# Self-managed superannuation fund annual return 2019

Onl his	ly self-managed superannuation funds (SMSFs) can complete as annual return. All other funds must complete the Fund ome tax return 2019 (NAT 71287).  The Self-managed superannuation fund annual return instructions 2019 (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 (NAT 3036).	■ Print clear ■ Use BLOC  \$ M /  ■ Place X  Postal  Austra GPO I [inser of you For ex Austra GPO I	rete this annual return  Ity, using a BLACK pen only.  CK LETTERS and print one characy  In ALL applicable boxes.  address for annual returns:  alian Taxation Office  Box 9845  It the name and postcode  Ir capital city]  ample;  alian Taxation Office  Box 9845  EY NSW 2001	ter per box.
Se	ection A: <b>Fund information</b> Tax file number (TFN)		To assist processing, write the function of the formula 2.5.7 and 0.	und's TFN at
1	The ATO is authorised by law to request your TFN. You are the chance of delay or error in processing your annual returns.			t could increase
2	Name of self-managed superannuation fund (SMSF)	)		
3	Australian business number (ABN) (if applicable)			
3 4	Australian business number (ABN) (if applicable)  Current postal address			
			State/territory	Postcode
	Current postal address	<b>A</b> No	State/territory  Yes	Postcode

### 6 SMSF auditor

Auditor's name

Title: Mr Mrs Miss Ms Other

Family name

First given name Other given names

SMSF Auditor Number Auditor's phone number

Postal address

Suburb/town State/territory Postcode

Date audit was completed f A m A m Month m Year

Was Part A of the audit report qualified?

B No
Yes

Was Part B of the audit report qualified? C No Yes

If 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 Fund account number

Fund account name

I would like my tax refunds made to this account. Go to C.

#### B Financial institution account details for tax refunds

This account is used for tax refunds. You can provide a tax agent account here.

BSB number Account number

Account name

### C Electronic service address alias

Provide the electronic service address alias (ESA) issued by your SMSF messaging provider. (For example, SMSFdataESAAlias). See instructions for more information.

8	State	us of SM	SF	Australian sup	perannuatio	n fund	A No	Yes	Fund benefit s	structure	B Coo
				d trust deed allo ent's Super Co Low Income	-contributic	n and	C No	Yes			
9	Was	the fund	l wound	up during th		year?	Month	Year	Have all tax lodgi	ment	
	No	Yes	If yes, which	provide the date the fund was w	e on round up	/	/		and pay obligations been	ment N.	Yes
10	Exer	npt curre	ent pens	ion income							
	Did th	ne fund pa	y retireme	nt phase super	rannuation i	ncome :	stream ben	efits to one	or more members in t	the income	year?
				nption for curren rent pension in	•		you must p	oay at least	the minimum benefit p	oayment un	der the law
	No	Go to	Section E	3: Income.							
	Yes	Exemp	pt current	pension incom	ne amount	<b>A</b> \$					
		Which	method o	did you use to	calculate yo	ur exen	npt current	pension ind	come?		
			Se	gregated asset	ts method	В					
			Unse	egregated asset	ts method	c)	Was an ac	ctuarial cert	ficate obtained?	Yes	
	Did th	ne fund hav	ve any oth	er income that	was asses	sable?					
	E Y	es G	o to Sectio	on B: Income.							
	N	lo Ch	noosing 'No Section	No' means that on C: Deductio	you do not ns and non	have ar -deduct	ny assessa tible expens	ole income, ses. (Do <b>no</b>	including no-TFN quo t complete Section B:	oted contrib Income.)	outions.
		•		claim any tax Income tax ca							

# Section B: Income

**Do not complete this section** if all superannuation interests in the SMSF were supporting superannuation income streams in the retirement phase for the **entire year**, there was **no** other income that was assessable, and you **have not** realised a deferred notional gain. If you are entitled to claim any tax offsets, you can record these at Section D: Income tax calculation statement.

