

PART A Electronic lodgment declaration (Form P, T, F, SMSF or EX)

This declaration is to be completed where the tax return is to be lodged via an approved ATO electronic channel. It is the responsibility of the taxpayer to retain this declaration for a period of five years after the declaration is made, penalties may apply for failure to do so.

Privacy

The ATO is authorised by the *Taxation Administration Act 1953* to request the provision of tax file numbers (TFNs). The ATO will use the TFNs to identify each partner or beneficiary or entity in our records. It is not an offence not to provide the TFNs. However, you cannot lodge your tax return electronically if you do not quote your TFN.

Taxation law authorises the ATO to collect information and disclose it to other government agencies, including personal information about the person authorised to sign the declaration. For information about privacy go to ato.gov.au/privacy.

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 (TFN)	<input type="text"/>	Year	<input type="text" value="2018"/>
Name of partnership, trust, fund or entity	<input type="text" value="PCJ Slagter Super Fund"/>		
Total income or loss	<input type="text"/>	Total deductions	<input type="text"/>
		Taxable income or loss	<input type="text"/>

I authorise my tax agent to electronically transmit this tax return via an approved ATO electronic channel.

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 director

Date

PART B ELECTRONIC FUNDS TRANSFER CONSENT

This declaration is to be completed when an electronic funds transfer (EFT) of a refund is requested and the tax return is being lodged through an approved ATO electronic channel.

This declaration must be signed by the partner, trustee or director 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.

Agent's Reference Number

Account Name

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

Signature

Date

PART C(a) ~~Interposed entity election and revocation~~ (Section not required for this Return)

I/We declare 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,
- and that the trustee(s)/company/partners is/are making or revoking an interposed entity election, the details of which are set out above, for the purposes of section 272-85 of Schedule 2F to ITAA 1936 and that
- the trustee(s)/company/partners is/are able to make or revoke the election in accordance with that section.

Signature of partner, trustee or public officer

Date

PART C(b)-----**Family trust election, revocation or variation** (Section not required for this Return)

I/We declare that

- all the information required has been provided in this form and any attachments to this form,
- and that the information provided is true and correct in every detail,
- and that the trustee(s)/partners is/are making, varying or revoking a family trust election, the details of which are set out above, for the purposes of section 272-80 of Schedule 2F to ITAA 1936 and that
- the trustee(s) or, if the trustee is a company, the public officer of the corporate trustee is/are able to make, vary or revoke the election in accordance with that section.

Signature of trustee or
if the trustee is a company,
the public officer of
the corporate trustee

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

Client reference

1007071

Contact name

TTO CHARTERED ACCOUNTANTS

Agent's phone number

08 82119426

Agent's reference number

25809482

Self-managed superannuation fund annual return

2018

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 2018* (NAT 71287).

! The *Self-managed superannuation fund annual return instructions 2018* (NAT 71606) (the instructions) can assist you to complete this annual return.

Section A: Fund information

1 Tax file number (TFN)

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

! The ATO 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. See the Privacy note in the Declaration.

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 2018 return?

A No ☒ Yes ☐

Is this the first required return for a newly registered SMSF?

B No ☒ Yes ☐

Self managed superannuation fund return 2018

RN :100017882MS

Taxpayer/entity name: PCJ Slagter Super Fund

TFN

6 SMSF auditor

Auditor's name

Title: Mr ☒ Mrs ☐ Miss ☐ Ms ☐ Other

Family name

Tony

First given name

Boys

Other given names

SMSF Auditor Number

100 014 140

Auditor's phone number

04 10712708

Postal address

PO Box 3376

Suburb/town

RUNDLE MALL

State/territory

SA

Postcode

5000

Date audit was completed

A

Day Month Year
01/12/2018

Was Part B of the audit report qualified?

B

No

☒

Yes

☐

If the audit report was qualified, have the reported compliance issues been rectified?

