

Self-managed superannuation fund annual return

2011

498MS2011

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 2011* (NAT 71287).

i The *Self-managed superannuation fund annual return instructions 2011* (NAT 71606) (the instructions) can assist you to complete this annual return.

TO COMPLETE THIS ANNUAL RETURN

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

Section A: Fund information

i To assist processing, write the fund's TFN at the top of pages 3, 5 and 7.

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 2011 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
Code

Membership number

Auditor's phone number

Postal address

Suburb/town

State/territory

Postcode

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

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

7 Electronic funds transfer (EFT)

Provide your financial institution details to have your refund paid directly to you.

It's faster and simpler to have your refund paid in this way. Write the BSB number, account number and account name below.

We do not issue refunds to a trustee's personal bank account. See *Self-managed superannuation fund annual return instructions 2011*.

BSB number (must be six digits)

Account number

Account name (for example, JQ Citizen)

Tax File Number

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 If yes, provide the date on which the fund was wound up Day / Month / Year Have all tax lodgment and payment obligations been met? No Yes

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 *Capital gains tax (CGT) schedule 2011*.
 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 *Capital gains tax (CGT) schedule 2011*.

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** \$

Gross distribution from partnerships **I** \$ Loss

*Unfranked dividend amount **J** \$

*Franked dividend amount **K** \$

*Dividend franking credit **L** \$

*Gross trust distributions **M** \$ Code

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 \$

*Other income **S** \$

*Assessable income due to changed tax status of fund **T** \$

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



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	\$	Code
Tax losses deducted	M	\$	
TOTAL DEDUCTIONS	N	\$	
TAXABLE INCOME OR LOSS (TOTAL ASSESSABLE INCOME <i>less</i> TOTAL DEDUCTIONS)	O	\$	Loss

Tax File Number

Section D: **Income tax calculation statement****12 Income tax calculation statement**Taxable income **A** \$No-TFN quoted
contributions tax **J** \$Gross tax **B** \$**C1** \$

Credit: foreign income tax offset

plus

Credit: rebates and tax offsets

C2 \$Rebates and offsets **C** \$
(**C1** plus **C2**)**F1** \$

Credit: interest on early payments

plus

Credit: foreign resident withholding

F2 \$

plus

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

F3 \$

plus

Credit: refundable franking credits

F4 \$

plus

Credit: no-TFN tax offset

F5 \$

plus

Credit: interest on no-TFN tax offset

F6 \$

plus

Credit: refundable National rental
affordability scheme tax offset**F7** \$

plus

Credit: TFN amounts withheld from
payments from closely held trusts**F8** \$SUBTOTAL **D** \$
(**B** less **C**)

(Cannot be less than zero)

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

Eligible credits

(**F1** plus **F2** plus **F3** plus **F4** plus **F5** plus **F6** plus **F7** plus **F8**) **F** \$PAYG instalments
raised **G** \$Supervisory levy **H** \$TOTAL AMOUNT DUE OR REFUNDABLE **I** \$
(**D** plus **E** less **F** less **G** plus **H**)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 2011*.

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

Section F: **Member information**

! Report current members at 30 June 2011 and former members who were paid a benefit (lump sum or income stream, but not a rollover) during the financial year. Include members for whom no contributions were received. Report deceased members in Section G.

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

Contributions

! Include contributions reported to you on a *Rollover benefits statement (RBS)* (NAT 70944).

OPENING ACCOUNT BALANCE \$

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**

! Exclude any rollover components reported at **N** from amounts reported at **P**. If **P** is negative, transfer the loss to **O**.

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

Loss

Code

CLOSING ACCOUNT BALANCE S \$

Tax File Number

! Report current members at 30 June 2011 and former members who were paid a benefit (lump sum or income stream, but not a rollover) during the financial year. Include members for whom no contributions were received. Report deceased members in Section G.

MEMBER 2Title: Mr Mrs Miss Ms Other

Family name

First given name

Other given names

Member's TFN

Date of birth

Day / Month / Year

Contributions

! Include contributions reported to you on a *Rollover benefits statement (RBS)* (NAT 70944).

OPENING ACCOUNT BALANCE \$

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**

! Exclude any rollover components reported at **N** from amounts reported at **P**. If **P** is negative, transfer the loss to **O**.

Allocated earnings or losses **O** \$

Loss

Inward rollover amounts **P** \$Outward rollover amounts **Q** \$Benefit payments and code **R** \$

Code

CLOSING ACCOUNT BALANCE S \$

Tax File Number

! Report current members at 30 June 2011 and former members who were paid a benefit (lump sum or income stream, but not a rollover) during the financial year. Include members for whom no contributions were received. Report deceased members in Section G.

