

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

i 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

Code

Membership number

Auditor's phone number

Postal address

Suburb/town

State/territory

Postcode

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

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

Self managed superannuation fund annual return 2009

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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	Date on which the fund was wound up	Day /	Month /	Year	Have all tax lodgment and payment obligations been met?	No	Yes
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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 2009*.

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 2009*.

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	Net foreign income	Loss
D1 \$	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** \$

*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

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 \$**

Code

TOTAL DEDUCTIONS N \$

TAXABLE INCOME OR LOSS O \$
(TOTAL ASSESSABLE INCOME less TOTAL DEDUCTIONS)

Loss

Section D: Income tax calculation statement

12 Income tax calculation statement

Credit: foreign income tax offsets C1 \$ <i>plus</i> Credit: rebates and tax offsets C2 \$	Taxable income A \$ <hr/> Gross tax B \$ <hr/> Rebates and offsets C \$ (C1 plus C2)
Credit: interest on early payments F1 \$ <i>plus</i> Credit: foreign resident withholding F2 \$ <i>plus</i> Credit: ABN/TFN not quoted (non-individual) F3 \$ <i>plus</i> Credit: refundable franking credits F4 \$ <i>plus</i> Credit: no-TFN tax offset F5 \$ <i>plus</i> Credit: interest on no-TFN tax offset F6 \$ <i>plus</i> Credit: refundable National rental affordability scheme tax offset F7 \$	SUBTOTAL D \$ (B less C) (Cannot be less than zero) Section 102AAM interest charge E \$ Eligible credits F \$ (F1 plus F2 plus F3 plus F4 plus F5 plus F6 plus F7) PAYG instalments raised G \$ Supervisory levy H \$

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

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

! 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

499MS2009

Tax file number

Name of entity

Signature as prescribed in tax return

Signature box

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 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 \$

Self managed superannuation fund annual return 2009

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Tax file number

Name of entity

Signature as prescribed in tax return

! 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 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** \$

Inward rollover amounts **P** \$

Outward rollover amounts **Q** \$

Benefit payments and code **R** \$

Loss

Code

CLOSING ACCOUNT BALANCE S \$

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

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

499MS2009

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.**

Tax file number

Name of entity

Signature as prescribed in tax return

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 \$

15 LIABILITIES

Borrowings **V \$**

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

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

	Code	Year	Number
Product or private ruling information	G	H	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

[Signature box]

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

[Signature box]

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

Time taken to prepare and complete this annual return Hrs

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

[Signature box]

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

Capital gains tax (CGT) schedule

2009
947BK2009

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 2009* 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)

Signature as prescribed in tax return

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 <input type="text"/>	B <input type="text"/>	C <input type="text"/>
Forestry managed investment scheme interest	Y <input type="text"/>	Z <input type="text"/>	A <input type="text"/>
Real estate	D <input type="text"/>	E <input type="text"/>	F <input type="text"/>
Other CGT assets and any other CGT events	G <input type="text"/>	H <input type="text"/>	I <input type="text"/>
Collectables	J <input type="text"/>	K <input type="text"/>	L <input type="text"/>

Active assets

Shares and units (in unit trusts)	M <input type="text"/>	N <input type="text"/>	O <input type="text"/>
Forestry managed investment scheme interest	B <input type="text"/>	C <input type="text"/>	D <input type="text"/>
Real estate	P <input type="text"/>	Q <input type="text"/>	R <input type="text"/>
Other CGT assets and any other CGT events	S <input type="text"/>	T <input type="text"/>	U <input type="text"/>

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

Signature as prescribed in tax return

Capital gains tax (CGT) schedule 2009

947BK2009

Taxpayer name

TFN

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 []

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 D []

capital losses (CYCL)

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.

Add amounts at G to O above and write the total at S below.

Total capital losses applied Q []

R []

S []

Current year capital losses applied

Prior year net capital losses applied

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 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.

Add amounts at M, N and O above and write the total at P below.

Total capital losses applied H []

L []

P []

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.

Add amounts at C and F above and write the total at I below.

