

Self managed superannuation fund annual return

2009

499MS2009

Who should complete this annual return?

Only self managed superannuation funds (SMSFs) can complete this annual return. All other funds must complete the *Fund income tax return 2009* (NAT 71287).

TO COMPLETE THIS ANNUAL RETURN

- Print clearly, using a BLACK pen only.
- Use BLOCK LETTERS
- Print in ALL applicable boxes.

i The *Self managed superannuation fund annual return instructions 2009* (NAT 71606) (the instructions) can assist you to complete this annual return.

Section A: Fund information

➤ To assist processing, write the fund's TFN at the top of pages 3 and 5.

1 Tax file number (TFN)

i The Tax Office is authorised by law to request your TFN. You are not obliged to quote your TFN but not quoting it could increase the chance of delay or error in processing your annual return.

2 Name of self managed superannuation fund (SMSF)

3 Australian business number (ABN) (if applicable)

4 Current postal address

Suburb/town

State/territory

Postcode

5 Annual return status

Is this an amendment to the SMSF's 2009 annual return? **No** **Yes**

6 Fund auditor

Auditor's name

Title: Mr Mrs Miss Ms Other

Family name

First given name

Other given names

Professional body

Membership number

Auditor's phone number

Code

Postal address

Suburb/town

State/territory

Postcode

Date audit was completed **A** Day / Month / Year

Was the audit report qualified? **B** No Yes

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Tax file number

Name of entity

Signature as prescribed in tax return

8	Status of SMSF	Australian superannuation fund	A	No	Yes	Fund benefit structure	B	Code
		Does the fund trust deed allow acceptance of the Government's Super Co-contributions?	C	No	Yes			

9	Was the fund wound up during the income year?							
No	Yes	Day	Month	Year	Have all tax lodgment and payment obligations been met?	No	Yes	
		Date on which the fund was wound up						

Section B: Income

10 Income

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 complete and attach a <i>Capital gains tax (CGT) schedule 2009</i> .
Did the CGT event relate to a forestry managed investment scheme interest that you held other than as an initial participant?	Z	No	Yes	You must complete and attach a <i>Capital gains tax (CGT) schedule 2009</i> .

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** \$

Gross payments where ABN not quoted **H** \$

Gross distribution from partnerships **I** \$

*Unfranked dividend amount **J** \$

*Franked dividend amount **K** \$

*Dividend franking credit **L** \$

*Gross trust distributions **M** \$

Calculation of assessable contributions		
Assessable employer contributions		
R1 \$		
plus Assessable personal contributions		
R2 \$		
plus *No-TFN quoted contributions		
R3 \$		
less Transfer of liability to life insurance company or PST		
R6 \$		
Assessable contributions	R \$	
(R1 plus R2 plus R3 less R6)		

Calculation of non-arm's length income		
*Net non-arm's length private company dividends		
U1 \$		
plus *Net non-arm's length trust distributions		
U2 \$		
plus *Net other non-arm's length income		
U3 \$		
Net non-arm's length income	U \$	
(subject to 45% tax rate)		
(U1 plus U2 plus U3)		

TOTAL ASSESSABLE INCOME V \$

Loss

*If an amount is entered at this label, check the instructions to ensure the correct tax treatment has been applied.

Tax file number

Name of entity

Signature as prescribed in tax return



Place your attachments here.

Section C: Deductions**11 Deductions**Exempt current pension income **K \$**Interest expenses within Australia **A \$**Interest expenses overseas **B \$**Capital works deductions **D \$**Deduction for decline in value of depreciating assets **E \$**Small business and general business tax break **P \$**Death or disability premiums **F \$**Death benefit increase **G \$**Approved auditor fee **H \$**Investment expenses **I \$**Management and administration expenses **J \$**Forestry managed investment scheme deduction **U \$**Other deductions **L \$**Tax losses deducted **M \$****TOTAL DEDUCTIONS N \$**

Code

TAXABLE INCOME OR LOSS O \$

(TOTAL ASSESSABLE INCOME less TOTAL DEDUCTIONS)

Loss

Section D: Income tax calculation statement**12 Income tax calculation statement**Taxable income **A \$**

Credit: foreign income tax offsets

C1 \$Gross tax **B \$**

plus

Credit: rebates and tax offsets

C2 \$Rebates and offsets **C \$**
(C1 plus C2)

Credit: interest on early payments

F1 \$**SUBTOTAL D \$**
(B less C)

(Cannot be less than zero)

plus

Credit: foreign resident withholding

F2 \$**Section 102AAM interest charge E \$**

plus

Credit: ABN/TFN not quoted (non-individual)

