Self-managed superannuation fund annual return 2021

To complete this annual return
■ Print clearly, using a BLACK pen only.

this annual return. All other funds must complete the Fund income tax return 2021 (NAT 71287). 1 The Self-managed superannuation fund annual return instructions 2021 (NAT 71606) (the instructions) can assist you to complete this annual return. 2 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).		■ Use BLOCK LETTERS and print one character per box.
		an ■ Place 🔟 in ALL applicable boxes.
		nd details Australian Taxation Office
S	ection A: Fund information	To assist processing, write the fund's TEN at
1	Tax file number (TFN) Provid	led To assist processing, write the fund's TFN at the top of pages 3, 5, 7 and 9.
_	The ATO is authorised by law to request you the chance of delay or error in processing you	r TFN. You are not obliged to quote your TFN but not quoting it could increase ur annual return. See the Privacy note in the Declaration.
2 N.	Name of self-managed superannuation to ATM SMSF	fund (SMSF)
	ATIVI SIVISE	
_		
3	Australian business number (ABN) (if app	icable) 77270768439
4	Current postal address	
1	Wandarra Close	
Г		
Sub	burb/town	State/territory Postcode
K/	ARAWARA	WA 6152
_		
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 register	ed SMSF? B No X Yes

Who should complete this annual return?
Only self-managed superannuation funds (SMSFs) can complete

this annual return. All other funds must complete the Fund

OFFICIAL: Sensitive (when completed)

			Tax File Number Provided			
	MSF auditor					
	's name M: ☑ M: ☐ M: ☐	7 Ma C Othan				
Title: I Family n	Mr X Mrs Miss	Ms Other				
	n Boys					
	en name		Other given names			
Antho						
	Auditor Number	Auditor's pho	ne number			
10001		0410 712 70				
	address	J <u>L </u>				
	R AUDITS					
PO Bo Suburb/1	ox 3376		State/territory Postcode			
	DLE MALL		SA 5000			
1.0112		Day Month	Year			
Date au	udit was completed	A 23 / 05 ,	/ 2022			
Was Pa	art A of the audit report	qualified?	B No X Yes			
Was Pa	art B of the audit report	qualified?	C No X Yes			
If Part E	3 of the audit report was	s qualified,	D No C Yes C			
have th	e reported issues been	rectified?	D No Yes			
	ectronic funds trar e need your self-manag		cial institution details to pay any super payments and tax refunds owing to you.			
Α	Fund's financial i	institution accoun	nt details			
	This account is used for super contributions and rollovers. Do not provide a tax agent account here.					
	Fund BSB number	182512	Fund account number 000967474164			
	Fund account name					
	NATM SMSF					
	I would like my tax re	efunds made to this a	account. X Go to C.			
			_			
В		ion account detai				
		for tax refunds. You	can provide a tax agent account here.			
	BSB number		Account number			
	Account name					
_						
С	Electronic servic					
			(ESA) issued by your SMSF messaging provider. ructions for more information.			
	(i oi chairipie, divideo	atalormias, see ii isti	actions for more information.			