C

No

☐

Yes

☐

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 Financial institution details for super payments and tax refunds

You must provide the financial institution details of your fund's nominated super account. If you would like your fund's tax refunds paid to a different account, you can provide additional financial institution details at **B**.

Fund BSB number (must be six digits)

067167

Fund account number

12183056

Fund account name (for example, J&Q Citizen ATF J&Q Family SF)

HERZILEIN PTY LTD ITF PCJ SLAGTE

B Financial institution details for tax refunds only

If you would like your fund's tax refunds paid to a different account, provide additional financial institution details. Tax refunds cannot be paid to a trustee's personal account. (See relevant instructions.)

BSB number (must be six digits)

085458

Account number

762241871

Account name (for example, J&Q Citizen ATF J&Q Family SF)

TONELLATO PTY LTD TRUST ACCOUNT

C Electronic service address alias

We will use your electronic service address alias to communicate with your fund about ATO super payments.

Taxpayer/entity name: PCJ Slagter Super Fund

Fund's tax file number (TFN)

8 Status of SMSF

Australian superannuation fund

A No ☐ Yes ☒Fund benefit structure **B** **A** Code

Does the fund trust deed allow acceptance of the Government's Super Co-contribution and Low Income Super Contribution?

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 ☐**10 Exempt current pension income**

Did the fund pay retirement phase superannuation income stream benefits to one or more members in the income year?

To claim a tax exemption for current pension income, you must pay at least the minimum benefit payment under the law. Record exempt current pension income at Label **A**.No ☐

Go to Section B: Income.

Yes ☒Exempt current pension income amount **A** \$.00

Which method did you use to calculate your exempt current pension income?

Segregated assets method **B** ☒Unsegregated assets method **C** ☐ Was an actuarial certificate obtained? **D** Yes ☐

Did the fund have any other income that was assessable?

E Yes ☐

Go to Section B: Income.

No ☒Choosing 'No' means that you do not have any assessable income, including no-TFN quoted contributions. Go to Section C: Deductions and non-deductible expenses. (Do **not** complete Section B: Income.)

If you are entitled to claim any tax offsets, you can list these at Section D: Income tax calculation statement.

Self managed superannuation fund return 2018

RN :100017882MS

Taxpayer/entity name:PCJ Slagter Super Fund

TFN

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.

11 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 or you elected to use the CGT relief in 2017 and the deferred notional gain has been realised, complete and attach a *Capital gains tax (CGT) schedule 2018*.

Have you applied an exemption or rollover?

M No ☒ Yes ☐

Code

Net capital gain **A** \$ -00

Gross rent and other leasing and hiring income **B** \$ -00

Gross interest **C** \$ -00

Forestry managed investment scheme income **X** \$ -00

Gross foreign income	D1 \$ <input type="text"/> -00	Net foreign income	D \$ <input type="text"/> -00	Loss <input type="checkbox"/>
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Australian franking credits from a New Zealand company **E** \$ -00

Transfers from foreign funds **F** \$ -00

Number

Gross payments where ABN not quoted **H** \$ -00

Gross distribution from partnerships **I** \$ -00

Loss

*Unfranked dividend amount **J** \$ -00

*Franked dividend amount **K** \$ -00

*Dividend franking credit **L** \$ -00

*Gross trust distributions **M** \$ -00

Code

Calculation of assessable contributions	
Assessable employer contributions	R1 \$ <input type="text"/> -00
plus Assessable personal contributions	R2 \$ <input type="text"/> -00
plus **No-TFN-quoted contributions	R3 \$ <input type="text"/> 0 -00
(an amount must be included even if it is zero)	
less Transfer of liability to life insurance company or PST	R6 \$ <input type="text"/> -00

Assessable contributions
(**R1** plus **R2** plus **R3** less **R6**) **R** \$ 0 -00

Calculation of non-arm's length income	
*Net non-arm's length private company dividends	U1 \$ <input type="text"/> -00
plus *Net non-arm's length trust distributions	U2 \$ <input type="text"/> -00
plus *Net other non-arm's length income	U3 \$ <input type="text"/> -00

*Other income **S** \$ -00

Code

*Assessable income due to changed tax status of fund **T** \$ -00

Net non-arm's length income
(subject to 45% tax rate)
(**U1** plus **U2** plus **U3**) **U** \$ -00

#This is a mandatory label.

