Australian Government

Australian Taxation Office

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 2010 (NAT 71287).

The Self-managed superannuation fund annual return instructions 2010 (NAT 71606) (the instructions) can assist you to complete this annual return.

Section A: Fund information

Tax file number (TFN) 1

то	COMPLETE	THIS	ANNUAL	RETUR

To assist processing, write the fund's

TFN at the top of pages 3 and 5.

- Print clearly, using a BLACK pen only.
- Use BLOCK LETTERS and print one character per box.

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Self-managed superannuation

fund annual return

Print |X| in ALL applicable boxes.

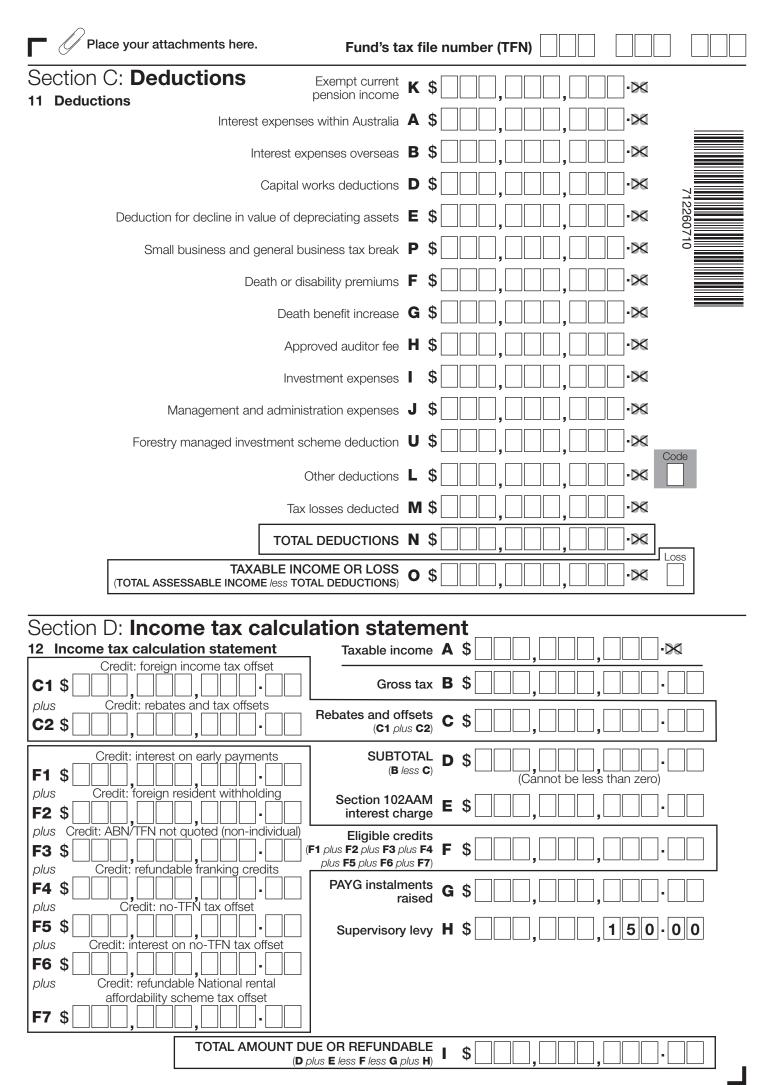


2010

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.

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Section B: Income			
10 Income			
Did you have a capital gains tax (CGT) event during the year?	G No Yes	lf the comp	total capital loss or total capital gain is greater than \$10,000 plete and attach a <i>Capital gains tax (CGT) schedule 2010.</i>
Did the CGT event relate to a forestry managed investment scheme interest that you held other than as an initial participant?	Z No Yes)	You r (CGT)	nust complete and attach a <i>Capital gains tax</i>) <i>schedul</i> e 2010.
	Net capital gain	A	\$,,∞
Gross rent and other le	asing and hiring income	В	\$,,∞
	Gross interest	С	\$,,∞
Fores	try managed investment scheme income	X	\$,,∞
		_	
D1 \$,,,	Net foreign income	D	\$,,
Australian franking credits from a	New Zealand company	Е	\$,,·×
	Transfers from foreign funds	F	
	Gross payments where ABN not quoted	н	\$∞
Calculation of assessable contributions Assessable employer contributions	Gross distribution from partnerships	I.	
	*Unfranked dividend amount	J	\$ <u></u> ,,
plus Assessable personal contributions	*Franked dividend	к	\$
R2 \$,,, <i>•</i> № <i>plus</i> *No-TFN quoted contributions	amount *Dividend franking		\$ <u></u> , <u></u> , <u></u>
	credit *Gross trust	-	
less Transfer of liability to life insurance company or PST	distributions	Μ	\$,,,
	Assessable contributions R1 plus R2 plus R3 less R6)	R	\$,,∞
Calculation of non-arm's length income *Net non-arm's length private			
company dividends			Code
U1 \$,,,	*Other income	S	\$,,,
plus *Net non-arm's length trust distributions U2 \$	*Assessable income due to changed tax status of fund	т	\$,,∞
<i>plus</i> *Net other non-arm's length income U3 \$,,,	Net non-arm's length income (subject to 45% tax rate) (U1 plus U2 plus U3)	U	\$,,∞
TOTAL A	SSESSABLE INCOME	v	\$,,·×
*If an amount is entered at this label, check th	e instructions to ensure the	e cor	rrect tax treatment has been applied.