F3 \$**Eligible credits F \$**
(F1 plus F2 plus F3 plus F4 plus F5 plus F6 plus F7)

plus

Credit: refundable franking credits

F4 \$**PAYG instalments raised G \$**

plus

Credit: no-TFN tax offset

F5 \$**Supervisory levy H \$**

plus

Credit: interest on no-TFN tax offset

F6 \$

plus

Credit: refundable National rental affordability scheme tax offset

F7 \$**TOTAL AMOUNT DUE OR REFUNDABLE I \$**
(D plus E less F less G plus H)

Tax file number

Name of entity

Signature as prescribed in tax return

Section E: **Losses****13 Losses**

! If total loss is greater than \$100,000, or there is a foreign loss, complete and attach a *Losses schedule 2009*.

Tax losses carried forward to later income years **U** \$Net capital losses carried forward to later income years **V** \$Section F: **Member information**

! Report all members at 30 June 2009 and those members who have received all their benefits during the income year.
Note exclusions on page 5.

MEMBER 1

Title: Mr Mrs Miss Ms Other

Family name

First given name

Other given names

Member's TFN

Date of birth

Day / Month / Year

ContributionsEmployer 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 family and friend contributions **G** \$Directed termination (taxable component) payments **H** \$Assessable foreign superannuation fund amount **I** \$Non-assessable foreign superannuation fund amount **J** \$Transfer from reserve: assessable amount **K** \$Transfer from reserve: non-assessable amount **L** \$Any other contributions (including Super Co-contributions) **M** \$**TOTAL CONTRIBUTIONS N** \$**Other transactions**Allocated earnings or losses **O** \$Inward rollover amounts **P** \$Outward rollover amounts **Q** \$Benefit payments and code **R** \$

Loss

Code

CLOSING ACCOUNT BALANCE S \$

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Tax file number

Name of entity

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! Report all members at 30 June 2009 and those members who have received all their benefits during the income year.

! Do not use this section for:

■ deceased members

■ members in excess of the four-member SMSF limit at **30 June 2009**.

Report these members in **Section G: Supplementary member information**.

Do not report former members who have exhausted their entitlements by rolling them over into other funds.

MEMBER 2

Title: Mr Mrs Miss Ms Other

Family name

First given name

Other given names

Member's TFN

Date of birth

Day

Month

Year

/ /

Contributions

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 family and friend contributions **G** \$

Directed termination (taxable component) payments **H** \$

Assessable foreign superannuation fund amount **I** \$

Non-assessable foreign superannuation fund amount **J** \$

Transfer from reserve: assessable amount **K** \$

Transfer from reserve: non-assessable amount **L** \$

Any other contributions (including Super Co-contributions) **M** \$

TOTAL CONTRIBUTIONS N \$

Other transactions

Allocated earnings or losses **O** \$

Loss

Inward rollover amounts **P** \$

Outward rollover amounts **Q** \$

Benefit payments and code **R** \$

Code

CLOSING ACCOUNT BALANCE S \$

Self managed superannuation fund annual return 2009

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Tax file number

Name of entity

Signature as prescribed in tax return

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■ deceased members

■ members in excess of the four-member SMSF limit at **30 June 2009**.

Report these members in **Section G: Supplementary member information**.

Do not report former members who have exhausted their entitlements by rolling them over into other funds.

MEMBER 3

Title: Mr Mrs Miss Ms Other

Family name

First given name

Other given names

Member's TFN

Date of birth

Day / Month / Year

Contributions

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 family and friend contributions **G** \$

Directed termination (taxable component) payments **H** \$

Assessable foreign superannuation fund amount **I** \$

Non-assessable foreign superannuation fund amount **J** \$

Transfer from reserve: assessable amount **K** \$

Transfer from reserve: non-assessable amount **L** \$

Any other contributions (including Super Co-contributions) **M** \$

TOTAL CONTRIBUTIONS N \$

Other transactions

Allocated earnings or losses **O** \$

Loss

Inward rollover amounts **P** \$

Outward rollover amounts **Q** \$

Benefit payments and code **R** \$

Code

CLOSING ACCOUNT BALANCE S \$

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! Report all members at 30 June 2009 and those members who have received all their benefits during the income year.

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■ deceased members

■ members in excess of the four-member SMSF limit at **30 June 2009**.

Report these members in **Section G: Supplementary member information**.

Do not report former members who have exhausted their entitlements by rolling them over into other funds.

