Self-managed superannuation fund annual return 2018

ction A: Fund Information			
Your tax file number	762 479 721		
Name of self-managed superannuation fund (SMSF)	HENRY VOGEL PEN	SION FUND	
ABN	53 872 246 231		
Current postal address Street	GPO BOX 7019		
Suburb/State/P'code	SYDNEY	NSW	2001
Annual return status			
Is this the first required return for a ne	wly registered SMSF?	N	
SMSF auditor Auditor's name Title Family name Given names SMSF Auditor Number Postal address Street Suburb/State/P'code Date audit was completed A			2 8236 7500 2001 B N
Electronic funds transfer (EFT)			
BSB no 03210	2	Account no 756251	
Status of SMSF			
		A Y B A C Y Super-Contribution?	
Was the fund wound up during the	income year?	N	
	Your tax file number e Tax Office is authorised by law to requoting it could increase the chance of vacy note in the declaration. Name of self-managed superannuation fund (SMSF) ABN Current postal address Street Suburb/State/P'code Annual return status Is this the first required return for a new system of the first required return for	Pour tax file number Tax Office is authorised by law to request your TFN. You are equoting it could increase the chance of delay or error in processory note in the declaration. Name of self-managed superannuation fund (SMSF) ABN 53 872 246 231 Current postal address Street C/- STIRLING WARTI GPO BOX 7019 SYDNEY Annual return status Is this the first required return for a newly registered SMSF? SMSF auditor Auditor's name Title Family name Given names SMSF Auditor Number Postal address Street C/- STIRLING WARTI GPO BOX 7019 SYDNEY SMSF auditor Auditor's name Taylor ROBERT MARK SMSF Auditor Number 100 182 509 Postal address Street C/- STIRLING WARTI GPO BOX 7019 SYDNEY Date audit was completed A 20/11/2018 Electronic funds transfer (EFT) Financial institution details for super payments and tax reaches and the super payments and tax reaches and tax reaches and the super payments and tax reaches	Pour tax file number Tax Office is authorised by law to request your TFN. You are not obliged to quote your TFN but quoting it could increase the chance of delay or error in processing your annual return. See the vacy note in the declaration. Name of self-managed superannuation fund (SMSF) ABN 53 872 246 231 Current postal address Street C/- STIRLING WARTON TAYLOR PTY LTD GPO BOX 7019 SYDNEY Annual return status Is this the first required return for a newly registered SMSF? N SMSF auditor Auditor's name Title Family name Given names Given names SMSF Auditor Number 100 182 509 Auditor's phone number C/- STIRLING WARTON TAYLOR PTY LTD GPO BOX 7019 SYDNEY NSW SMSF Auditor Number 100 182 509 Auditor's phone number Q2 Postal address Street C/- STIRLING WARTON TAYLOR PTY LTD GPO BOX 7019 SYDNEY NSW Date audit was completed A 20/11/2018 Was Part B of the audit report qualified? Electronic funds transfer (EFT) Financial institution details for super payments and tax refunds BSB no Account name HENRY VOGEL PENSION FUND Status of SMSF Australian superannuation fund Fund benefit structure Does the fund furst deed allow acceptance of the Government's Super Co-contributions and Low Income Super-Contribution?

					_
F	Λ	r	m	١	F

Self managed superannuation fund 2018

Client ref

Page 02 of 05 VEE109

HENRY VOGEL PENSION FUND

File no

762 479 721

ABN	53 872 246 231

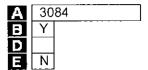
10 Exempt current pension income

Did the fund pay an income stream to one of 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.

Exempt current pension amount
Segregated assets method
Was an actuarial certificate obtained?
Did the fund have any other income that was assessable?