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

GROSS INCOME (Sum of labels A to U)	W \$ <input type="text"/> 0 -00	Loss <input type="checkbox"/>
Exempt current pension income	Y \$ <input type="text"/> -00	
TOTAL ASSESSABLE INCOME (W less Y)	V \$ <input type="text"/> 0 -00	Loss <input type="checkbox"/>

Taxpayer/entity name: PCJ Slagter Super Fund

Fund's tax file number (TFN)

Section C: Deductions and non-deductible expenses

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 \$		-00	A2 \$		-00
Interest expenses overseas	B1 \$		-00	B2 \$		-00
Capital works expenditure	D1 \$		-00	D2 \$		-00
Decline in value of depreciating assets	E1 \$		-00	E2 \$		-00
Insurance premiums – members	F1 \$		-00	F2 \$		-00
Death benefit increase	G1 \$		-00			
SMSF auditor fee	H1 \$		-00	H2 \$	1144	-00
Investment expenses	I1 \$		-00	I2 \$		-00
Management and administration expenses	J1 \$		-00	J2 \$	1716	-00
Forestry managed investment scheme expense	U1 \$		-00	U2 \$		-00
Other amounts	L1 \$		-00	L2 \$	259	-00
Tax losses deducted	M1 \$		-00			

Code

Code

TOTAL DEDUCTIONS

N \$(Total **A1** to **M1**)

TOTAL NON-DEDUCTIBLE EXPENSES

Y \$(Total **A2** to **L2**)

#TAXABLE INCOME OR LOSS

O \$

0

Loss

(TOTAL ASSESSABLE INCOME less
TOTAL DEDUCTIONS)

TOTAL SMSF EXPENSES

Z \$

3119

(N plus Y)

#This is a mandatory label.

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 2018* on how to complete the calculation statement.

#Taxable income **A** \$ **-00**

(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 **J** \$

(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

C2 \$

Non-refundable non-carry forward tax offsets

C \$

(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

E4 \$

Refundable tax offsets

E \$

(E1 plus E2 plus E3 plus E4)

#TAX PAYABLE **T5** \$

(T3 less E – cannot be less than zero)

Section 102AAM interest charge

G \$

Taxpayer/entity name:PCJ Slagter Super Fund

Fund's tax file number (TFN)

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 \$

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

#Tax offset refunds

(Remainder of refundable tax offsets)

I \$

9513.22

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

PAYG instalments raised

K \$

Supervisory levy

L \$

259.00

Supervisory levy adjustment for wound up funds

M \$

Supervisory levy adjustment for new funds

N \$

AMOUNT DUE OR REFUNDABLE

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

-9254.22

(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**If total loss is greater than \$100,000,
complete and attach a Losses
schedule 2018.Tax losses carried forward
to later income years**U \$**

-00

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

-00

Self managed superannuation fund return 2018

RN :100017882MS

Taxpayer/entity name: PCJ Slagter Super Fund

TFN

Section F: Member information

MEMBER 1

Title: Mr ☒ Mrs ☐ Miss ☐ Ms ☐ Other

Family name

Slagter

First given name

Petrus

Other given names

Member's TFN

See the Privacy note in the Declaration.

Date of birth

Day

Month

Year

21/09/1946

Contributions

Refer to instructions for completing these labels.