	Tax File Number Provided				
8	Status of SMSF Australian superannuation fund A No Yes X Does the fund trust deed allow acceptance of the Government's Super Co-contribution and Low Income Super Amounts? C No Yes X Fund benefit structure B A Code				
9	Was the fund wound up during the income year? No X 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 the law. 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				
	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 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 incom- notional gain. If you are entitled to claim any tax offsets, you can re	e that was assessable, and you have not realised a deferred
Did you have a capital gains tax (CGT) event during the year? G No Yes	If the total capital loss or total capital gain is greater than \$10,000 or you elected to use the transitional CGT relief in 2017 and the deferred notional gain has been realised, complete and attach a Capital gains tax (CGT) schedule 2021
Have you applied an exemption or rollover? M No Yes	Code
Net capital gain	A \$
Gross rent and other leasing and hiring income	B \$
Gross interest	c \$
Forestry managed investment scheme income	X \$
Gross foreign income	Loss
D1 \$ Net foreign income	D \$
Australian franking credits from a New Zealand company	E\$
Transfers from foreign funds	F\$ Number
Gross payments where ABN not quoted	H \$
Calculation of assessable contributions Assessable employer contributions Gross distribution	I \$
R1 \$ this is a season of the properties of the	J \$
plus Assessable personal contributions amount *Franked dividend	K \$
R2 \$ amount plus #*No-TFN-quoted contributions *Dividend franking	
R3 \$ credit	L \$ Code
/an amount must be included even if it is zero) /ess Transfer of liability to life insurance *Gross trust distributions	M \$
company or PST Assessable contributions (R1 plus R2 plus R3 less R6)	R \$
Calculation of non-arm's length income *Net non-arm's length private company dividends U1 \$ plus *Net non-arm's length trust distributions *Assessable income due to changed tax status of fund	S \$
plus *Net other non-arm's length income U3 \$ Net non-arm's length income (subject to 45% tax rate) (U1 plus U2 plus U3)	U \$
#This is a mandatory label. (Sum of labels A to U)	W \$
*If an amount is entered at this label, Exempt current pension income	Y \$
to ensure the correct tax treatment has been applied. TOTAL ASSESSABLE INCOME (W less Y) V \$	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 EX	(PENSES
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	I1 \$	I2 \$	
Management and administration expenses	J1 \$	J2 \$	
Forestry managed investment scheme expense	U1 \$	U2 \$	Code
Other amounts	L1 \$	L2 \$	
Tax losses deducted	M1 \$		
	TOTAL DEDUCTIONS N \$	TOTAL NON-DEDUCTIBLE EXI	PENSES
	(Total A1 to M1)	(Total A2 to L2)	
	*TAXABLE INCOME OR LOSS • \$	TOTAL SMSF EXPENSES Z \$	
*This is a mandatory label.	(TOTAL ASSESSABLE INCOM TOTAL DEDUCTIONS)	E less (N plus Y)	

Tax File Number	Provided

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,

	have specified a zero amo				
Please	refer to the	#Taxable incom	e A \$		0
	anaged superannuation	#Toy on toyob!	٥	(an amount must be included even if it is zero)	
fund ar	nnual return instructions	#Tax on taxabl incom	e T1 \$		0.00
	n how to complete the tion statement.	#Tax o	n	(an amount must be included even if it is zero)	
- Calouid	norr statornorit.	no-TFN-quote	d J \$		0.00
		contribution	IS	(an amount must be included even if it is zero)	
		Gross ta	х В\$		0.00
				(T1 plus J)	
	Foreign income tax offset				
C1 \$					
	Rebates and tax offsets		Non-re	efundable non-carry forward tax offsets	
C2\$			C \$		
				(C1 plus C2)	
				OTAL 1	
			T2 \$		
		1		(B less C - cannot be less than zero)	
	Early stage venture capital partnership tax offset	limited			
D1 \$		0.00			
	Early stage venture capital		Non r	efundable carry forward tax offsets	
D2 \$	tax offset carried forward f	0.00	D \$	fundable carry forward tax offsets	0.00
•	Early stage investor tax off		- +	(D1 plus D2 plus D3 plus D4)	
D3 \$		0.00			
	Early stage investor tax off carried forward from previous		SUBT	OTAL 2	
D 4\$	camed forward from previo	0.00	T3 \$		0.00
ΨΨ		0.00	15 ψ	(T2 less D – cannot be less than zero)	0.00
				(12 loca 2 carmot so loca than 2010)	
	Complying fund's franking	credits tax offset			
E1\$					
	No-TFN tax offset				
E2 \$					
	National rental affordability s	cheme tax offset			
E3\$					
	Exploration credit tax offset			dable tax offsets	
E4 \$		0.00	E \$		
				(E1 plus E2 plus E3 plus E4)	
		#TAY DAYA D	- T F &		0.00
		#TAX PAYABL	L 15 \$	(T3 less E – cannot be less than zero)	0.00
			Section	n 102AAM interest charge	
			G\$		
			\sim	1	

