

Australian Government Australian Taxation Office

Self-managed superannuation <u>2019</u> fund annual return

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 2019 (NAT 71287).

The Self-managed superannuation fund annual return instructions 2019 (NAT 71606) (the instructions) can assist you to complete this annual return.

The SMSF annual return cannot be used to notify us of a
change in fund membership. You must update fund details
• • • • • • • • • • • • • • • • • • •
via ABR.gov.au or complete the Change of details for
superannuation entities form (NAT 3036).

To complete this annual return

Print clearly, using a BLACK pen only.

■ Use BLOCK LETTERS and print one character per box.



> Postal address for annual returns:

Australian Taxation Office GPO Box 9845 [insert the name and postcode of your capital city]

For example; Australian Taxation Office **GPO Box 9845** SYDNEY NSW 2001

Section A: Fund information

Tax file number (TFN) 1

the top of pages 3, 5, 7 and 9.

To assist processing, write the fund's TFN at

U 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	2 Name of self-managed superannuation fund (SMSF)																													
3	Australian business number (ABN) (if applicable)																													
4																														
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																											_			
5							tatı ent t		ne S	SMS	SF's	20-	19 r	retu	rn?			A	No		Y	es								

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

No

Yes

6 SMSF auditor

Audit	uditor's name itle: Mr Mrs Miss Ms Other Management and the Angel Management and the Angel Management and the Angel Management																														
Title:	Mr		Mrs	5	N	liss		Μ	s	0	Othe	r																			
Family	nam	ie			-																		_								
First g	iven i	name	; ;												Oth	ier g	iven	nan	nes						 						
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Date	audi	it wa	IS CO	omp	lete	ed	A		Day] /	/	fonth] /	/ [Year															
Was	Part	A of	the	auc	dit r	epo	rt q	lual	ified	d?				B	N	> [Ye	es												
Was	Part	Bot	f the	auc	dit r	epo	rt q	Jual	ified	:				С	N	b		Ye	es												
If the issue					qua	alifie	ed, ł	nav	e th	ne re	epoi	rtec		D	N	b		Ye	es												

7 Electronic funds transfer (EFT)

We need your self-managed super fund's financial institution details to pay any super payments and tax refunds owing to you.

A Fund's financial institution account details

	This account is used for super contributions and rollovers. Do not provide a tax agent account here.														
	Fund BSB number Fund account number														
	Fund account name														
	I would like my tax refunds made to this account. Go to C.														
В	Financial institution account details for tax refunds														
	This account is used for tax refunds. You can provide a tax agent account here.														
	BSB number Account number														
	Account name														
С	Electronic service address alias														

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

	Fund's tax file number (TFN)
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-contribution and Low Income Super Amounts?
9	Was the fund wound up during the income year? No Yes I figures, provide the date on Wonth 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 \$,,,
	Which method did you use to calculate your exempt current pension income?
	Segregated assets method B
	Unsegregated assets method C Vas 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.



Section B: Income				
Do not complete this section if all superannuation int				
the retirement phase for the entire year , there was no notional gain. If you are entitled to claim any tax offsets				
11 Income			s or total capital gair ted to use the transit	
Did you have a capital gains tax (CGT) event during the year? G No	Yes 201	7 and the deferre	ed notional gain has l	been realised,
	Con	·	r a Capital gallis tax ((CGT) schedule 2019.
Have you applied an exemption or rollover? M No	Yes			
	capital gain A			· %
	-			
Gross rent and other leasing and hi	-			}• ∞
Gr	oss interest C	\$,	,	•99
Forestry managed sche	investment me income	\$		· ∞
Gross foreign income			-	Loss
D1 \$,,,,, Net fore	eign income	\$,[·%
Australian franking credits from a New Zealan	d company	\$		·%
Ť	noforo from			Number
fc	oreign funds	♥■□□,□		
Gross paym ABN	not quoted	\$,		Loss
	distribution partnerships	\$]•∞
	od dividond	\$]•%
plus Assessable personal contributions	amount			
R2 \$,,,,∞	amount	\$,	,,	J-980
plus #*No-TFN-quoted contributions *Divide	end franking credit	. \$]• %
(an amount must be included even if it is zero)	Gross trust			
less Transfer of liability to life insurance		· • [_][_], [,,	
	Assessable ntributions (R1 plus R2 R	\$		· %
	s R3 less R6)	,,,,,,,,		
Calculation of non-arm's length income				Code
*Net non-arm's length private company dividends *Ot	her income S	\$,		-94
*Assessa	able income hanged tax	• \$		-89
	atus of fund	≁∟∟∟,∟	,,	
	non-arm's oth income			· %
U3 \$ (subject to	45% tax rate) 5 U2 plus U3)	Ψ,	,,	
#This is a mandatory GBOS				Loss
	bels A to U) W	\$,		·% []
*If an amount is entered at this label, Exempt current pens	sion income	\$,[]• %
check the instructions to ensure the correct TOTAL ASSESSAB				Loss
tax treatment has INCOME (W less				-94
been applied.				