OPENING ACCOUNT BALANCE \$ 541849.36

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 \$

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 \$

Contributions from non-complying funds and previously non-complying funds T \$

Any other contributions (including Super Co-contributions and Low Income Super Contributions) M \$

TOTAL CONTRIBUTIONS N \$

Other transactions

Allocated earnings or losses

O \$ 102576.29

Inward rollovers and transfers

P \$

Outward rollovers and transfers

Q \$

Lump Sum payment

R1 \$

Income stream payment

R2 \$

32340.00

Accumulation phase account balance

S1 \$ 0.00

Retirement phase account balance – Non CDBIS

S2 \$ 612085.65

Retirement phase account balance – CDBIS

S3 \$ 0.00

0 TRIS Count

CLOSING ACCOUNT BALANCE S \$ 612085.65

(S1 plus S2 plus S3)

Accumulation phase value X1 \$

Retirement phase value X2 \$

Loss

Code

Code

M

Self managed superannuation fund return 2018

RN:100017882MS

Taxpayer/entity name: PCJ Slagter Super Fund

Fund's tax

number (TFN)

MEMBER 2

Title: Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Family name

First given name

Other given names

Member's TFN

See the Privacy note in the Declaration.

Date of birth

Day Month Year

Contributions

! Refer to instructions for completing these labels.

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 third party contributions **G** \$

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** \$

Contributions from non-complying funds and previously non-complying funds **T** \$

Any other contributions (including Super Co-contributions and Low Income Super Contributions) **M** \$

TOTAL CONTRIBUTIONS N \$

Other transactions

Allocated earnings or losses **O** \$

Loss

Inward rollovers and transfers **P** \$

Outward rollovers and transfers **Q** \$

Lump Sum payment **R1** \$

Income stream payment **R2** \$

Code
Code

Accumulation phase account balance **S1** \$

Retirement phase account balance – Non CDBIS **S2** \$

Retirement phase account balance – CDBIS **S3** \$

TRIS Count

CLOSING ACCOUNT BALANCE S \$

(S1 plus S2 plus S3)

Accumulation phase value **X1** \$

Retirement phase value **X2** \$

Self managed superannuation fund return 2018

Taxpayer/entity name: PCJ Slagter Super Fund

RN:100017882MS

TFN

MEMBER 3

Title: Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Family name

First given name

Other given names

Member's TFN

See the Privacy note in the Declaration.

Date of birth

Day

Month

Year

Contributions

! Refer to instructions for completing these labels.

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 third party contributions **G** \$

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** \$

Contributions from non-complying funds and previously non-complying funds **T** \$

Any other contributions (including Super Co-contributions and Low Income Super Contributions) **M** \$

TOTAL CONTRIBUTIONS N \$

Other transactions

Allocated earnings or losses **O** \$

Loss

Inward rollovers and transfers **P** \$

Outward rollovers and transfers **Q** \$

Lump Sum payment **R1** \$

Income stream payment **R2** \$

Code

Code

Accumulation phase account balance **S1** \$

Retirement phase account balance – Non CDBIS **S2** \$

Retirement phase account balance – CDBIS **S3** \$

☐ TRIS Count

CLOSING ACCOUNT BALANCE S \$

(S1 plus S2 plus S3)

Accumulation phase value **X1** \$

Retirement phase value **X2** \$

Self managed superannuation fund return 2018

Taxpayer/entity name: PCJ Slagter Super Fund

RN :100017882MS

TFN

MEMBER 4

Title: Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Family name

First given name

Other given names

Member's TFN

See the Privacy note in the Declaration.

Date of birth

Day

Month

Year

Contributions

! Refer to instructions for completing these labels.