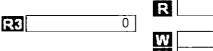


Section B: Income

11 Income

Calculation of assessable contributions

plus No-TFN-quoted contributions
GROSS INCOME
TOTAL ASSESSABLE INCOME



N		
ŢŢ.	 0	/[
Ÿ	0	$/\Box$

1367

Section C: Deductions and non-deductible expenses

12 Deductions and non-deductible expenses

		De

Deductions Non-deductible expenses 1320

12

SMSF auditor fee Management and administration expenses

N

H

TOTAL DEDUCTIONS (A1 to M1)

TOTAL NON-DEDUCTIBLE EXPENSES (A2 to L2)

Y 2687

TOTAL SMSF EXPENSES (N + Y)

Z 2687

TOTAL INCOME OR LOSS (Total assessable income less deductions)

Form F

Self-managed superannuation fund annual return 2018

Taxable income

HENRY VOGEL PENSION FUND

Client ref

A

Page 03 of 05 VEE109

0.00

File no

762 479 721 53 872 246 231

Section D: Income tax calculation statement 13 Income tax calculation statement

		Tax on taxable income	T1 0.00
		Tax on no-TFN-quoted contributions	0.00
Foreign inc. tax offsets	0.00	Gross tax	0.00
Rebates and tax offsets	C1 0.00 C2	- Non-refundable non-c/f	C 0.00
		tax offsets (C1 + C2)	
ESVCLP tax offset	D1 D2	SUBTOTAL 1	T2 0.00
ESVCLP tax offset c/f	D2	N)	
from previous year		Non-refundable c/f tax	D
ESIC tax offset ESIC tax offset c/f	D3	offsets (D1+D2+D3+D4) SUBTOTAL 2	T3
from previous year	<u> </u>	SOBIOTAL 2	
Complying fund's franking	E1		
credits tax offset			
No-TFN tax offset	E2 E3 E4	_ Refundable tax offsets	E
NRAS tax offset	E3	(E1 + E2 + E3 + E4)	
Exploration cr. tax offset	E4	TAX BAX (B) E	
Credit:		TAX PAYABLE	<u> </u>
Int. on early payments	H1 H2	Section 102AAM int. charge	G
Foreign res. w'holding (excl. capital gains)		- Eligible credits	Н
ABN/TFN not quoted	H3	(H1 + H2 + H3 + H5 + H6 + H8)	
TFN w/held from	H5	Tax offset refunds	0.00
closely held trusts			
Int. on no-TFN tax offset	H6	PAYG installments raised	K
Credit for foreign res.	H8	Supervisory levy	259.00
capital gains w'holding		Supervisory levy adj. for	M
		wound up funds	
		Supervisory levy adj. for	N
		new funds	250.00
		TOTAL AMOUNT DUE (T5 + G - H - I - K + L - M + N)	S 259.00
		(10 + G + H + I + K + L - WI + N)	

Client ref

Page 04 of 05 VEE109

HENRY	VOGEL	PENSION	FUND

File no ABN

762 479 721 53 872 246 231

Section F: Member and	l Supplementary	member information
-----------------------	-----------------	--------------------

MEMBER NUMBER: 1	<u> </u>			
Title	MRS			
		Ac	count status	0
First name	DITA			
Other names			•	
Surname	VOGEL			
Suffix				
Member's TFN	114 758 359	Date of birth	14/04/19	30
See the Privacy note in the D	L		I	
OPENING ACCOUNT BALA	NCE		2161	56.00
TOTAL CONTRIBUTIONS			N	0.00
Other transactions			MALIE .	
Allocated earnings or losses			12	20.00 /
Income stream payment				00.00 M
Accumulation phase account	balance	S1 0.00	,200	
Retirement phase account ba		52 96276.00		
Retirement phase account be		96276.00 \$3 0.00		
TRIS Count	ilatice - CDDIO	0.00		
CLOSING ACCOUNT BALA	NOT	1	060	70.00
	NCE			76.00 76.00
Retirement phase value			M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	/mrtiiii
Section H: Assets and liabilities			302	
· · · · · · · · · · · · · · · · · · ·	angements 2 3 4	Cash and term deposits Debt securities Loans Listed shares Unlisted shares — Limited recourse borrowing arrangements (J1 to J6) Non-residential real property Residential real property Collectables and personal use assets		06276
Section H: Assets and liabilities 15 ASSETS 15b Australian direct investments Limited Recourse Borrowing Arr Australian residential real property Australian non-residential real property Overseas real property Australian shares Overseas shares	angements 2 3 4	Debt securities Loans Listed shares Unlisted shares — Limited recourse borrowing arrangements (J1 to J6) Non-residential real property Residential real property Collectables and personal	E	