	Tax File Number Provided
Credit for interest on early payments – amount of interest	
H1\$	7
Credit for tax withheld – foreign resident	_
withholding (excluding capital gains)	7
H2\$ Credit for tax withheld – where ABN	7
or TFN not quoted (non-individual)	_
H3\$]
Credit for TFN amounts withheld from payments from closely held trusts	_
H5 \$ 0.00	D
Credit for interest on no-TFN tax offset H6\$	7
Credit for foreign resident capital gains	J
withholding amounts	Eligible credits
H8 \$ 0.00	(H1 plus H2 plus H3 plus H5 plus H6 plus H8)
	(corporation processes)
"Tax offset	0.001
(Remainder of refundable ta	ax offsets) Ψ (unused amount from label E – an amount must be included even if it is zero)
	PAYG instalments raised
	K \$
	Supervisory levy
	L \$ 259.00
	Supervisory levy adjustment for wound up funds
	M \$
	Supervisory levy adjustment for new funds
	N \$
AMOUNT DUE OR REFUN	NDABLE \$ \$ 259.00
A positive amount at S is what while a negative amount is refundab	you owe,
#This is a mandatory label.	
Section E: Losses	
4 Losses	Tax losses carried forward
A 15 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	to later income years \$

OFFICIAL: Sensitive (when completed)

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

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

schedule 2021.

	Tax File	Number Provided
Section F: Member informati	n	
	·••	
MEMBER 1		
Title: Mr X Mrs Miss Ms Other		
Family name		
Hawgood First given name	Other given names	
Neil Andrew	Other given names	
Member's TFN See the Privacy note in the Declaration. Provided	Date of birth	n Provided
Contributions OPENING ACCOU	TBALANCE \$	186,791.76
Refer to instructions for completing these label	Proceeds from primary resid	dence disposal
There to instructions for completing these label	H \$	·
Employer contributions	Receipt date Day	Month Year
A \$		/
ABN of principal employer	Assessable foreign superann	nuation fund amount
A1	I \$	
Personal contributions	Non-assessable foreign sup	erannuation fund amount
В \$	J \$	
CGT small business retirement exemption	Transfer from reserve: asses	sable amount
c \$	K \$	
CGT small business 15-year exemption amo	Transier Horri Cocive. Horre	assessable amount
D \$	L \$	
Personal injury election	Contributions from non-com and previously non-complying	
E \$	T \$	ig idrids
Spouse and child contributions F \$	Any other contributions	
Other third party contributions	(including Super Co-contribu	utions and
G \$	Low Income Super Amounts M \$	S)
σ ψ		<u></u>
TOTAL CONTRIBUTIONS	N \$	
	(Sum of labels A to M)	
		Loss
Other transactions Allo	ated earnings O \$	0.92
	Or losses	
Accumulation phase account balance	Inward rollovers and P \$	
S1 \$ 186,792.68	transfers	
Retirement phase account balance	Outward rollovers and Q \$	
– Non CDBIS	transfers	Code
S2 \$ 0.00	Lump Sum R1 \$	
Retirement phase account balance	payments R1 5	
- CDBIS	Income	Code
S3 \$ 0.00	stream R2 \$ payments	
5.55	payments	
0 TRIS Count CLOSING ACCO	NT BALANCE S \$	186,792.68
CLOSING ACCOUNT		
	(\$1 plus \$2 p	olus 33)
Acquimulati	n phase value X1 \$	
Retireme	t phase value X2 \$	
Outstanding li	ited recourse	
horrowing arrang	mentamount • ♥ I	1

	Tax File Number Provided
MEMBER O	
MEMBER 2	
Title: Mr Mrs X Miss Ms Other	
Family name Hawgood	
First given name	Other given names
Tricia Janine	
Member's TFN	
See the Privacy note in the Declaration. Provided	Date of birth Provided
Contributions OPENING ACCOU	NT BALANCE \$
	Proceeds from primary residence disposal
Refer to instructions for completing these labe	H \$
Employer contributions	Receipt date Day Month Year
A \$	H1 / / /
ABN of principal employer	Assessable foreign superannuation fund amount
A1	I \$
Personal contributions	Non-assessable foreign superannuation fund amount
B \$	J \$
CGT small business retirement exemption C \$	Transfer from reserve: assessable amount
CGT small business 15-year exemption amount	K \$
D \$	Transfer from reserve: non-assessable amount L \$
Personal injury election	Contributions from non-complying funds
E \$	and previously non-complying funds
Spouse and child contributions	т \$
F \$	Any other contributions (including Super Co-contributions and
Other third party contributions	Low Income Super Amounts)
G \$	M \$
TOTAL CONTRIBUTIONS N S	
TOTAL CONTRIBUTIONS IN	(Sum of labels A to M)
	Loss
Other transactions Alloc	cated earnings or losses
	Inward
Accumulation phase account balance	rollovers and transfers P\$
S1 \$ 0.00	Outward
Retirement phase account balance	rollovers and transfers
- Non CDBIS 0.00	Code
	Lump Sum payments R1 \$
Retirement phase account balance - CDBIS	Income
S3 \$ 0.00	stream R2 \$
3.00	payments
0 TRIS Count CLOSING ACCOL	INT BALANCE S \$
323337,0000	(S1 plus S2 plus S3)
L	V 1 2 P 2 2 2 7
Accumulation	on phase value X1 \$