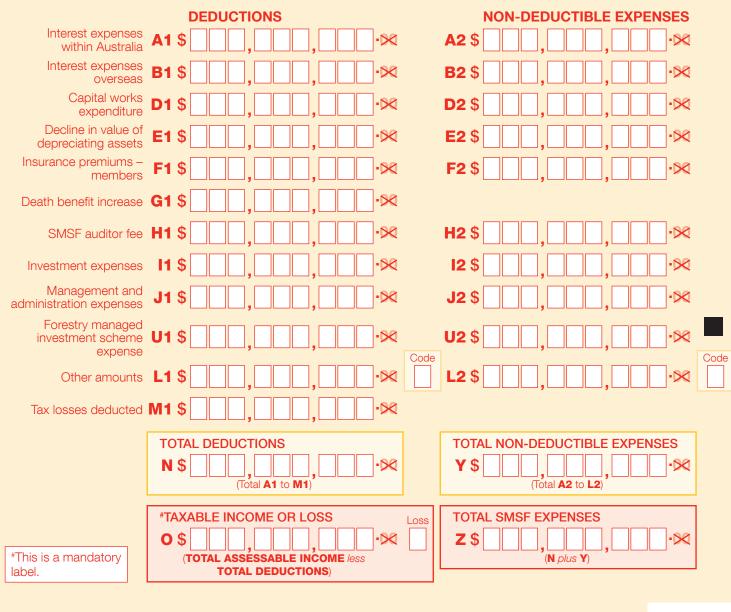
Sensitive (when completed)

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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).

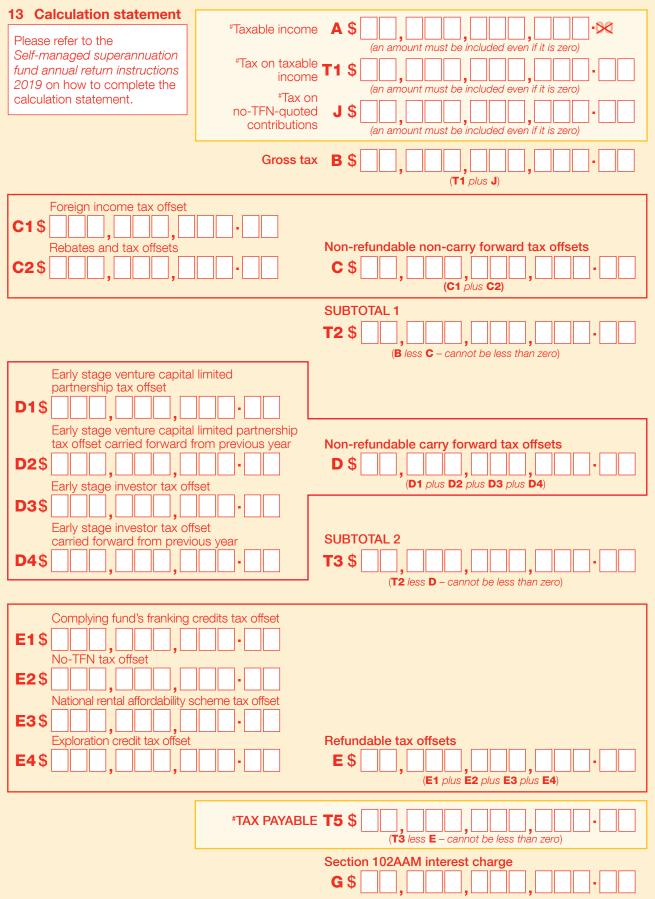




Section D: Income tax calculation statement

*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.