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

! Include contributions reported to you on a *Rollover benefits statement (RBS)* (NAT 70944).

OPENING ACCOUNT BALANCE \$

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**

! Exclude any rollover components reported at **N** from amounts reported at **P**. If **P** is negative, transfer the loss to **O**.

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

Loss

Code

CLOSING ACCOUNT BALANCE S \$**IN-CONFIDENCE – when completed**

Tax File Number

! Report current members at 30 June 2011 and former members who were paid a benefit (lump sum or income stream, but not a rollover) during the financial year. Include members for whom no contributions were received. Report deceased members in Section G.

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

! Include contributions reported to you on a *Rollover benefits statement (RBS)* (NAT 70944).

OPENING ACCOUNT BALANCE \$

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**

! Exclude any rollover components reported at **N** from amounts reported at **P**. If **P** is negative, transfer the loss to **O**.

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

Loss

Code

CLOSING ACCOUNT BALANCE S \$

Tax File Number

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
(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
16 Taxation of financial arrangements (TOFA)

Did you make a gain, loss or transitional balancing adjustment
from a financial arrangement subject to the TOFA rules? **G** No Yes

Total TOFA gains **H \$**Total TOFA losses **I \$**TOFA transitional balancing adjustment **J \$****IN-CONFIDENCE – when completed**

Loss

Section J: 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 K: 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 2010–11 income year, write **2011**). **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 2011*. **B**

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 2011* for each election. **C**

If revoking an interposed entity election, print **R**, and complete and attach the *Interposed entity election or revocation 2011*. **D**

Tax File Number

Section L: **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 are in doubt about any aspect of the annual return, place all the facts before the ATO.

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 declare that the information on this annual return, including any attached schedules and additional documentation is true and correct. I also authorise the ATO to make any tax refunds to the nominated bank account (if applicable).

Authorised trustee's, director's or public officer's signature

Date Day / Month / Year

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 2011* 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

Date Day / Month / Year

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**

IN-CONFIDENCE – when completed

PART A

Electronic Lodgement Declaration (Form P, T, C, F, SMSF or EX)

This declaration is to be completed where the tax 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.

Electronic funds transfer - direct debit

Where you have requested an EFT direct debit some of your details will be provided to your financial institution and the Tax Office's sponsor bank to facilitate the payment of your taxation liability from your nominated account.

Tax File Number	Name of 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 information provided to the agent for the preparation of this tax return, including any applicable schedules is true and correct; and
- the agent is authorised to lodge this tax return.

Signature of Partner, Trustee or Public Officer

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 the electronic lodgment service ELS.

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

Account No

Agent Ref No

I authorise the refund to be deposited directly to the specified account

Signature of Partner, Trustee or Public Officer

Date

/ /

PART D

Tax Agent's Certificate (shared facilities only)

I declare that:

- I have prepared this tax return in accordance with the information supplied by the partner, trustee, director or public officer
- I have received a declaration made by the entity that the information provided to me for the preparation of this tax return is true and correct; and
- I am authorised by the partner, trustee, director or public officer to lodge this tax return, including any applicable schedules.

Agent's signature

Date

Reference

Contact name

Agent's Phone No

Agent Ref No

Capital gains tax (CGT) schedule

2011
951BK2011

Use in conjunction with company, trust, fund income tax return or the self managed superannuation fund annual return. Refer to *Guide to capital gains tax 2011* available on our website www.ato.gov.au for instructions on how to complete this schedule.

Print neatly in BLOCK LETTERS with a black or blue ballpoint pen only. Do not use correction fluid or tape. Print one letter or number in each box.

Tax file number (TFN)

Taxpayer's name

Australian business number (ABN)

Part A Capital gains from CGT assets and CGT events

Non-active assets	Capital gains – indexation method	Capital gains – discount method	Other capital gains
Shares and units (in unit trusts) A	B	C	
Forestry managed investment scheme interest Y	Z	A	
Real estate D	E	F	
Other CGT assets and any other CGT events G	H	I	
Collectables J	K	L	
Hedging financial arrangements	F	H	
Active assets			
Shares and units (in unit trusts) M	N	O	
Forestry managed investment scheme interest B	C	D	
Real estate P	Q	R	
Other CGT assets and any other CGT events S	T	U	
Add amounts at A to S above and write the total at V below.	Add amounts at B to T above and write the total at W below.	Add amounts at C to U above and write the total at X below.	
Total current year capital gains (CYCG) V	W	X	F