Totals - CYCG after G []

H []

I []

applying capital losses

Signature as prescribed in tax return

Capital gains tax (CGT) schedule 2009

947BK2009

Taxpayer name

TFN

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

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

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

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

Totals-CGT discount and small business concessions A []

B []

C []

Deduct the amount at A above from the amount at C 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 []

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 []

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 []

Signature as prescribed in tax return

Capital gains tax (CGT) schedule 2009

947BK2009

Taxpayer name

TFN

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**

Taxpayer TFN of original entity **G**

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

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

Amount of other considerations **J**

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

Joint choice for roll over **L** Yes No Print X in the appropriate box

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**

Capital allowances schedule

2009
626BL2009

Read *Capital Allowances schedule instructions 2009* 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.
Print one letter or number in each box. Do not use correction fluid or tape.

Tax file number (TFN) See Privacy note on page 2 of this schedule.

Australian business number (ABN)

Name of entity

Signature

Part A Depreciating assets first deducted in the 2009 income year

1 Total cost of depreciating assets (excluding motor vehicles) **A**

Assets each costing less than \$1,000

2 Total cost of depreciating assets (excluding motor vehicles) **B**

Assets each costing \$1,000 or more

3 Total cost of motor vehicles **C**

4 Self-assessed effective life Have you self-assessed the effective life of any of these assets? **D** Yes No Print X in the appropriate box

If yes, complete **E** and/or **F**. If no, go to part B.

Depreciating assets (excluding motor vehicles)

Motor vehicles

Total cost of assets for which effective life self-assessed

E

F

Part B For all depreciating assets

1 Information from depreciating assets worksheet

Total assessable balancing adjustment amounts **G**

Total deductible balancing adjustment amounts **H**

Total deduction for decline in value - prime cost method **I**

Total deduction for decline in value - diminishing value method **J**

Total adjustable values at end of income year **K**

2 Information from low-value pool worksheet

Closing pool balance for previous income year **L**

Total cost of low-cost assets allocated to pool **M**

Total opening adjustable values of low-value assets allocated to pool **N**

Total second element of cost amounts allocated to pool **O**

Closing pool balance for this income year **P**

Total termination values of pooled assets for which balancing adjustment event occurred **Q**

3 Recalculation of effective life

Did you recalculate effective life for any of your assets this income year? **R** Yes No Print X in the appropriate box

If yes, complete **S** and/or **T**. If no, go to part C.

Depreciating assets (excluding motor vehicles)

Motor vehicles

Total opening adjustable values of assets for which effective life recalculated

S

T

Capital allowance schedule 2009

626BL2009

Tax file number

Name of entity

Signature as prescribed in tax return

Part C Project pools

- 1 Project pools
- Number of project pools **U**
- Total closing pool values for previous income year **V**
- Total closing pool values for this income year **W**
- 2 Amounts allocated this income year
- Total amounts incurred for environmental assessments **X**
- Total mining capital expenditure and/or transport capital expenditure **Y**
- Total of other project amounts **Z** **F**

Part D Entities engaged in exploration or prospecting

- Total deduction for decline in value of intangible depreciating assets used in exploration or prospecting **A**
- Total deduction for decline in value of other depreciating assets used in exploration or prospecting **B**

Is your *Capital allowances schedule 2009* complete?

Make sure you have completed your *Capital allowances schedule 2009* correctly. If there are any errors your schedule may be ineffective and will be returned to you to complete correctly.

Before you sign the *Capital allowances schedule 2009*, check that:

- you have included your **tax file number (TFN)** at the top of page 1 of the schedule
- you have included your **Australian business number (ABN)** at the top of page 1 of the schedule
- your name is printed on page 1 of the schedule
- you have completed the appropriate parts of the schedule.

Ensure your *Capital allowances schedule 2009* is attached to your tax return.

Privacy: The Tax Office is authorised by the *Taxation Administration Act 1953* to request you to quote your TFN. It is not an offence not to quote your TFN. However, your assessment will be delayed 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 on this schedule. We need this information to help us to administer the taxation laws. We may give this information to other government agencies as authorised in taxation law - for example, benefit payment agencies such as Centrelink and the Department of Education, Employment and Workplace Relations; law enforcement agencies such as state and federal police; and other agencies such as the Child Support Agency and the Australian Bureau of Statistics.