riotional gain in jourano oritin	nous to oran in an in	ian onooio, you o	arricoord tricoc at Cootlori B. Iricon	io table dandardarioni diatorinonia
11 Income Did you have a capi (CGT) event durir		i No Yes	If the total capital loss or total capital \$10,000 or you elected to use to 2017 and the deferred notional complete and attach a Capital (	the transitional CGT relief in gain has been realised,
	u applied an n or rollover?	No Yes	Code	
		Net capital	gain <b>A</b> \$	
Gross rer	nt and other leasi	ing and hiring inc	ome <b>B</b> \$	
		Gross inte	rest C\$	
	Forestry	managed investr scheme inc		
Gross foreign inc	come			Loss
D1 \$		Net foreign inc	ome <b>D</b> \$	
Australian franking	credits from a Ne	ew Zealand com	pany <b>E</b> \$	
		Transfers foreign fu		Number
,	Gr	ross payments w ABN not qu		
Calculation of assessable Assessable employer co		Gross distribution		Loss
R1 \$		*Unfranked divid	end ount <b>J \$</b>	
plus Assessable personal co	ontributions	*Franked divid		
plus #*No-TFN-quoted cor	ntributions	*Dividend fran		
R3 \$ (an amount must be include	,	*Gross distribut	rust M ¢	Code
less Transfer of liability to life company or PS		Assess contribut (R1 plu plus R3 les	able ons s R \$	
Calculation of non-arm's ke *Net non-arm's length private co	•	*Other inc	ome <b>\$</b> \$	Code
plus*Net non-arm's length trus	st distributions	*Assessable inc due to changed status of	tax <b>T \$</b>	
plus *Net other non-arm's ler	0	Net non-a length inc (subject to 45% tax (U1 plus U2 plus	ome II d	
#This is a mandatory label.		GROSS INCO		Loss
*If an amount is entered at this label,	Exempt cu	rrent pension inc	ome <b>Y</b> \$	
check the instructions to ensure the correct tax treatment has been applied.		SSESSABLE ME (W less Y)	\$	Loss

Page 4

## Section C: Deductions and non-deductible expenses

TOTAL DEDUCTIONS

label.

### 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 \$	<b>B2</b> \$
Capital works expenditure	D1 \$	D2 \$
Decline in value of depreciating assets	E1 \$	<b>E2</b> \$
Insurance premiums – members	F1 \$	F2 \$
Death benefit increase	G1 \$	
SMSF auditor fee	H1 \$	H2 \$
Investment expenses	I1 \$	12 \$
Management and administration expenses	J1 \$	<b>J2</b> \$
Forestry managed investment scheme expense	U1 \$	U2 \$
Other amounts	L1\$	L2 \$
Tax losses deducted	M1 \$	
	TOTAL DEDUCTIONS	TOTAL NON-DEDUCTIBLE EXPENSES
	N\$	Y\$
	(Total A1 to M1)	(Total <b>A2</b> to <b>L2</b> )
	*TAXABLE INCOME OR LOSS	Loss TOTAL SMSF EXPENSES
	<b>o</b> \$	Z\$
#This is a mandatory	(TOTAL ASSESSABLE INCOME less	(N plus Y)

### 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 2019 on how to complete the calculation statement.

#Taxable income A\$

(an amount must be included even if it is zero)

#Tax on taxable income T1 \$

(an amount must be included even if it is zero)

#Tax on no-TFN-quoted contributions

(an amount must be included even if it is zero)

Gross tax **B** \$

(T1 plus J)

Foreign income tax offset

C1 \$

Rebates and tax offsets

Non-refundable non-carry forward tax offsets

C2 \$

(C1 plus C2)

SUBTOTAL 1

T2 \$

(B less C - cannot be less than zero)

Early stage venture capital limited partnership tax offset

**D1**\$

Early stage venture capital limited partnership tax offset carried forward from previous year