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 2010*.

Tax losses carried forward to later income years

\$

V \$

Net capital losses carried forward to later income years

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Section F: Member information

Report current members at 30 June 2010 and former members who were paid a benefit (lump sum or income stream, but not a rollover) during the financial year. Include members for whom no contributions were received. Report deceased members in Section G.

MEMBER 1	
Title: Mr Mrs Miss	Ms Other
Family name	
First given name	Other given names
Member's TFN	Date of birth Date Month Year
Contributions	
Include contributions reported to you on a	
Rollover benefits statement	
(RBS) (NAT 70944).	ABN of principal employer A1
	Personal contributions B \$
CG	T small business retirement exemption C \$
	all business 15-year exemption amount D \$
Ourshie	
	Personal injury election E \$,,,
	Spouse and child contributions F \$,,,,
	Other family and friend contributions G \$, , , , , , , , , , , , , , , , , ,
Directed term	nination (taxable component) payments H\$,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Assessab	le foreign superannuation fund amount
Non-assessab	le foreign superannuation fund amount J\$_,,,
Tra	nsfer from reserve: assessable amount K \$
Transfer	from reserve: non-assessable amount L \$
Any other contributi	ions (including Super Co-contributions) M \$
Other transactions	
Exclude any rollover	Allocated earnings or losses O \$
components reported at N from amounts reported at P .	Inward rollover amounts P\$,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
If P is negative, transfer the loss to O .	Outward rollover amounts Q\$,,,,
	Benefit payments and code R \$



Report current members at 30 June 2010 and former members who were paid a benefit (lump sum or income stream, but not a rollover) during the financial year. Include members for whom no contributions were received. Report deceased members in Section G.

		-
MEMBER 2		
Title: Mr Mrs Miss M Family name	ls Other	
First given name	Other given names	
Member's TFN	Date of birth	
Contributions		
Include contributions		
reported to you on a Rollover benefits statement	Employer contributions A \$,,	
(<i>RBS</i>) (NAT 70944). AB	N of principal employer A1	
	Personal contributions B \$, , , , , , , , , , , , , , , , , ,	
CGT	small business retirement exemption C \$,	
CGT small I	business 15-year exemption amount D \$	
	business 15-year exemption amount D \$	
	Spouse and child contributions F \$	
	Other family and friend contributions G \$	
		=
	ation (taxable component) payments H \$ _ , ,	
Assessable		
Non-assessable	foreign superannuation fund amount J\$,,,,	
Trans	sfer from reserve: assessable amount K\$,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Transfer fr	rom reserve: non-assessable amount L\$,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Any other contribution	ns (including Super Co-contributions) M \$ _ , ,	
	TOTAL CONTRIBUTIONS N \$,	
Other transactions	Allocated earnings or losses O \$	
Exclude any rollover components reported at N		
from amounts reported at P . If P is negative, transfer the		
loss to O .		
	Benefit payments and code R \$	
c		

Report current members at 30 June 2010 and former members who were paid a benefit (lump sum or income stream, but not a rollover) during the financial year. Include members for whom no contributions were received. Report deceased members in Section G.