Losses schedule

2009
243BP2009

Companies and trusts that do not join consolidated groups should complete and attach this schedule to their 2009 tax return.

Superannuation funds should complete and attach this schedule to their 2009 tax return.

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

Refer to *Losses schedule instructions 2009*, available on our website www.ato.gov.au for instructions on how to complete this schedule.

Tax file number (TFN)

Name of entity

Australian business number (ABN)

Signature as prescribed in tax return

Part A Losses carried forward to the 2009–10 income year – excludes film losses

1 Tax losses carried forward to later income years

Year of loss	
2008–09	B
2007–08	C
2006–07	D
2005–06	E
2004–05	F
2003–04 and earlier income years	G
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	
2008–09	H
2007–08	I
2006–07	J
2005–06	K
2004–05	L
2003–04 and earlier income years	M
Total	V

F

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

Name of entity

Signature as prescribed in tax return

Part B Ownership and same business 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 same business test has to be satisfied in relation to that loss.
Do not complete items 1, 2 or 4 of Part B if, in the 2008–09 income year, no loss has been claimed as a deduction 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, transferred in or transferred out (as applicable) in the 2008–09 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.

Year of loss	Yes	No	
2008–09	A		Print X in the appropriate box.
2007–08	B		Print X in the appropriate box.
2006–07	C		Print X in the appropriate box.
2005–06	D		Print X in the appropriate box.
2004–05	E		Print X in the appropriate box.
2003–04 and earlier income years	F		Print X in the appropriate box.

2 Amount of losses deducted for which the continuity of majority ownership test is not passed but the same business test is satisfied – excludes film losses

Tax losses **G**

Net capital losses **H**

3 Losses carried forward for which the same business test must be satisfied before they can be deducted in later years – excludes film losses

Tax losses **I**

Net capital losses **J**

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* (ITAA 1997)?

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

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?

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

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?

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

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

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

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

O

Part D Life insurance companies

Complying superannuation/FHSA class tax losses carried forward to later income years **P**

Complying superannuation/FHSA net capital losses carried forward to later income years **Q**

F

Name of entity

Signature as prescribed in tax return

Part E Foreign source losses

1 Calculate the starting total for your convertible foreign losses

Unrecouped Overall Foreign Losses (OFLs) carried forward from earlier income years – incurred for the 1998–99 to 2007–08 income years – excludes losses of CFCs

Interest income **A**

Modified passive income **B**

Offshore banking income **C**

All other foreign source income **D**

Less – Loss amount attributable to non-assessable non-exempt income – Companies only **E**

Subtract **E** from **D** **F**

Total of **A** + **B** + **C** + **F** **G**

Include at **H** 50% of losses at **G** that were incurred for the 1998–99 to 2000–2001 income years **H**

Total amount of convertible foreign losses reduced where choice made to limit the starting total to \$10,000 **I**

Starting total for convertible foreign losses equals label **G** less labels **H** and **I** **J**

2 Foreign loss component of a tax loss – excludes losses of CFCs

Foreign loss component of tax losses deducted – included at the **Tax losses deducted** label on your tax return **K**

Foreign loss component of tax losses carried forward – included at the **Tax losses carried forward to later income years** label on your tax return **L**

3 Controlled foreign company losses

Convertible CFC losses **M**

CFC losses deducted **N**

CFC losses carried forward **O**

F

Name of entity

Signature as prescribed in tax return

[Signature box]

Part F Tax losses reconciliation statement

Balance of tax losses brought forward from prior year **A**

ADD Amount of convertible foreign losses **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 **E**

SUBTRACT Net exempt income **F**

SUBTRACT Tax losses forgone **G**

SUBTRACT Tax losses deducted **H**

SUBTRACT Tax losses transferred out under Subdivision 170-A
(only for transfers involving a foreign bank branch or a PE of a foreign financial entity) **I**

Total tax losses carried forward to later income years **J**

F

Transfer the amount at **J** to the **Tax losses carried forward to later income years** label on your tax return.