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 third party contributions **G** \$

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** \$

Contributions from non-complying funds and previously non-complying funds **T** \$

Any other contributions (including Super Co-contributions and Low Income Super Contributions) **M** \$

TOTAL CONTRIBUTIONS **N** \$

Other transactions

Allocated earnings or losses **O** \$

Loss

Inward rollovers and transfers **P** \$

Outward rollovers and transfers **Q** \$

Lump Sum payment **R1** \$

Income stream payment **R2** \$

Code

Code

Accumulation phase account balance **S1** \$

Retirement phase account balance – Non CDBIS **S2** \$

Retirement phase account balance – CDBIS **S3** \$

☐ TRIS Count

CLOSING ACCOUNT BALANCE **S** \$

(S1 plus S2 plus S3)

Accumulation phase value **X1** \$

Retirement phase value **X2** \$

Self managed superannuation fund return 2018

RN :100017882MS

Taxpayer/entity name: PCJ Slagter Super Fund

TFN

Section G: Supplementary member information

MEMBER 5

Title: Mr Mrs Miss Ms Other

Account status

Code

Family name

First given name

Other given names

Member's TFN

See the Privacy note in the Declaration.

Date of birth

Day Month Year

If deceased, date of death

Day Month Year

Contributions

Refer to instructions for completing these labels.

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 third party contributions G \$

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 \$

Contributions from non-complying funds and previously non-complying funds T \$

Any other contributions (including Super Co-contributions and Low Income Super Contributions) M \$

TOTAL CONTRIBUTIONS N \$

Other transactions

Allocated earnings or losses O \$

Loss

Inward rollovers and transfers P \$

Outward rollovers and transfers Q \$

Lump Sum payment R1 \$

Income stream payment R2 \$

Code

Code

Accumulation phase account balance

S1 \$

Retirement phase account balance - Non CDBIS

S2 \$

Retirement phase account balance - CDBIS

S3 \$

TRIS Count

CLOSING ACCOUNT BALANCE S \$

(S1 plus S2 plus S3)

Accumulation phase value X1 \$

Retirement phase value X2 \$

Self managed superannuation fund return 2018

Taxpayer/entity name: PCJ Slagter Super Fund

RN :100017882MS

TFN

MEMBER 6

Title: Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Code

Account status

Family name

First given name

Other given names

Member's TFN

See the Privacy note in the Declaration.

Date of birth

Day Month Year

If deceased, date of death

Day Month Year

Contributions

! Refer to instructions for completing these labels.

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 third party contributions **G** \$

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** \$

Contributions from non-complying funds and previously non-complying funds **T** \$

Any other contributions (including Super Co-contributions and Low Income Super Contributions) **M** \$

TOTAL CONTRIBUTIONS **N** \$

Other transactions

Allocated earnings or losses **O** \$

Loss

Inward rollovers and transfers **P** \$

Outward rollovers and transfers **Q** \$

Lump Sum payment **R1** \$

Income stream payment **R2** \$

Code

Code

Accumulation phase account balance **S1** \$

Retirement phase account balance – Non CDBIS **S2** \$

Retirement phase account balance – CDBIS **S3** \$

☐ TRIS Count

CLOSING ACCOUNT BALANCE **S** \$

(S1 plus S2 plus S3)

Accumulation phase value **X1** \$

Retirement phase value **X2** \$

Self managed superannuation fund return 2018

Taxpayer/entity name: PCJ Slagter Super Fund

RN :100017882MS

TFN

MEMBER 7

Title: Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Code

Account status

Family name

First given name

Other given names

Member's TFN

See the Privacy note in the Declaration.

Date of birth

Day Month Year

If deceased, date of death

Day Month Year

Contributions

! Refer to instructions for completing these labels.

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 third party contributions **G** \$

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** \$

Contributions from non-complying funds and previously non-complying funds **T** \$

Any other contributions (including Super Co-contributions and Low Income Super Contributions) **M** \$

TOTAL CONTRIBUTIONS N \$

Other transactions

Allocated earnings or losses **O** \$

Loss

Inward rollovers and transfers **P** \$

Outward rollovers and transfers **Q** \$

Lump Sum payment **R1** \$

Income stream payment **R2** \$

Code

Code

Accumulation phase account balance **S1** \$

Retirement phase account balance – Non CDBIS **S2** \$

Retirement phase account balance – CDBIS **S3** \$

☐ TRIS Count

CLOSING ACCOUNT BALANCE S \$

(S1 plus S2 plus S3)

Accumulation phase value **X1** \$

Retirement phase value **X2** \$

Self managed superannuation fund return 2018

Taxpayer/entity name: PCJ Slagter Super Fund

RN:100017882MS

TFN

MEMBER 8

Title: Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Code

Account status

Family name

First given name

Other given names

Member's TFN

See the Privacy note in the Declaration.