**D2**\$

Early stage investor tax offset

**D3**\$

Early stage investor tax offset carried forward from previous year

**D4**\$

Non-refundable carry forward tax offsets

**D**\$

(D1 plus D2 plus D3 plus D4)

SUBTOTAL 2

T3 \$

(T2 less D - cannot be less than zero)

Complying fund's franking credits tax offset

E1\$

No-TFN tax offset

**E2**\$

National rental affordability scheme tax offset

**E3**\$

Exploration credit tax offset Refundable tax offsets

**E4**\$

E\$

(E1 plus E2 plus E3 plus E4)

\*TAX PAYABLE **T5** \$

(T3 less E – cannot be less than zero)

Section 102AAM interest charge

**G**\$

Credit for interest on early payments – amount of interest

H1\$

Credit for tax withheld – foreign resident withholding (excluding capital gains)

**H2**\$

Credit for tax withheld – where ABN or TFN not quoted (non-individual)

**H3**\$

Credit for TFN amounts withheld from payments from closely held trusts

**H5**\$

Credit for interest on no-TFN tax offset

**H6**\$

Credit for foreign resident capital gains withholding amounts

**H8**\$

Eligible credits

**H**\$

1\$

(H1 plus H2 plus H3 plus H5 plus H6 plus H8)

\*Tax offset refunds

(Remainder of refundable tax offsets)

(unused amount from label **E** – an amount must be included even if it is zero)

PAYG instalments raised

**K**\$

Supervisory levy

**L**\$

Supervisory levy adjustment for wound up funds

**M**\$

Supervisory levy adjustment for new funds

**N**\$

AMOUNT DUE OR REFUNDABLE

**S**\$

A positive amount at  ${\bf S}$  is what you owe, while a negative amount is refundable to you.

(T5 plus G less H less I less K plus L less M plus N)

#This is a mandatory label.

### Section E: Losses

### 14 Losses

A If total I

If total loss is greater than \$100,000, complete and attach a Losses schedule 2019.

Tax losses carried forward to later income years

U \$

Net capital losses carried forward to later income years

**V** \$

Section G: Supplementary me	ember information	
MEMBER 5  Title: Mr Mrs Miss Ms Other  Family name		Account status Code
First given name	Other given names	
Member's TFN See the Privacy note in the Declaration.  Date of Day	birth If de  Month Year Day	eceased, date of death Month Year /
Contributions OPENING ACCOUNT	IT BALANCE \$	
Refer to instructions for completing these label	s. Proceeds from primary residence	e disposal
Employer contributions  A \$ ABN of principal employer  A1 Personal contributions  B \$ CGT small business retirement exemption  C \$ CGT small business 15-year exemption amo  D \$ Personal injury election  E \$ Spouse and child contributions  F \$ Other third party contributions  G \$	Contributions from non-complying for the state of the sta	nnuation fund amount le amount ssable amount ng funds unds
Other transactions Alloc	ated earnings or losses <b>0</b> \$	Loss
Accumulation phase account balance  \$1 \$  Retirement phase account balance - Non CDBIS  \$2 \$  Retirement phase account balance - CDBIS  \$3 \$	Inward rollovers and transfers Outward rollovers and transfers  Lump Sum payments  Income stream payments  R1 \$	Code
TRIS Count CLOSING ACCOU	NT BALANCE <b>S</b> \$ (S1 plus S2 plus S	S3)
Accumulatio	n nhase value <b>X1.\$</b>	