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\$,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, , ,, , ,, , , , , , , , , , , , , , , , , , , ,	71226091
H3\$,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, , ,, , ,, , , , , , , , , , , , , , , , , , , ,	9
H5 \$ Credit for interest on no-TFN tax offset H6 \$ C Credit for interest on no-TFN tax offset	
Credit for foreign resident capital gains withholding amounts H8\$ (H1 plus H2 plus H3 plus H5 plus H6 plus H8)	
#Tax offset refunds (Remainder of refundable tax offsets)	
PAYG instalments raised K \$,,, Supervisory levy	
$L \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	
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 S , , , , , , , , , ,	
*This is a mandatory label.	

Section E: Losses

14 Losses

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

Tax losses carried forward to later income years Net capital losses carried forward to later income years

U	\$]_, .∞	
V	\$		

Section F: Member information
MEMBER 1
Title: Mrs Miss Ms Other O
First given name Other given names
Member's TFN Date of birth Year See the Privacy note in the Declaration. Image: Comparison of the Declaration of the De
Contributions
 Refer to instructions for completing these labels. Proceeds from primary residence disposal H \$
Employer contributions Receipt date Day Month Year A \$
ABN of principal employer Assessable foreign superannuation fund amount
Personal contributions B Image: Second
CGT small business retirement exemption C\$ C\$ CGT small business retirement exemption C C C C C C C C C C C C C C C C C C C
CGT small business 15-year exemption amount Transfer from reserve: non-assessable amount
Personal injury election
E \$
F \$
G \$,,,, M \$,,,
TOTAL CONTRIBUTIONS N \$
Other transactions Allocated earnings or losses O \$ Image: Colored col
Accumulation phase account balance rollovers and P \$
S1 \$,, transfers
Retirement phase account balance
S2 \$,,,, Lump Sum R1 \$,,,
- CDBIS Income stream R2 \$, , Code
TRIS Count CLOSING ACCOUNT BALANCE S \$
(S1 plus S2 plus S3)
Accumulation phase value X1 \$
Outstanding limited recourse borrowing arrangement amount
Page 8 Sensitive (when completed)

 Fund's tax file number (TFN)
 Image: Comparison of the second second

MEMBER 2	
Title: Mr Mrs Miss	Ms Other
Family name	
First given name	Other gi
Member's TFN See the Privacy note in the Dec	claration.
Contributions	OPENING ACCOUNT BALAN
Refer to instructions for a	completing these labels.
Employer contributions	
A \$	
Α Φ Ι	
ABN of principal emplo)yer
ABN of principal emplo	byer
A1	
A1 Personal contributions B \$,	
A1 Personal contributions B \$	
A1	

Me	mbe		TFN		te in	the	Dec	l	ltion.						given				D	ate	of k	birth		ay	 ∕	Nonth		Year	
Со	ntri	but	ion	S				0	PEN	ING	AC	COU	INT E	BALA	ANCE	\$],[],[],[•]		_
	F	Refei	r to i	nstr	uctio	onsi	for c	com	pletii	ng tł	hese	labe	els.			Proo	ceed \$	ls fro	om p	rimai	ry n	eside	ence	dispo	osal •]		
		A AB A1 Per	\$ N of I [prii	ontri	al en	nplo		_), [_)•[H1 Ass I	essa \$ [i-ass	ble f	foreig],[rannı],[func	•]] punt		
		B \$, . CGT small business retirement exemption . C \$, CGT small business 15-year exemption amount . D \$, Personal injury election . E \$ Spouse and child contributions . F \$ G \$ Any other contributions G \$ TOTAL CONTRIBUTIONS J S J S J J S J J J J J J J J J J J J J J J J J J J J J J J J J J J J J J J J J J J J J J J J J J J J J J J J J J J J J J J J J <th>]]]]</th> <th>712261019</th> <th></th>]]]]	712261019											
Oth	ner	(Sum of labels A to M) er transactions Allocated earnings or losses O \$																Loss											
	1\$ 2\$ 3\$	Accumulation phase account balance \$																Code Code											
				TRI	3 Coι	ınt		C	LOS	SING	g ac	col	UNT	BAL	ANC	ES	\$\$],[[S1 p	lus	S2 pl], [us S 3)	•]		
									C		Retir	reme	ent p	hase	value value	e X2	2 \$ [],[],[]]		
									borre	owin	ng ar	rang	jeme	ent ar	noun e (wh	t	Ť	plet	ed)	_,			,		•) Pa	ge 9	