MEMBER 3		
Title: Mr Mrs Miss	Ms Other	
Family name		
First given name		
	Day Month Year	
Member's TFN	Date of birth / / /	
Contributions		
Include contributions		
reported to you on a Rollover benefits statement	Employer contributions A \$, , , , , , , , , , , , , , , , , ,	
<i>(RBS)</i> (NAT 70944).	ABN of principal employer A1	
	Personal contributions B \$	
C	GT small business retirement exemption C \$	
CGTSM	nall business 15-year exemption amount D \$,,,	
	Personal injury election E \$ _ , ,	
	Spouse and child contributions F \$	
	Other family and friend contributions G \$,	
Directed terr	mination (taxable component) payments 📕 💲 📜 💭 📕 🐂	
Assessat	ble foreign superannuation fund amount	
Non-assessat	ble foreign superannuation fund amount J \$	
Tra	ansfer from reserve: assessable amount K\$	
Transfe	er from reserve: non-assessable amount L \$	
	Itions (including Super Co-contributions) M \$	
Any other contribu		
	TOTAL CONTRIBUTIONS N \$,	
Other transactions		
Exclude any rollover		
components reported at N from amounts reported at P .	Inward rollover amounts P \$,,,	
If P is negative, transfer the loss to O .	Outward rollover amounts Q \$,,,	
	Benefit payments and code R \$,	

Г

Report current members at 30 June 2010 and former members who were paid a benefit (lump sum or income stream, but not a rollover) during the financial year. Include members for whom no contributions were received. Report deceased members in Section G.

Г

MEMBER 4	
Title: Mr Mrs Miss	Ms Other
First given name	Other given names
Member's TFN	Date of birth
Contributions	
Include contributions reported to you on a	
Rollover benefits statement (RBS) (NAT 70944).	ABN of principal employer A1
	Personal contributions B \$
C	GT small business retirement exemption C \$
	hall business 15-year exemption amount D \$
COTSI	Personal injury election E \$
	Other family and friend contributions GS, , , , , , , , , , , , , , , , , , ,
Directed terr	mination (taxable component) payments H \$ _ , ,
Assessal	
Non-assessal	ble foreign superannuation fund amount J \$,
Tra	ansfer from reserve: assessable amount K\$,,,,
Transfe	er from reserve: non-assessable amount L \$
Any other contribu	tions (including Super Co-contributions) M\$, , , , , , , , , , , , , , , , , , ,
	TOTAL CONTRIBUTIONS N \$,
Other transactions	Allocated earnings or losses O \$
Exclude any rollover components reported at N	Inward rollover amounts P \$
from amounts reported at P . If P is negative, transfer the	Outward rollover amounts Q \$
loss to O .	

Section G: Supplementary member information

Use this section for:

deceased members

any other members who cannot be included at pages 4 to 7.

MEMBER 5		
Title: Mr Mrs Miss	Ms Other	
Family name	Other given names	
	Day Month Year	
Member's TFN		
	If deceased, date of death	
Contributions		
Include contributions reported to you on a Rollover benefits statement	Employer contributions A \$	
(DRS) (NIAT 70044)	ABN of principal employer A1	
	Personal contributions B \$	
CG	GT small business retirement exemption C \$,	
CGT sma	all business 15-year exemption amount D\$,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Personal injury election E \$, , , , , , , , , , , , , , , , , ,	
	Spouse and child contributions F \$	
	Other family and friend contributions G \$	
Directed tern	nination (taxable component) payments H \$	
Assessab	ble foreign superannuation fund amount	
Non-assessab	ble foreign superannuation fund amount J \$,	
Tra	ansfer from reserve: assessable amount K \$	
Transfe	r from reserve: non-assessable amount L \$	
Any other contribut	tions (including Super Co-contributions) M \$, , , , , , , , , , , , , , , , , ,	
	TOTAL CONTRIBUTIONS N \$, , , , , , , , , , , , , , , , , ,	
Other transactions	Allocated earnings or losses O \$	oss
Exclude any rollover components reported at N		
from amounts reported at P . If P is negative, transfer the		
loss to O .	Benefit payments and code R \$	ode

Use this section for:

deceased members

any other members who cannot be included at pages 4 to 7.

MEMBER 6								
Title: Mr Mrs Miss	Ms Other							
irst given name Other given names								
Member's TFN	Day Month Year Member's TFN Date of birth /							
	If deceased, date of death							
Contributions								
Include contributions reported to you on a								
Rollover benefits statement (RBS) (NAT 70944).	ABN of principal employer A1							
	Personal contributions B \$							
CC	GT small business retirement exemption CS							
	all business 15-year exemption amount D \$							
	Personal injury election E \$							
	Spouse and child contributions F \$							
Tra	ansfer from reserve: assessable amount K \$ _ , ,							
Transfe	r from reserve: non-assessable amount L \$,							
Any other contribu	tions (including Super Co-contributions) M \$,,,,							
	TOTAL CONTRIBUTIONS N \$, , , , , , , , , , , , , , , , , ,							
Other transactions	Allocated earnings or losses O \$							
Exclude any rollover components reported at N								
from amounts reported at P . If P is negative, transfer the	Outward rollover amounts Q \$							
loss to O .	Benefit payments and code R \$							
	rs need to be reported in Section G: Supplementary member information copy this page return. DO NOT USE STAPLES.							