Retirement phase value X2 \$

Outstanding limited recourse borrowing arrangement amount

					Tax File Number Provided	
	ction H: Assets and liabiliti ons	es				
15a	Australian managed investments	Listed trusts	A	\$		
		Unlisted trusts	В	\$[
		Insurance policy	С	\$		
	Othe	er managed investments	D	\$		
15b	Australian direct investments	Cash and term deposits	E	\$[6,792	
	Limited recourse borrowing arrangements	Debt securities	F	\$		
	Australian residential real property J1 \$	Loans	G	ا ی		
	Australian non-residential real property					
	J2 \$	Listed shares	Н	\$[
	Overseas real property	Unlisted shares	I	\$[
	J3 \$	Limited recourse		\$		7
	, too trainer or targe	oorrowing arrangements	_	ا ب		
	J4 \$	Non-residential real property	K	\$		
	Overseas shares	Residential		\$		
	J5 \$	real property				
	Other J6 \$	Collectables and personal use assets	M	\$		
	Property count	Other assets	0	\$	180,000	
	J7					
15c	Other investments	Crypto-Currency	N	\$[
5d	Overseas direct investments	Overseas shares	P	\$[
	Overseas non-	residential real property	Q	\$[
	Overseas	residential real property	R	\$[
	Oversea	s managed investments	S	\$[
		Other overseas assets	T	\$[
	TOTAL AUSTRALIAN AND (Sum of labels		U	\$[186,792	
15e	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?	A No X Yes		\$[

				Tax File Number	Provided
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 use personal guarantees or other security for the LRBA?	A No	Yes		
16	LIABILITIES				
	Borrowings for limited recourse borrowing arrangements V1 \$ Permissible temporary borrowings V2 \$ Other borrowings				
	V3 \$	Bor	rowings V	\$	
	Total member clos (total of all CLOSING ACCOUNT BALANCEs fr	om Sections F Reserve a	and G)	\$	186,792
		Other	liabilities Y	7 \$	
		TOTAL LIA	ABILITIES Z	2 \$	186,792
17	Ction I: Taxation of financia Taxation of financial arrangements (TOF	·A)	gains H \$	s	
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	ample, for the election, print	2020-21 inc R for revoke	ome year, write 2021). Or print V for variation,	A В П
Intei	and complete and attach the Interposed entity election status If the trust or fund has an existing election, or fund is making one or more elections specified and complete an Interposed expension of the property of the pr	write the earlie	est income yea write the earl	ar specified. If the trust iest income year being	
				print R , and complete on or revocation 2021.	D []

Tax File Number	Provided
Tax File Nulliber	Provided

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.

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 off	ficer's signature	<u> </u>
		DayMonthYear
		Date 23 / 05 / 2022
Preferred trustee or director contact	ct details:	
Title: Mr X Mrs Miss Ms Ot	ther	
Family name		
Hawgood		
First given name	Other given names	
Neil Andrew		
Phone number 0421451549		
Email address		
Non-individual trustee name (if applicable)		
NATM PTY LTD		
ABN of non-individual trustee		
Time taken to	o prepare and complete this annual retur	rn Hrs
Time taken te		1113
	strar of the Australian Business Register, r n the integrity of the register. For further inf	may use the ABN and business details which you formation, refer to the instructions.
TAX AGENT'S DECLARATION:		
I declare that the Self-managed superannua		
provided by the trustees, that the trustees have authoris	nave given me a declaration stating that	the information provided to me is true and
Tax agent's signature	ed the to loage this aimdairetuin.	
Tax agonto digitataro		
		Date 23 / 05 / 2022
Tax agent's contact details		
	ther	
Family name		
Singla		
First given name	Other given names	
Pankaj	Rakesh	
Tax agent's practice		
Singla, Pankaj		
Tax agent's phone number	Reference number	Tax agent number
0861540992	NATMSMSF2071	25928231