Accumulation phase value X1 \$

Retirement phase value **X2** \$

Outstanding limited recourse borrowing arrangement amount **Y** \$

MEMBER 6  Title: Mr Mrs Miss Ms Other  Family name	Account statu	Code
First given name	Other given names	
Member's TFN See the Privacy note in the Declaration.  Date of Day		<b>h</b> jear
Contributions OPENING ACCOUNT	NT BALANCE \$	
Refer to instructions for completing these label	Proceeds from primary residence disposal  H \$	
Employer contributions  A \$ ABN of principal employer  A1 Personal contributions  B \$ CGT small business retirement exemption  C \$ CGT small business 15-year exemption amount  D \$ Personal injury election  E \$ Spouse and child contributions  F \$ Other third party contributions  G \$	Receipt date Day Month Year  H1 / / Assessable foreign superannuation fund amount  I \$ Non-assessable foreign superannuation fund amount  J \$ Transfer from reserve: assessable amount  K \$	
TOTAL CONTRIBUTIONS	N \$ (Sum of labels <b>A</b> to <b>M</b> )	
Other transactions Alloc	cated earnings or losses • \$	Loss
Accumulation phase account balance  S1 \$  Retirement phase account balance  - Non CDBIS	Inward rollovers and transfers  Outward rollovers and transfers  Q \$	
S2 \$  Retirement phase account balance - CDBIS  S3 \$	Lump Sum payments R1 \$	Code
TRIS Count CLOSING ACCOU	JNT BALANCE \$ \$ (S1 plus \$2 plus \$3)	
Accumulation	on phase value <b>X1</b> \$	

Retirement phase value X2 \$

Outstanding limited recourse borrowing arrangement amount **Y** \$

### Section H: Assets and liabilities 15 ASSETS Listed trusts A\$ 15a Australian managed investments Unlisted trusts **B** \$ Insurance policy C\$ Other managed investments **D** \$ 15b Australian direct investments Cash and term deposits **E**\$ Limited recourse borrowing arrangements Debt securities **F** \$ Australian residential real property Loans G\$ J1 \$ Australian non-residential real property Listed shares **H** \$ **J2**\$ Unlisted shares | \$ Overseas real property **J3**\$ Limited recourse **J**\$ borrowing arrangements Australian shares Non-residential K \$ **J4**\$ real property Overseas shares Residential L\$ **J5**\$ real property Collectables and M \$ Other personal use assets **J6** \$ Other assets **O** \$ Crypto-Currency N \$ 15c Other investments 15d Overseas direct investments Overseas shares **P**\$ Overseas non-residential real property Q \$ Overseas residential real property **R** \$ Overseas managed investments **S**\$ Other overseas assets **T**\$ TOTAL AUSTRALIAN AND OVERSEAS ASSETS U\$ (Sum of labels A to T) 15e In-house assets Did the fund have a loan to, lease to \$ Yes or investment in, related parties (known as in-house assets) at the end of the income year? 15f Limited recourse borrowing arrangements If the fund had an LRBA were the LRBA A No Yes borrowings from a licensed financial institution? Did the members or related parties of the Yes fund use personal guarantees or other security for the LRBA?

#### 16 LIABILITIES

Borrowings for limited recourse borrowing arrangements

V1 \$

Permissible temporary borrowings

**V2**\$

Other borrowings

**V3**\$

Borrowings V \$

Total member closing account balances (total of all **CLOSING ACCOUNT BALANCE**s from Sections F and G) **W** \$

Reserve accounts X \$

Other liabilities Y \$

TOTAL LIABILITIES Z \$

### Section I: Taxation of financial arrangements

17 Taxation of financial arrangements (TOFA)

Total TOFA gains **H** \$

Total TOFA losses | \$

### Section J: Other information

#### Family trust election status

If the trust or fund has made, or is making, a family trust election, write the four-digit **income year specified** of the election (for example, for the 2018–19 income year, write **2019**).

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 2019.* 

#### Interposed entity election status

If the trust or fund has an existing election, write the earliest income year specified. If the trust or fund is making one or more elections this year, write the earliest income year being specified and complete an *Interposed entity election or revocation 2019* for each election.

If revoking an interposed entity election, print **R**, and complete and attach the *Interposed entity election or revocation 2019*.