Tax File Number

Part B Current year capital losses (CYCL) from CGT assets and CGT events – other than capital losses from collectables

Shares and units (in unit trusts)	A
Forestry managed investment scheme interest	T
Real estate	B
Hedging financial arrangements	U
Other CGT assets and any other CGT events	C
Add amounts at A to C above and write the total at D below.	
Total current year capital losses (CYCL)	D

Part D Applying capital losses against current year capital gains

	Capital gains – indexation method	Capital gains – discount method	Other capital gains
Current year capital losses applied	E	F	G
Prior year net capital losses applied	I	J	K
Capital losses transferred in applied	M	N	O
Add amounts at E to M above and write the total at Q below.		Add amounts at F to N above and write the total at R below.	
Total capital losses applied	Q	R	S
Current year capital losses applied		Prior year net capital losses applied	
Add amounts at E , F and G above and write the total at H below.		Add amounts at I , J and K above and write the total at L below.	
Total capital losses applied	H	L	P
		Capital losses transferred in applied	
		Use P only for transfers from or to a foreign bank branch or permanent establishment of foreign financial entity. Add amounts at M , N and O above and write the total at P below.	
		F	

Part E Current year capital gains (CYCG) after applying capital losses

	Capital gains – indexation method	Capital gains – discount method	Other capital gains
Non-active assets	A	B	C
Active assets	D	E	F
Add amounts at A and D above and write the total at G below.		Add amounts at B and E above and write the total at H below.	
Totals – CYCG after applying capital losses	G	H	I

Tax File Number

Part F Applying the CGT discount on capital gains

Capital gains – discount method

From non-active assets **J**

From active assets **K**

Part G Applying the CGT concessions for small business

Capital gains – indexation method

Capital gains – discount method

Other capital gains

Small business active asset reduction **L**

M

N

Small business retirement exemption **O**

P

Q

Small business rollover **R**

S

T

F

Part H Calculating net capital gain

Totals – CGT discount and small business concessions **A**

Add amounts at **L** to **R** above and write the total at **A** below.

Add amounts at **J** to **S** above and write the total at **B** below.

Add amounts at **N** to **T** above and write the total at **C** below.

Deduct the amount at **A** above from the amount at **G** in part E on page 2 and write the result at **D** below.

Deduct the amount at **B** above from the amount at **H** in part E on page 2 and write the result at **E** below.

Deduct the amount at **C** above from the amount at **I** in part E on page 2 and write the result at **F** below.

D

E

F

Net capital gain (**D** + **E** + **F**) **G**

Transfer the amount at **G** to **A** on your tax return.

Part I Unapplied net capital losses (UNCL) carried forward to later income years

UNCL from collectables **H**

UNCL from all other CGT assets and CGT events **I**

Add amounts at **H** and **I** and write the total at **V** on your tax return.

Part J Small business 15-year exemption

Exempt capital gains **J**

CGT asset or CGT event code **K**

F

Part K Scrip-for-scrip rollover for exchanging taxpayer

Rollover chosen? **A** Yes **No**
Print **X** in the appropriate box.

Original interests cost base **B**

Replacement interests market value **C**

Cash and other considerations **D**

Tax File Number

Part L Scrip-for-scrip rollover for acquiring entity – to be completed by companies and trusts only

Acquiring entity **E** Yes No Print **X** in the appropriate box.

Number of original entities **F**

Number of shares/units etc issued **H**

Amount of other considerations **J**

Joint choice for rollover **L** Yes No Print **X** in the appropriate box.

Taxpayer TFN of original entity **G**

Number of options/rights etc issued **I**

First element of cost base of interests acquired **K**

Cost base – significant common stakeholder interests acquired **M**

Part M Did you have an employee share scheme in place at any time during the year? – to be completed by companies only

N Yes No Print **X** in the appropriate box.

Part N Same majority underlying ownership and pre-CGT assets – Division 149 – to be completed by companies only

O Yes No Print **X** in the appropriate box.

F

Taxpayer's declaration

If the schedule is not lodged with the income tax return you are required to sign and date the schedule.

Before making this declaration check to ensure that all required information has been disclosed and is true and correct in every detail. The income tax law imposes heavy penalties for false or misleading statements in tax returns. For further information refer to the instruction guide.

DECLARATION

I declare that the information in this schedule and additional documentation is true and correct.

Signature

Date Day / Month / Year

Contact person

Daytime contact number (include area code)

F