MEMBER 3

Fitle: Mr Miss Miss Ms Other					
Day Month Yea					
Member's TFN Date of birth Date of birth See the Privacy note in the Declaration.					
 Refer to instructions for completing these labels. Proceeds from primary residence disposal H \$ 					
Employer contributions A \$ A \$ ABN of principal employer A1 Personal contributions Receipt date Day Month Year H1 Assessable foreign superannuation fund amount I Superannuation fund amount					
B \$					
Personal injury election E \$					
TOTAL CONTRIBUTIONS N \$ (Sum of labels A to M)					
Other transactions Allocated earnings or losses • • • • • • • • • • • • • • • • • • •					
Accumulation phase account balance S1 \$, Outward					
Retirement phase account balance rollovers and Q \$, . . - Non CDBIS - Non CDBIS </th <th></th>					
S2 \$,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, _,					
S3 \$,, stream R2 \$,,					
TRIS Count CLOSING ACCOUNT BALANCE \$ \$,,, (S1 plus S2 plus S3)					
Retirement phase value X2 \$					
Page 10 Sensitive (when completed)					

MEMBER 4 Title: Mrs Miss Ms Other Oth	
Member's TFN Day Month Yea See the Privacy note in the Declaration. Date of birth / /	r
Contributions OPENING ACCOUNT BALANCE \$_,,,,	
 Refer to instructions for completing these labels. Employer contributions A \$	
Other transactions Allocated earnings or losses • \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
Accumulation phase account balance S1 \$,,, Retirement phase account balance - Non CDBIS S2 \$,, Retirement phase account balance - CDBIS S3 \$,, S3 \$,, Accumulation phase account balance - Non CDBIS Retirement phase account balance - CDBIS S3 \$,, S3 \$,, Accumulation phase account balance - CDBIS S3 \$,, S3 \$,, S3 \$,, Accumulation phase account balance - CDBIS S3 \$,, S3 \$,, Accumulation phase account balance - CDBIS S3 \$,, Accumulation phase account balance - CDBIS S3 \$,, S3 \$,, S3 \$,, Accumulation phase account balance - CDBIS S3 \$,, S3 \$,, S3 \$,, S3 \$,, S3 \$,, Accumulation phase account balance - CDBIS S3 \$,, S3 \$, S3 \$, S3 \$, S4, S5, S5, S5, S5, S5 S5, S5 S5 S5 S5 S5 S5 S5 S5 S5 S5 S5 S5 S5 S5 S5 S5 S5 S5 S5 S5 S5 S5 S5 S5 S5 S5 S5 S5 S5 S5 S5 S5 S5 S5 S5 S5 S5 S5 S5 S5 S5 S5 S5 S5 S5 S5 S5 S5 S5 S5 S5 S5 S5 S5 S5 S5 S5 S5 S5 S5 S5 S5 S5 S5 S5 S5 S5 S5 S5 S5 S5 S5 S5 S5 S5 S5	
TRIS Count CLOSING ACCOUNT BALANCE \$ \$,,	
Accumulation phase value X1 \$, Retirement phase value X2 \$, Outstanding limited recourse borrowing arrangement amount Y \$,,	

Section G: Supplementary member information
MEMBER 5 Title: Mrs Miss Ms Other Code
Family name
First given name Other given names Other given names
Member's TFN Date of birth If deceased, date of death
See the Privacy note in the Declaration. Day Month Year Day Month Year
Contributions OPENING ACCOUNT BALANCE \$
Proceeds from primary residence disposal
Employer contributions H \$,,, Receipt date Day Month Year
A \$
Personal contributions B Image: Second state of the second state o
CGT small business retirement exemption Transfer from reserve: assessable amount
CGT small business 15-year exemption amount Transfer from reserve: non-assessable amount
D \$
E \$
Spouse and child contributions I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I <
Other third party contributions Low Income Super Amounts)
(Sum of labels A to M)
Other transactions Allocated earnings or losses • \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Accumulation phase account balance Inward rollovers and P\$
S1 \$, transfers
Retirement phase account balance
S2 \$,,, Lump Sum R1 \$,,,
Retirement phase account balance - CDBIS Code stream R2 \$
S3 \$,,, Payments
TRIS Count CLOSING ACCOUNT BALANCE \$ \$,
(S1 plus S2 plus S3)
Retirement phase value X2 \$,,,
Outstanding limited recourse borrowing arrangement amount
Page 12 Sensitive (when completed)