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Section	ĸ.		larati	one



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:

Authorised trustee's, direct	or's or pub	lic officer's	signature					
					Day	N	onth	Year
				Date		/	/	
Preferred trustee or di	rector co	ontact de	etails:					
Title: Mr Mrs Miss	s Ms	Other						
Eamily name								
First given name			Other given names					
Phone number								
Email address								
Non-individual trustee nam	e (if applica	able)						
ABN of non-individual trust	ее							
ABN of non-individual trust		en to prep	pare and complete this annual return	n <b>i</b>	Hrs			
The Commissioner of	Time tak	Registrar o	pare and complete this annual return of the Australian Business Register, m integrity of the register. For further info	ay use the ABI	N and b	ousines nstructi	ss details v	which you
The Commissioner of provide on this annual  TAX AGENT'S DECLAI  I declare that the Self-mana provided by the trustees, the	Time tak  Taxation, as return to ma  RATION: ged supera at the trust	Registrar calintain the interest annuation is	of the Australian Business Register, m	ay use the ABI ormation, refer to orepared in acc	N and k to the in	nstructi ce with	ons.	ion
The Commissioner of provide on this annual  TAX AGENT'S DECLAI  I declare that the Self-mana provided by the trustees, the correct, and that the trustees	Time tak  Taxation, as return to ma  RATION: ged supera at the trust	Registrar calintain the interest annuation is	of the Australian Business Register, mintegrity of the register. For further info fund annual return 2019 has been p	ay use the ABI ormation, refer to orepared in acc	N and k to the in	nstructi ce with	ons.	ion
The Commissioner of provide on this annual  TAX AGENT'S DECLAI  I declare that the Self-mana provided by the trustees, the correct, and that the trustees	Time tak  Taxation, as return to ma  RATION: ged supera at the trust	Registrar calintain the interest annuation is	of the Australian Business Register, mintegrity of the register. For further info fund annual return 2019 has been p	ay use the ABI ormation, refer to orepared in acc	N and k to the in	nstructi ce with ed to r	ons.	ion
The Commissioner of provide on this annual  TAX AGENT'S DECLAI  I declare that the Self-mana provided by the trustees, the correct, and that the trustee Tax agent's signature	Time take Time t	Registrar calintain the interest annuation is	of the Australian Business Register, mintegrity of the register. For further info fund annual return 2019 has been p	ay use the ABI ormation, refer to repared in acc ne information	N and k to the in cordand provid	nstructi ce with ed to r	informat ne is true	ion and
provide on this annual  TAX AGENT'S DECLAI  I declare that the Self-mana provided by the trustees, the	Time take Taxation, as return to ma Taxation. Taxation and Taxation are the trust as have autopatation and taxation are taxation are taxation and taxation are taxation, as taxation are ta	Registrar calintain the interest annuation is	of the Australian Business Register, mintegrity of the register. For further info fund annual return 2019 has been p	ay use the ABI ormation, refer to repared in acc ne information	N and k to the in cordand provid	nstructi ce with ed to r	informat ne is true	ion and
The Commissioner of provide on this annual  TAX AGENT'S DECLAI  I declare that the Self-mana provided by the trustees, the correct, and that the trusteet Tax agent's signature  Tax agent's contact de Title: Mr Mrs Missipanily name	Time take Taxation, as return to ma Taxation. Taxation and Taxation are the trust as have autopatation and taxation are taxation are taxation and taxation are taxation, as taxation are ta	Registrar of aintain the intain the interest annuation interest have of thorised minimum.	of the Australian Business Register, mintegrity of the register. For further info fund annual return 2019 has been p	ay use the ABI ormation, refer to repared in acc ne information	N and k to the in cordand provid	nstructi ce with ed to r	informat ne is true	ion and
The Commissioner of provide on this annual  TAX AGENT'S DECLAI  I declare that the Self-mana provided by the trustees, the correct, and that the trustee Tax agent's signature  Tax agent's contact de Title: Mr Mrs Miss	Time take Taxation, as return to ma Taxation. Taxation and Taxation are the trust as have aut	Registrar of aintain the intain the interest annuation interest have of thorised minimum.	of the Australian Business Register, mintegrity of the register. For further information of the register of the register of the register of the register. For further information annual return 2019 has been progiven me a declaration stating that the to lodge this annual return.	ay use the ABI ormation, refer to repared in acc ne information	N and k to the in cordand provid	nstructi ce with ed to r	informat ne is true	ion and