Section H: Assets and liabilities						
	ASSETS Australian managed investment	nts Listed trusts	A	\$,,∞	
Г		Unlisted trusts	В	\$,,∞	
		Insurance policy	С	\$,,∞	
		Other managed investments	D	\$,,∞	
14b	Australian direct investments	Cash and term deposits	Е	\$,,∞	
		Debt securities	F	\$,,∞	
		Loans	G	\$,,	
		Listed shares	Н	\$,,∞	
		Unlisted shares	I	\$,,∞	
		Derivatives and instalment warrants	J	\$,,∞	
		Non-residential real property	Κ	\$,,∞	
		Residential real property	L	\$,,∞	
		Artwork, collectibles, metal or jewels	Μ	\$,,∞	
		Other assets	0	\$,,∞	
14c	Overseas direct investments	Overseas shares	Ρ	\$		
		Overseas non-residential real property	Q	\$,	
	Overseas residential real property			\$,,∞	
	Overseas managed investments			\$,,	
	Other overseas assets			\$,,	
	TOTAL AUS	STRALIAN AND OVERSEAS ASSETS	U	\$,,∞	
15	LIABILITIES	Borrowings	V	\$		
		otal member closing account balances	W	\$		
	Reserve accounts			\$		
Other liabilities			Y	\$		
		TOTAL LIABILITIES	Z	\$		
	Taxation of financial arrange Did you make a gain, loss of	or transitional balancing adjustment	nts No] Yes	
		Total TOFA gains 📕	\$_	_,		
		Total TOFA losses	\$,		
-		o ,	\$],		
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Section J: Regulatory information

The following questions indicate the operational status of the SN You must answer either No or Yes for all questions listed and provide					r mislea	iding info	ormati	on.
In-house and related party assets								
Did the SMSF loan, lease to or invest in related parties (known as in-house assets)?		No	Yes	\$,		_,_		·M
Did the SMSF hold in-house assets at any time during the year that exceeded 5% of total assets?		No	Yes					
Did the SMSF hold an investment in a related party at any time during the year (excluding in-house assets)?		No	Yes	\$,				·M
Did the SMSF acquire any assets (other than exempt assets) from related parties?		No	Yes	\$,		\Box , \Box		·M
Other regulatory questions								
Did the SMSF lend money or provide financial assistance to a member or relative of a member of the fund?		No	Yes					
Did the SMSF receive in specie contributions during the year?	F	No	Yes	\$,		_,_		·M
Did the SMSF make and maintain all investments on an arm's length basis?		No	Yes					
Did the SMSF borrow for purposes that are not permissible?	н	No	Yes					
Did members have the personal use of the SMSF's assets before retirement?		No	Yes					
Did the SMSF provide money to members without a condition of release being met?		No	Yes					
Did trustees of the fund receive any remuneration for their services as a trustee?		No	Yes					
Are any trustees or directors currently disqualified persons as defined by SISA?		No	Yes					
Are all SMSF assets appropriately documented as owned by the fund?		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?		No	Yes					

Section K: Other information

Forestry managed investment schemes Code Year Number Product or private ruling information G н Family trust election status If the trust or fund has made, or is making, a family trust election, write the four-digit income year Α **specified** of the election (for example, for the 2009–10 income year, write **2010**). If revoking or varying a family trust election, print **R** for revoke or print **V** for variation, В and complete and attach the Family trust election, revocation or variation 2010. 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 C specified and complete an Interposed entity election or revocation 2010 for each election. If revoking an interposed entity election, print R, and complete D and attach the Interposed entity election or revocation 2010.

Section L: 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

	Date / Month Year						
Preferred trustee or director contact details:							
Title: Mr Miss Ms Other Other							
First given name							
Non-individual trustee name (if applicable)							
ABN of non-individual trustee							
Hrs Time taken to prepare and complete this annual return							
The Commissioner of Taxation, as Registrar of the Australian Business Register, may you provide on this annual return to maintain the integrity of the register. For further info							
TAX AGENT'S DECLARATION:							

I declare that the *Self-managed superannuation fund annual return 2010* 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	7						
	Date Day Month Year						
Tax agent's contact details							
Title: Mrs Miss Ms Other Othe							
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						