		1B		

Title: Mr Mrs Miss Ms Other	Account status
First given name Other give	שובובו בוביובו בוביובו בובי n names קרורורו הורחרורורו הורחר הורחרורורורורורורורו
Member's TFN Date of birth	If deceased, date of death
See the Privacy note in the Declaration. Day Month	Year Day Month Year
Contributions OPENING ACCOUNT BALANC	æ \$_,,,
Refer to instructions for completing these labels.	Proceeds from primary residence disposal
Employer contributions	
ABN of principal employer	Assessable foreign superannuation fund amount
Personal contributions	Non-assessable foreign superannuation fund amount
B \$,, · CGT small business retirement exemption	
	Transfer from reserve: assessable amount
CGT small business 15-year exemption amount	Transfer from reserve: non-assessable amount
D \$,, • Personal injury election	
	Contributions from non-complying funds and previously non-complying funds
	T \$,,
F \$, , 	(including Super Co-contributions and Low Income Super Amounts)
G \$,,	M \$
(Sur	m of labels A to M)
Other transactions Allocated earnin or loss	es 🗣 🖓 🗌 L.L., L.L., L.L.L. L.L.
Accumulation phase account balance rollovers a	nd P \$
S1 \$, , Outwa	
Retirement phase account balance rollovers a – Non CDBIS transfe	
S2 \$, , Lump Su paymen	
Retirement phase account balance – CDBIS Incom	
S3 \$	m R2 \$,,,
TRIS Count CLOSING ACCOUNT BALAN	ICE S \$,,,
Accumulation phase val	ue X1 \$,,
Retirement phase val	ue X2 \$,,
Outstanding limited recour borrowing arrangement amou	
	vhen completed) Page 13

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MEMBER 7

Title: Mr Mrs Miss Ms Other	Account status
First given name Other given	
Member's TFN Date of birth See the Privacy note in the Declaration. Day Month	If deceased, date of death
Contributions OPENING ACCOUNT BALANCE	\$_,,,
Refer to instructions for completing these labels.	Proceeds from primary residence disposal
Employer contributions A A A ABN of principal employer A1 A1 Personal contributions B S CGT small business retirement exemption C S CGT small business 15-year exemption amount D S Personal injury election E S Spouse and child contributions F S Other third party contributions G	Receipt date Day Month Year H1 Assessable foreign superannuation fund amount I \$ On-assessable foreign superannuation fund amount J \$ On-assessable foreign superannuation fund amount K \$ On-assessable amount L \$ On-complying funds T \$ On-complying funds T \$ On-complying funds T \$ On-assessable foreign super annuation Inductions Including Super Co-contributions and Low Income Super Amounts M \$
TOTAL CONTRIBUTIONS N \$	of labels A to M)
Other transactions Allocated earning or losse	
Accumulation phase account balance rollovers an transfer S1 \$	
S2 \$	R1 \$,,
TRIS Count CLOSING ACCOUNT BALANC	E S \$
Accumulation phase valu Retirement phase valu	
Outstanding limited recours borrowing arrangement amour	₹ Y \$,,
	ien completed)