MEMBER 4

Title: Mr Mrs Miss Ms Other

Family name

First given name

Other given names

Member's TFN

Date of birth

Day

Month

Year

Contributions

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 family and friend contributions **G** \$

Directed termination (taxable component) payments **H** \$

Assessable foreign superannuation fund amount **I** \$

Non-assessable foreign superannuation fund amount **J** \$

Transfer from reserve: assessable amount **K** \$

Transfer from reserve: non-assessable amount **L** \$

Any other contributions (including Super Co-contributions) **M** \$

TOTAL CONTRIBUTIONS N \$

Other transactions

Allocated earnings or losses **O** \$

Loss

Inward rollover amounts **P** \$

Outward rollover amounts **Q** \$

Benefit payments and code **R** \$

Code

CLOSING ACCOUNT BALANCE S \$

IN-CONFIDENCE – when completed

Tax file number

Name of entity

Signature as prescribed in tax return

Section G: **Supplementary member information****!** Use this section for:

- deceased members
- members in excess of the four-member SMSF limit at **30 June 2009**.

MEMBER 5

Title: Mr Mrs Miss Ms Other

Family name

First given name

Other given names

Member's TFN

Date of birth

Day / Month / Year

Day / Month / Year

If deceased, date of death

ContributionsEmployer 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 family and friend contributions **G** \$Directed termination (taxable component) payments **H** \$Assessable foreign superannuation fund amount **I** \$Non-assessable foreign superannuation fund amount **J** \$Transfer from reserve: assessable amount **K** \$Transfer from reserve: non-assessable amount **L** \$Any other contributions (including Super Co-contributions) **M** \$**TOTAL CONTRIBUTIONS N \$****Other transactions**Allocated earnings or losses **O** \$Inward rollover amounts **P** \$Outward rollover amounts **Q** \$Benefit payments and code **R** \$

Loss

Code

CLOSING ACCOUNT BALANCE S \$

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Tax file number

Name of entity

Signature as prescribed in tax return

**Use this section for:**

- deceased members
- members in excess of the four-member SMSF limit at **30 June 2009**.

MEMBER 6

Title: Mr Mrs Miss Ms Other

Family name

First given name

Other given names

Member's TFN

Date of birth

Day / Month / Year

Day / Month / Year

If deceased, date of death

Contributions

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 family and friend contributions **G** \$Directed termination (taxable component) payments **H** \$Assessable foreign superannuation fund amount **I** \$Non-assessable foreign superannuation fund amount **J** \$Transfer from reserve: assessable amount **K** \$Transfer from reserve: non-assessable amount **L** \$Any other contributions (including Super Co-contributions) **M** \$**TOTAL CONTRIBUTIONS N \$**

Other transactions

Allocated earnings or losses **O** \$Inward rollover amounts **P** \$Outward rollover amounts **Q** \$Benefit payments and code **R** \$

Loss

Code

CLOSING ACCOUNT BALANCE S \$

If additional members need to be reported in **Section G: Supplementary member information** copy this page and attach to the annual return. **DO NOT USE STAPLES.**

IN-CONFIDENCE – when completed

Page 9

Tax file number

Name of entity

Signature as prescribed in tax return

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Section H: **Assets and liabilities**

14 ASSETS**14a Australian managed investments**Listed trusts **A \$**Unlisted trusts **B \$**Insurance policy **C \$**Other managed investments **D \$****14b Australian direct investments**Cash and term deposits **E \$**Debt securities **F \$**Loans **G \$**Listed shares **H \$**Unlisted shares **I \$**Derivatives and instalment warrants **J \$**Non-residential real property **K \$**Residential real property **L \$**Artwork, collectibles, metal or jewels **M \$**Other assets **O \$****14c 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 \$
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15 LIABILITIESBorrowings **V \$**

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


Reserve accounts **X \$**Other liabilities **Y \$**

TOTAL LIABILITIES Z \$


Tax file number

Name of entity

Signature as prescribed in tax return



Section I: Regulatory information

 The following questions indicate the operational status of the SMSF. Penalties will apply for false or misleading information. You must answer either **No** or **Yes** for all questions listed and provide dollar amounts if applicable.