Date of birth

Day Month Year

If deceased, date of death

Day Month Year

Contributions

! Refer to instructions for completing these labels.

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 third party contributions **G** \$

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** \$

Contributions from non-complying funds and previously non-complying funds **T** \$

Any other contributions (including Super Co-contributions and Low Income Super Contributions) **M** \$

TOTAL CONTRIBUTIONS N \$

Other transactions

Allocated earnings or losses **O** \$

Loss

Inward rollovers and transfers **P** \$

Outward rollovers and transfers **Q** \$

Lump Sum payment **R1** \$

Income stream payment **R2** \$

Code

Code

Accumulation phase account balance **S1** \$

Retirement phase account balance – Non CDBIS **S2** \$

Retirement phase account balance – CDBIS **S3** \$

☐ TRIS Count

CLOSING ACCOUNT BALANCE S \$

(S1 plus S2 plus S3)

Accumulation phase value **X1** \$

Retirement phase value **X2** \$

Section H: Assets and liabilities

15 ASSETS

15a Australian managed investments

Listed trusts **A** \$ -00Unlisted trusts **B** \$ -00Insurance policy **C** \$ -00Other managed investments **D** \$ -00

15b Australian direct investments

Cash and term deposits **E** \$ 1797 -00

Limited recourse borrowing arrangements

Australian residential real property

J1 \$ -00

Australian non-residential real property

J2 \$ -00

Overseas real property

J3 \$ -00

Australian shares

J4 \$ -00

Overseas shares

J5 \$ -00

Other

J6 \$ -00Debt securities **F** \$ -00Loans **G** \$ -00Listed shares **H** \$ 600775 -00Unlisted shares **I** \$ -00Limited recourse borrowing arrangements **J** \$ -00Non-residential real property **K** \$ -00Residential real property **L** \$ -00Collectables and personal use assets **M** \$ -00Other assets **O** \$ 9514 -00

15c Overseas direct investments

Overseas shares **P** \$ -00Overseas non-residential real property **Q** \$ -00Overseas residential real property **R** \$ -00Overseas managed investments **S** \$ -00Other overseas assets **T** \$ -00**TOTAL AUSTRALIAN AND OVERSEAS ASSETS U** \$ 612086 -00(Sum of labels **A** to **T**)

15d In-house assets

Did the fund have a loan to, lease to or investment in, related parties (known as in-house assets) at the end of the income year?

A No ☒Yes ☐\$ -00

15e Limited recourse borrowing arrangements

If the fund had an LRBA were the LRBA borrowings from a licensed financial institution?

A No ☐Yes ☐

Did the members or related parties of the fund use personal guarantees or other security for the LRBA?

B No ☐Yes ☐

Self managed superannuation fund return 2018

Taxpayer/entity name: PCJ Slagter Super Fund

RN :100017882MS

TFN

16 LIABILITIES

Borrowings for limited recourse
borrowing arrangements

V1 \$ -00

Permissible temporary borrowings

V2 \$ -00

Other borrowings

V3 \$ -00

Borrowings **V** \$ -00

Total member closing account balances
(total of all **CLOSING ACCOUNT BALANCES** from Sections F and G) **W** \$ 612086 -00

Reserve accounts **X** \$ -00

Other liabilities **Y** \$ -00

TOTAL LIABILITIES Z \$ 612086 -00

Section I: Taxation of financial arrangements

17 Taxation of financial arrangements (TOFA)

Total TOFA gains **H** \$ -00

Total TOFA losses **I** \$ -00

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 2017–18 income year, write **2018**).