Μ	EN	Л	BE	ER	8
					_

Title: Mr Mrs Miss	Ms Other		Account status
Family name			
First given name			
Member's TFN	Date of birth		If deceased, date of death
See the Privacy note in the Declarat		Year	Day Month Year
Contributions	OPENING ACCOUNT BALANC	≡\$_,	
Refer to instructions for co	ompleting these labels.	Proceeds from primary res	sidence disposal
Employer contributions A ABN of principal employ A1 Personal contributions B S CGT small business retiin C S D S Personal injury election E S Spouse and child contril F S Other third party contrib G		Receipt date Day H1 Assessable foreign supera	iuperannuation fund amount iuperannuation fund amount iupersable amount <p< th=""></p<>
TOTAL	CONTRIBUTIONS N \$	of labels A to M)	
Other transactions	Allocated earning or loss	es ♥♥□□□,□□	
Accumulation phase acc S1 \$	transfe	rd Q \$,	
Retirement phase accou – CDBIS S3 \$	unt balance	en R2 \$	
TRIS Count	CLOSING ACCOUNT BALAN	CE S\$ (S1 plus S	2 plus S3)
	Accumulation phase valu	Je X1 \$,	
	Retirement phase valu Outstanding limited recours		
	borrowing arrangement amou	nt TDLL,LL hen completed)	

15	Section H: Assets and liabilities						
15a	Australian managed investments	Listed trusts	A \$, ,				
		Unlisted trusts	B\$				
		Insurance policy	C \$				
	Oth	er managed investments	D\$,,×				
15b	Australian direct investments	Cash and term deposits	E\$,,,∞				
	Limited recourse borrowing arrangements Australian residential real property	Debt securities	F\$,,,∾				
	J1 \$	Loans	G \$				
	Australian non-residential real property	Listed shares	H \$ 00000000000000000000000000000000000				
	J2 \$	Unlisted shares					
	J3 \$	Limited recourse					
	J4 \$, ,	Non-residential real property					
		Residential real property					
	Other	Collectables and personal use assets	M\$,,,∞				
	J6 \$,,,,,,,	Other assets	○ \$,,,				
15c	Other investments	Crypto-Currency	N\$,,,∞				
15d	Overseas direct investments	Overseas shares	P\$,,,∞				
	Overseas nor	n-residential real property	Q\$				
	Oversea	R \$					
	Overse	as managed investments	S \$				
		Other overseas assets	T \$				
	TOTAL AUSTRALIAN AN (Sum of labe		U\$,,,				
15e	15e 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?						
15f	Limited recourse borrowing arrangements If the fund had an LRBA were the LRBA borrowings from a licensed financial institution?	A No Yes					
1	Did the members or related parties of the fund use personal guarantees or other security for the LRBA?	B No Yes					
-	Page 16 So	ensitive (when comple	oted)				

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16 LIABILITIES

Borrowings for limited recourse borrowing arrangements		
V1 \$, , , , ∞		
Permissible temporary borrowings		
V2\$,,,∞		
Other borrowings		
V3 \$,,, ∞	Borrowings	V \$,,,∞
Total member closin (total of all CLOSING ACCOUNT BALANCE s from		w \$,,∞
	Reserve accounts	X \$,,,∞
	Other liabilities	Y \$,,∞
	TOTAL LIABILITIES	Z \$,,,∞

Section I: Taxation of financial arrangements

17 Taxation of financial arrangements (TOFA)

Total TOFA gains	н	\$
Total TOFA losses	T	\$

Section J: Other information

Family trust election status

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

If revoking or varying a family trust election, print \mathbf{R} for revoke or print \mathbf{V} for variation, and complete and attach the *Family trust election, revocation or variation 2019*.

Interposed entity election status

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

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

В

С

D

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, the current trustees and directors have authorised this annual return and it is documented as such in the SMSF's records. I have received a copy of the audit report (If required) and are aware of any matters raised therein. The information on this annual return, including any attached schedules and additional documentation is true and correct.

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

	Day Month Year
	Date / / / / / / / / / / / / / / / / / / /
Preferred trustee or director contact details:	
Title: Mrs Miss Ms Other	
First given name Other given names	
Phone number	
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 us	
provide on this annual return to maintain the integrity of the register. For further informati	ion, refer to the instructions.
TAX AGENT'S DECLARATION:	
I declare that the Self-managed superannuation fund annual return 2019 has been prepar	
provided by the trustees, that the trustees have given me a declaration stating that the info correct, and that the trustees have authorised me to lodge this annual return.	ormation provided to me is true and
Tax agent's signature	
	Day Month Year
Tax agent's contact details	
Title: Mr Mrs Miss Ms Other	
Family name	
Tax agent's practice	
Tax agent's phone number Reference number	Tax agent number

Place your attachments here.

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