Capital gains tax (CGT) schedule

202%

When completing this form ■ Print clearly, using a black or of ■ Use BLOCK LETTERS and pr ■ M / T # S T ■ Do not use correction fluid or ■ Sign next to any corrections w	dark blue pen only. int one character in each box.	 Use in conjunction with company, trust, fund income tax return or the self-managed superannuation fund annual return. Refer to the <i>Guide to capital gains tax 202F</i> available on our website at ato.gov.au for instructions on how to complete this schedule. 		
_	ovided o request your TFN. You do not hav	e to quote your TFN.		
	uld increase the chance of delay or e		rm.	
Taxpayer's name				
NATM SMSF				
1 Current year capital ga	ains and capital losses			
Shares in companies listed on an Australian securities exchange	Capital gain	K \$	Capital loss	
Other shares B \$		L \$		
Units in unit trusts listed on an Australian securities exchange		M\$		
Other units D \$		N \$		
Real estate situated in Australia E \$		o \$		
Other real estate F \$		P \$		
Amount of capital gains from a trust (including a managed fund)				
Collectables H \$		Q \$		
Other CGT assets and any other CGT events I \$		R \$		
Amount of capital gain previously deferred under transitional CGT relief for superannuation funds			nounts at labels K to R and write item 2 label A – Total current year ses .	
Total current year capital gains J \$				

		T	ax File Number	Provided
2	Capital losses			
	Total current year capital losses	A \$	3	
	Total current year capital losses applied	В\$	s [
	Total prior year net capital losses applied	C \$		
	Total capital losses transferred in applied (only for transfers involving a foreign bank branch or permanent establishment of a foreign financial entity)		3	
	Total capital losses applied	E \$	S	
		Add	amounts at B, C an	d D .
3	Unapplied net capital losses carried forward			
	Net capital losses from collectables carried forward to later income years	A \$	3	
	Other net capital losses carried forward to later income years	В\$	6	
		to la		and transfer the total osses carried forward n your tax return.
4	CGT discount			
	Total CGT discount applied	A \$	S	
5	CGT concessions for small business			
	Small business active asset reduction	A \$	S	
	Small business retirement exemption	В\$	S	
	Small business rollover	C \$	s	
	Total small business concessions applied	D\$	S	
6	Net capital gain			
	Net capital gain	A \$	8	
				5D (cannot be less than nt at A to label A - Net

capital gain on your tax return.

	Tax File Number Provided
7	Earnout arrangements
	Are you a party to an earnout arrangement? A Yes, as a buyer Yes, as a seller No (Print X in the appropriate box.)
	If you are a party to more than one earnout arrangement, copy and attach a separate sheet to this schedule providing the details requested here for each additional earnout arrangement.
	How many years does the earnout arrangement run for? B
	What year of that arrangement are you in? C
	If you are the seller, what is the total estimated capital proceeds from the earnout arrangement?
	Amount of any capital gain or loss you made under your non-qualifying arrangement in the income year.
	Request for amendment
	If you received or provided a financial benefit under a look-through earnout right created in an earlier income year and you wish to seek an amendment to that earlier income year, complete the following:
	Income year earnout right created F
	Amended net capital gain or capital losses carried forward G \$
8	Other CGT information required (if applicable)
	Small business 15 year exemption – exempt capital gains A\$
	Capital gains disregarded by a foreign resident B \$
	Capital gains disregarded as a result of a scrip for scrip rollover C\$
	Capital gains disregarded as a result of an inter-company asset rollover D\$
	Capital gains disregarded by a demerging entity E \$

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 your privacy go to ato.gov.au/privacy

The matter of the person dutioned to sign the declaration. For information about your	privacy go to ato.gov.aa/privacy
I declare that the information on this form is true and correct.	
Signature	
	Date
	Day Month Year
Contact name	
Neil Andrew Hawgood	
Daytime contact number (include area code)	
0421451549	

202%

Losses schedule

Companies and trusts that do not join consolidated groups should complete and attach this schedule to their 202F tax return. Superannuation funds should complete and attach this schedule to their 202F 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.