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 2018*.

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 2018* for each election.

C

If revoking an interposed entity election, print **R**, and complete and attach the *Interposed entity election or revocation 2018*.

D

Self managed superannuation fund return 2018

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Taxpayer/entity name: PCJ Slagter Super Fund

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Section K: 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 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.

Privacy

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:

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

Slagter

First given name

Petrus

Other given names

Phone number

08 82674777

Email address

Non-individual trustee name (if applicable)

HERZILEIN PTY LTD

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 2018* 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

ACCOUNTANTS

First given name

TTO

Other given names

CHARTERED

Tax agent's practice

TTO CHARTERED ACCOUNTANTS

Tax agent's phone number

08 82119426

Reference number

1007071

Tax agent number

25809482



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

2018**Losses schedule**

Companies and trusts that do not join consolidated groups should complete and attach this schedule to their 2018 tax return.

Superannuation funds should complete and attach this schedule to their 2018 tax return.

Refer to *Losses schedule instructions 2018*, available on our website ato.gov.au for instructions on how to complete this schedule.

Tax file number (TFN)

Name of entity

PCJ Slagter Super Fund

Australian business number (ABN)

14 080 727 468

Part A Losses carried forward to the 2018–19 income year – excludes film losses**1 Tax losses carried forward to later income years****Year of loss**2017–18 **B** .002016–17 **C** .002015–16 **D** .002014–15 **E** .002013–14 **F** .002012–13 and earlier
income years **G** .00**Total U** .00

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**2017–18 **H** .002016–17 **I** .002015–16 **J** .002014–15 **K** .002013–14 **L** .002012–13 and earlier
income years **M** .00**Total V** .00

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

Taxpayer/entity name: PCJ Slagter Super Fund

TFN

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 2017–18 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 2017–18 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

2017–18	A Yes <input type="checkbox"/>	No <input type="checkbox"/>	Print X in the appropriate box.
2016–17	B Yes <input type="checkbox"/>	No <input type="checkbox"/>	Print X in the appropriate box.
2015–16	C Yes <input type="checkbox"/>	No <input type="checkbox"/>	Print X in the appropriate box.
2014–15	D Yes <input type="checkbox"/>	No <input type="checkbox"/>	Print X in the appropriate box.
2013–14	E Yes <input type="checkbox"/>	No <input type="checkbox"/>	Print X in the appropriate box.
2012–13 and earlier income years	F Yes <input type="checkbox"/>	No <input type="checkbox"/>	Print X in the appropriate box.

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 lossesTax losses **G** .00Net capital losses **H** .00**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 **I** .00Net capital losses **J** .00**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 .00

Part D Life insurance companies

Complying superannuation class tax losses carried forward to later income years **P** .00

Complying superannuation net capital losses carried forward to later income years **Q** .00

Taxpayer/entity name: PCJ Slagter Super Fund

TFN

Part E Controlled foreign company lossesCurrent year CFC losses **M** .00CFC losses deducted **N** .00CFC losses carried forward **O** .00**Part F Tax losses reconciliation statement**Balance of tax losses brought forward from the prior income year **A** .00**ADD** Uplift of tax losses of designated infrastructure project entities **B** .00**SUBTRACT** Net forgiven amount of debt **C** .00**ADD** Tax loss incurred (if any) during current year **D** .00**ADD** Tax loss amount from conversion of excess franking offsets **E** .00**SUBTRACT** Net exempt income **F** .00**SUBTRACT** Tax losses forgone **G** .00**SUBTRACT** Tax losses deducted **H** .00**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** .00Total tax losses carried forward to later income years **J** .00Transfer the amount at **J** to the **Tax losses carried forward to later income years** label on your tax return.

Taxpayer/entity name: PCJ Slagter Super Fund

TFN

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	<input type="text"/>		

Contact person

Daytime contact number (include area code)

TTO CHARTERED ACCOUNTANTS

08 82119426