### Capital gains tax (CGT) schedule

2019

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- Print clearly, using a black or dark blue pen only.
- Do not use correction fluid or covering stickers.
- Sign next to any corrections with your **full signature** (not initials).
- Use in conjunction with company, trust, fund income tax return or the self-managed superannuation fund annual return.
- Refer to the *Guide to capital gains tax 2019* available on our website at **ato.gov.au** for instructions on how to complete this schedule.

### Tax file number (TFN)

We are authorised by law to request your TFN. You do not have to quote your TFN. However, if you don't it could increase the chance of delay or error in processing your form.

### Australian business number (ABN)

### Taxpayer's name

1 Current year cap	pital gains and	capital losses	
Shares in companies listed on an Australian securities exchange	A \$	Capital gain	Capital loss
Other shares	B\$		L \$
Units in unit trusts listed on an Australian securities exchange	C \$		M\$
Other units	D\$		N \$
Real estate situated in Australia			<b>o</b> \$
Other real estate	F \$		P \$
Amount of capital gains from a trust (including a managed fund)	G \$		
Collectables	H \$		Q \$
Other CGT assets and any other CGT events			R \$
Amount of capital gain previously deferred under transitional CGT relief for superannuation funds	<b>s</b> \$		Add the amounts at labels <b>K</b> to <b>R</b> and write the total in item <b>2</b> label <b>A – Total current year capital losses</b> .
Total current year capital gains	J \$		

2	Capital losses	
	Total current year capital losses	A \$
	Total current year capital losses applied	В\$
	Total prior year net capital losses applied	<b>C</b> \$
	Total capital losses transferred in applied (only for transfers involving a foreign bank branch or permanent establishment of a foreign financial entity)	<b>D</b> \$
	Total capital losses applied	E \$
		Add amounts at B, C and D.
3	Unapplied net capital losses carried forward	
	Net capital losses from collectables carried forward to later income years	A \$
	Other net capital losses carried forward to later income years	B \$
		Add amounts at <b>A</b> and <b>B</b> and transfer the total to label <b>V</b> – <b>Net capital losses carried forward to later income years</b> on your tax return.
4	CGT discount	
	Total CGT discount applied	A \$
5	CGT concessions for small business	
	Small business active asset reduction	A \$
	Small business retirement exemption	B \$
	Small business rollover	C \$
	Total small business concessions applied	<b>D</b> \$
6	Net capital gain	
	Net capital gain	A \$
		1J less 2E less 4A less 5D (cannot be less than zero). Transfer the amount at A to label A – Net capital gain on your tax return.

7	Earnout arrangements		
	Are you a party to an earnout arrangement? <b>A</b> Yes, as a buyer (Print $X$ in the appropriate box.)	Yes, as a seller	No
	If you are a party to more than one earnout arrangement, copy and details requested here for each additional earnout arrangement.	d attach a separate sheet to this schedule providi	ing the
	How many years does the earnout arrangement run for?	В	
	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?	D \$	
	Amount of any capital gain or loss you made under your non-qualifying arrangement in the income year.	E \$	LOSS
	Request for amendment		
	If you received or provided a financial benefit under a look-through earn to seek an amendment to that earlier income year, complete the following		ou wish
	Income year earnout right created	F	
	Amended net capital gain or capital losses carried forward	<b>G</b> \$	LOSS
8	Other CGT information required (if applicable)		CODE
	Small business 15 year exemption - exempt capital gains	A \$	/
	Capital gains disregarded by a foreign resident	В\$	
	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 \$	

## 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

I declare that the information on this form is true and correct.					
Signature					
	Date Day	Mon	th	Year	
		/	/		
Contact name					

Daytime contact number (include area code)

Losses schedule

2019

Companies and trusts that do not join consolidated groups should complete and attach this schedule to their 2019 tax return. Superannuation funds should complete and attach this schedule to their 2019 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.