Form F HENRY V File no ABN	OGEL PENSION 762 479 721 53 872 246 23	FUND	perannuatio	on fund annual return 2018	Client ref	Page 05 of 05 VEE109
Borrowing recourse arranger	ole temporary ngs	V1 V2 V3		Borrowings Total member closing account balances Reserve accounts Other liabilities TOTAL LIABILITIES	W X Y Z	96276 96276
Importan Before maki documents a	ing this declaration ch are true and correct in	n every detail. If you are	in doubt about	closed and the annual return, all atta any aspect of the annual return, pla	ce all the facts before	e the ATO.
the entity in delayed. Tax	our records. It is not	an offence not to provide	the TFN. How	st the provision of tax file numbers (ever, if you do not provide the TFN in the service of the the service of the service of the province of	the processing of this	form may be

TRUSTEE'S OR DIRECTOR'S DECLARATION:

ne audit report and I am aware of any n dditional documentation is true and col			, ,	
Authorised trustee's,		!	Date	
lirector's or public			Date	•
officer's signature			L	
Preferred trustee, director or p	oublic officer's contact de	etails:		
Title	MRS	7		
amily name and suffix	VOGEL			
Given and other names	DITA			• • • • • • • • • • • • • • • • • • • •

Family name and suffix
Given and other names

Phone number

O2 8236 7500

Non-individual trustee name

VOGEL PENSION PTY LIMITED

Time taken to prepare and complete this tax return (hours)

Form F	
--------	--

Additional Tax Information 2018

Client ref

Page 06 VEE109

HENRY VOGEL PENSION FUND File no 762 479 721

ABN 53 872 246 231

TAX AGENT'S DECLARATION

We declare that the Self-managed superannuation fund annual return 2018 has been prepared in accordance with information provided by the trustees, that the trustees have given us a declaration stating that the information provided to us is true and correct, and that the trustees have authorised us to lodge this annual return.

Tax agent's signature		Date	
Tax agent's contact details Title Family name and suffix Given and other names Tax agent's practice	TAYLOR ROBERT MARK STIRLING WARTON TAYLOR PTY	/ LTD	
Tax agent's phone Reference number Tax agent number	02 8236 7500 VEE109 72517001		

NOTE: THIS PRINT-OUT IS NOT TO BE LODGED WITH THE ATO.

Form F			
HENRY	VOGEL	PENSION	FUND

Additional Tax Information 2018

Client ref

Page 07 VEE109

File no	762 479 721				
ABN	53 872 246 231				
Interest	t Income			AND THE RESERVE OF THE PARTY OF	
	deductions				
Total		· · · · · · · · · · · · · · · · · · ·	· ·	-	

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.

Tax File Number	762 479 721	Year of re	eturn	2018
Name of Partnership, Trust, Fund or Entity	HENRY VOGEL PENSIO	N FUND		
Total Income/Loss	Total Dedu	octions 0	Taxable Incom	ne/Loss
Privacy The ATO is authorised by the Taxa TFNs to identify each partner or be lodge your tax return electronically	eneficiary or entity in our records.			
Taxation law authorises the ATO to the person authorised to sign the continuous continuo				onal information about
The Australian Business Register The Commissioner of Taxation, as tax return to maintain the integrity	Registrar of the Australian Busine	ess Register, may use th	ne ABN and business de	etails which you provide on this
Please refer to the privacy stateme commitment to safeguarding your		gister (ABR) website (w	ww.abr.gov.au) for furthe	er information - it outlines our
Electronic funds transfer - direct Where you have requested an EFT to facilitate the payment of your tax	Γ direct debit some of your details	•	financial institution and	the Tax Office's sponsor bank
I authorise my tax agent to electron	nically transmit this tax return via a	an approved ATO electro	onic channel.	
Important: Before making this dec every detail. If you are in doubt ab for false or misleading statements	out any aspect of the tax return, pl			
any applicable schedules is to	led to my registered tax agent for the and correct, and someoner to the Commissioner		ax return, including	
O: 1	_			

Ž -		
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 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:	HENRY VOGEL PENS	ION FUND		
I authorise the refund to be depos	ited directly to the specified account			
Signature			Date	<u>'</u>
PART D	Tax agent's certificate (sha	red facilities only)		
*We have received a declaration and correct, and	OR PTY LTD declare that: n in accordance with the information s made by the entity that the information er, trustee, director or public officer to lead	on provided to us for the preparation	of this tax return is true	
Agent's Signature			Date	
Agent's phone Agent's Contact Name Agent's reference number	02 8236 7500 ROBERT MARK TAYLO 72517001	Client's reference OR	VEE109	