Place A in all applicable boxes.	
Refer to Losses schedule instructions 202F, available on our website ato.gov.au for instructions on how to complete this schedule.	
Tax file number (TFN)	
Provided	
Name of entity	
NATM SMSF	

Part A - Losses carried forward to the 202%-2& income year - excludes film losses

1 Tax losses carried forward to later income years

Australian business number

77270768439

Year of loss		
20 G €–2F	В	
201J– G €	С	45
201Ì –1J	D	
201Ï –1Ì	E	
201Î –1Ï	F	
201Í -1Î and earlier income years	G	
Total	U	45

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 vears
_	INCL Capital 1055C5	carried forward	io ialei ilicollie veals

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

Tax File Number Provided

1	omplete item 3 of Part B if a loss is being atis ied in relation to that loss. o not complete items 1 or 2 of Part B if, in			and the business continuity test has to be as been claimed as a deduction, applied
	gainst a net capital gain or, in the case of c			
1	Whether continuity of majority	Year of loss		
•	ownership test passed	2020–21	Δ	Yes No
	Note: If the entity has deducted, applied,	2020-21	_	
	transferred in or transferred out (as applicable) in the 2020–21 income year a loss incurred in	2019–20	В	Yes No
	any of the listed years, print X in the Yes or No	2018–19	C	Yes No
	box to indicate whether the entity has satisfied the continuity of majority ownership test in	20.0 .0		
	respect of that loss.	2017–18	D	Yes No
		2016–17	E	Yes No
		2015–16 and earlier	F	Yes No
		income years	•	
2	2 Amount of losses deducted/applied for which the continuity of majority ownership test is not passed but the business continuity test is satisfied – excludes film losses			y ownership test is not passed but the
		Tax losses	G	
		Niet er ettelle er er		
		Net capital losses	Н	
3	Losses carried forward for which the applied in later years – excludes film loss		be	satisfied before they can be deducted/
		Tax losses	ı	
		Not conital losses		
		Net capital losses	J	
4	Do current year loss provisions apply Is the company required to calculate its tax the year under Subdivision 165-B or its net ca for the year under Subdivision 165-CB of the 1997 (ITAA 1997)?	able income or tax loss for pital gain or net capital loss	K	Yes No
_	art C – Unrealised losses - o	ompany only		
Р				
Р	Note: These questions relate to the operation of	f Subdivision 165-CC of ITAA 1997.		
P	Note: These questions relate to the operation of Has a changeover time occurred in relation to after 1.00pm by legal time in the Australian Ca 11 November 1999?	the company	L	Yes No
P	Has a changeover time occurred in relation to after 1.00pm by legal time in the Australian Ca	the company apital Territory on	L	Yes No
Ρ.	Has a changeover time occurred in relation to after 1.00pm by legal time in the Australian Ca 11 November 1999?	the company apital Territory on solete M, N or O. Sty the maximum	L M	Yes No
P	Has a changeover time occurred in relation to after 1.00pm by legal time in the Australian Ca 11 November 1999? If you printed X in the No box at L , do not company satisfies the changeover time did the company satisfies.	the company apital Territory on solete M, N or O. Sty the maximum TAA 1997? Impany determined	L M N	

	Та	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		45
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)	I		
Total tax losses carried forward to later income years	J		45
Transfer the amount at .I to the Tax losses carried for	rwar	d to later income ve	ars 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.

Neil Andrew Hawgood	042	21451549			
Contact person	Day	time contact	number (i	nclude area	a code)
		Date		′	
			Day	Month	Year
Signature		_			

SCHEDULE

A

Other Attachments Schedule

2021

	Tax file No Provided
Taxpayer name NATM SMSF	
Signature	

SENSITIVE (when completed)