Refer to Losses schedule instructions 2019, available on our website ato.gov.au for instructions on how to complete this schedule.

Tax file number (TFN)

Name of entity

Australian business number

### Part A - Losses carried forward to the 2019-20 income year - excludes film losses

1 Tax losses carried forward to later income years

#### Year of loss

2018–19 **B** 

2017-18 **C** 

2016–17 **D** 

2015–16 **E** 

2014–15 **F** 

2013–14 and earlier income years

Total **U** 

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

2018-19 **H** 

2017-18

2016–17 **J** 

2015–16 **K** 

2014-15 **L** 

2013–14 and earlier income years

Total V

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

### Part B - Ownership and business continuity test - company and listed widely held trust only

Complete item 3 of Part B if a loss is being carried forward to later income years and the business continuity test has to be satisfied in relation to that loss.

Do not complete items 1 or 2 of Part B if, in the 2018-19 income year, no loss has been claimed as a deduction, applied against a net capital gain or, in the case of companies, losses have not been transferred in or out.

1	Whether continuity of majority
	ownership test passed

Note: If the entity has deducted, applied, transferred in or transferred out (as applicable) in the 2018-19 income year a loss incurred in any of the listed years, print X in the Yes or No box to indicate whether the entity has satisfied the continuity of majority ownership test in respect of that loss.

2018–19	A Yes	No
2017–18	<b>B</b> Yes	No
2016–17	C Yes	No

Year of loss

2015–16 **D** No

No

2014-15 **E** Yes 2013-14 and earlier F No income vears

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

Tax losses G

Net capital losses H

3 Losses carried forward for which the business continuity test must be satisfied before they can be deducted/ applied in later years - excludes film losses

Tax losses

Net capital losses

4 Do current year loss provisions apply?

Is the company required to calculate its taxable income or tax loss for the year under Subdivision 165-B or its net capital gain or net capital loss for the year under Subdivision 165-CB of the Income Tax Assessment Act 1997 (IŤAA 1997)?

K Yes No

### Part C - Unrealised losses - company only

Note: These questions relate to the operation of Subdivision 165-CC of ITAA 1997.

Has a changeover time occurred in relation to the company after 1.00pm by legal time in the Australian Capital Territory on 11 November 1999?

Yes No

If you printed **X** in the **No** box at **L**, do not complete **M**, **N** or **O**.

At the changeover time did the company satisfy the maximum net asset value test under section 152-15 of ITAA 1997?

Yes No

If you printed X in the No box at M, has the company determined it had an unrealised net loss at the changeover time?

No

If you printed  $\boldsymbol{X}$  in the  $\boldsymbol{Yes}$  box at  $\boldsymbol{N}$ , what was the amount of unrealised net loss calculated under section 165-115E of ITAA 1997?

### Part D - Life insurance companies

Complying superannuation class tax losses carried forward to later income years

Complying superannuation net capital losses carried forward to later income years

### Part E - Controlled foreign company losses

Current year CFC losses M

CFC losses deducted N

CFC losses carried forward O

### 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 **B** 

SUBTRACT Net forgiven amount of debt C

ADD Tax loss incurred (if any) during current year D

ADD Tax loss amount from conversion of excess franking offsets

SUBTRACT Net exempt income | |

SUBTRACT Tax losses forgone **G** 

SUBTRACT Tax losses deducted

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)

Total tax losses carried forward to later income years J

Transfer the amount at **J** to the **Tax 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 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		_				
			Day	Month		Year
		Date		/	/	
Contact person	Dayti	me contact	number	(include a	area co	de)

**SCHEDULE** 

A

## Other Attachments Schedule

2019

	Tax file No
Taxpayer name	
Signature	