In-house and related party assets

- Did the SMSF loan, lease to or invest in related parties (known as in-house assets)? **A** No Yes \$
- Did the SMSF hold in-house assets at any time during the year that exceeded 5% of total assets? **B** No Yes
- Did the SMSF hold an investment in a related party at any time during the year (excluding in-house assets)? **C** No Yes \$
- Did the SMSF acquire any assets (other than exempt assets) from related parties? **D** No Yes \$

Other regulatory questions

- Did the SMSF lend money or provide financial assistance to a member or relative of a member of the fund? **E** No Yes
- Did the SMSF receive *in specie* contributions during the year? **F** No Yes \$
- Did the SMSF make and maintain all investments on an arm's length basis? **G** No Yes
- Did the SMSF borrow for purposes that are not permissible? **H** No Yes
- Did members have the personal use of the SMSF's assets before retirement? **I** No Yes
- Did the SMSF provide money to members without a condition of release being met? **J** No Yes
- Did trustees of the fund receive any remuneration for their services as a trustee? **K** No Yes
- Are any trustees or directors currently disqualified persons as defined by SISA? **L** No Yes
- Are all SMSF assets appropriately documented as owned by the fund? **M** No Yes
- Did the SMSF carry on a business of selling goods or services? **N** No Yes
- Does the auditor provide services to the SMSF as either a tax agent, accountant or financial advisor or administrator? **O** No Yes

Section J: Other information

Forestry managed investment schemes

Product or private ruling information **G** Code **H** Year / Number **I**

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 2008–09 income year, write **2009**). **A**

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 2009*. **B**

Interposed entity election status

If the trust or fund has made, or is making, one or more interposed entity elections, write the four-digit **income year specified** of the earliest election (for example, for the 2008–09 income year, write **2009**). **C**

If revoking an interposed entity election, print **R**, and complete and attach the *Interposed entity election or revocation 2009*. **D**

Tax file number

Name of entity

Signature as prescribed in tax return

Section K: Declarations



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

TRUSTEE'S OR DIRECTOR'S DECLARATION:

I declare that current trustees and directors have authorised this annual return and it is documented as such in the SMSF's records. I have received the audit report and I am aware of any matters raised. I also authorise the Tax Office to make any tax refunds to the nominated bank account (if applicable).

Authorised trustee's or director's signature

Day / Month / Year
Date

Preferred trustee or director contact details:

Title: Mr Mrs Miss Ms Other

Family name

First given name

Other given names

Phone number

Email address

Non-individual trustee name (if applicable)

ABN of non-individual trustee

Hrs

Time taken to prepare and complete this annual return



The Commissioner of Taxation, as Registrar of the Australian Business Register, may use the ABN and business details which you provide on this annual return to maintain the integrity of the register. For further information, refer to the instructions.

TAX AGENT'S DECLARATION:

I declare that the *Self managed superannuation fund annual return 2009* has been prepared in accordance with information provided by the trustees, that the trustees have given me a declaration stating that the information provided to me is true and correct, and that the trustees have authorised me to lodge this annual return.

Tax agent's signature

Day / Month / Year
Date

Tax agent's contact details

Title: Mr Mrs Miss Ms Other

Family name

First given name

Other given names

Tax agent's practice

Tax agent's phone number

Reference number

Tax agent number



Postal address for annual returns: **Australian Taxation Office, GPO Box 9845, IN YOUR CAPITAL CITY**

PART A

Electronic Lodgement Declaration (Form MS)

This declaration is to be completed where the return is to be lodged via the Tax Office's Electronic Lodgment Service (ELS). 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

Your tax file number

It is not an offence not to quote your (or if applicable, the partner's or beneficiary's) tax file number (TFN). However, you cannot lodge your income tax return electronically if you do not quote your TFN. The Tax Office is authorised by the Income Tax Assessment Act 1936 and the Income Tax Assessment Act 1997 to ask for information in this tax return.

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.

Tax File Number	Name of Partnership, Trust, Fund or Entity	Year
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I authorise my tax agent to electronically transmit this tax return via the Electronic Lodgment Service.

Important

Before making this declaration please check to ensure that all income has been disclosed and the tax return is true and correct in every detail. If you are in doubt about any aspect of the tax return, place all the facts before the Tax Office. The tax law provides heavy penalties for false or misleading statements on tax returns.

Declaration: I declare that:

- the current trustee and directors have authorised this return and it is documented as such in the Self Managed Superannuation Fund's record
- I have received the audit report and I am aware of any matters raised
- the agent is authorised to lodge this annual return, including any applicable schedules

Signature of Partner, Trustee or
Public Officer

Date

/ /

PART C

Tax Agent's Certificate (Shared facility users only)

I declare that,

- I have prepared this tax return in accordance with the information supplied by the trustees
- I have received a declaration from the trustees stating that the information provided to me is true and correct
- I am authorised by the trustees to lodge this annual return, including any applicable schedules

Agent's signature

Date

Reference

Contact name

Agent's Phone No

Agent Ref No