes No
		2015–16 and earlier income years	F	Yes No
	unt of losses deducted/applied for ness continuity test is satisfied - ex		ority	y ownership test is not passed but the
		Tax losses	G	
		Net capital losses	н∫	
	es carried forward for which the bi		be	satisfied before they can be deducted/
		Tax losses	Ιĺ	Ĩ
		Net capital losses	J[
Is the the ye for th	urrent year loss provisions apply? company required to calculate its taxabar under Subdivision 165-B or its net caple year under Subdivision 165-CB of the Inc (ITAA 1997)?	tal gain or net capital loss	K	Yes No
Part (C - Unrealised losses - ∞	mpany only		
Note	: These questions relate to the operation of S	ubdivision 165-CC of ITAA 1997.		
after	. changeover time occurred in relation to tl I ППртп by legal tlme in the Australian Сар ovember 1999?		L	Yoo No
If you	printed X in the No box at L , do not comple	te M, N or O.		
	e changeover time did the company satisfy sset value test under section 152-15 of ITA		M	Yes No
	printed X in the No box at M , has the com an unrealised net loss at the changeover t		N	Yes No
	printed X in the Yes box at N , what was the lised 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	C		
ADD Tax loss incurred (if any) during current year	D		453
ADD Tax loss amount from conversion of excess franking offsets	Ε		
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)	1		
Total tax losses carried forward to later income years	J		453
Transfer the amount at J to the Tax losses carried forward to later income years 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.

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

Privacy

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

Taxpayer's declaration

I declare that the information on this form is true and correct.

Signature	
Swid lock	Date 6/12/2007
Contact person	Daytime contact number (include area code)
David John Collins	07 3286 1322

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.

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	Year
Provided	DJ COLLINS SUPERANNUATION FUND	2021

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



Data

612121

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.

Account Name	DJ COLLINS S	SUPERANNUATION FUI	ND				
Account Number	484799 02929	0303	Client Reference	COLLD			
I authorise the refund to b	oe deposited direct	ly to the specified account					
Signature			Dat	е	1	1	

Tax Agent's Declaration

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	06 / 05 / 2022
Contact name	Shona Sherman	Client Reference	COLLD
Agent's Phone Nun	nber 07 3286 1322	Tax Agent Number	24805931