

# **Self-managed superannuation 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 2015 (NAT 71287).

The Self-managed superannuation fund annual return

#### TO COMPLETE THIS ANNUAL RETURN

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

	S	M	/	T	H		S	T				
ı		ш	-			ш	ш	ш	-	-	ш	_

instructions 2015 (NAT 71606) (the instructions) can assist you to complete this annual return.  ■ Place   in ALL applicable boxes.					
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 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. See the Privacy note in the Dec	plaration				
2 Name of self-managed superannuation fund (SMSF)					
3 Australian business number (ABN) (if applicable)					
4 Current postal address					
Suburb/town State/territory Post	code				
5 Annual return status					
Is this an amendment to the SMSF's 2015 return?  A No Yes					
Is this the first required return for a newly registered SMSF?  B No  Yes					
6 SMSF auditor					
Auditor's name  Title: Mr Mrs Miss Ms Other Other					
Title: Mr Mrs Miss Ms Other Family name					
First given pame					
First given name  Other given names					
SMSF Auditor Number Auditor's phone number					
Postal address					
Suburb/town State/territory Post	code				
DayMonthYear					
Date audit was completed A / / / / / / / / / / / / / / / / / /					
Was Part B of the audit report qualified? B No Yes					
the audit report was qualified, have the reported ompliance issues been rectified?  C No Yes					

7		ctronic funds transfer (EFT) 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)  Fund account number  Fund account name (for example, J&Q Citizen ATF J&Q Family SF)						
	В	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.)						
		Account number (must be six digits)  Account name (for example, J&Q Citizen ATF J&Q Family SF)						
	С	Electronic service address alias  We will use your electronic service address alias to communicate with your fund about ATO super payments.						
8	Sta	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 Contribution?						
9	Wa No	s the fund wound up during the income year?  Yes have all tax lodgment and payment obligations been met?  Yes holds for the fund was wound up holds for the fu						
10		empt current pension income the fund pay an income stream 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 e law. Record exempt current pension income at Label A.						
	No Yes	Go to Section B: Income.  Exempt current pension income amount A \$						
	Which method did you use to calculate your exempt current pension income?							
		Segregated assets method <b>B</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 <b>not</b> complete Section B: Income.)						
		If you are entitled to claim any tax offsets, you can list ese at Section D: Income tax calculation statement.						

Г		Fund's tax	file number (TFN	I)		
Section B: Inco	me					
	is section if your fund was in e entitled to claim any tax offs					
11 Income  Did you ha (CGT) 6	vent during the year?	lo Yes	greater than \$10,0	loss or total capita 000 complete and x (CGT) schedule 2	l attach	
$\epsilon$	Have you applied an exemption or rollover?	lo Yes				712
	N	et capital gain	A \$		-00	22607
Gro	ess rent and other leasing and	hiring income	B \$		· <b>%</b> (	5
		Gross interest	<b>c</b> \$		-90	
		cheme income	X \$,_		-><	
Gross forei		oreign income	D \$		·%	Loss
Australian fra	nking credits from a New Zea	land company	<b>E</b> \$		-><	Number
		Transfers from foreign funds	<b>F</b> \$		><	
	AE	yments where BN not quoted	H \$		· <b>%</b> (	Loss
Calculation of assess Assessable emplo	L II LI	ss distribution n partnerships	I\$,_		·%(	
R1 \$,		nked dividend amount	J \$		-><	
plus Assessable perso	*Fra	nked dividend amount	K \$		· <b>%</b> (	
plus #*No-TFN-quote	-	idend franking credit	L \$		·%	Code
(an amount must be	included even if it is zero)	*Gross trust distributions	M \$		·%(	
less Transfer of liability company	or PST	Assessable contributions (R1 plus R2 plus R3 less R6)	R \$		-%(	
*Net non-arm's length priv *U1 \$	ate company dividends  *Asses	*Other income ssable income changed tax	S \$		-%( -%(	Code
U2 \$ ,	]	status of fund				1
plus *Net other non-ari		let non-arm's ength income to 47% tax rate) plus <b>U2</b> plus <b>U3</b> )	<b>U</b> \$	],[	·%	
#This is a mandatory label.		OSS INCOME f labels <b>A</b> to <b>U</b> )	w \$,_		·%	Loss
*If an amount is entered at this label,	Exempt current pe	ension income	Y \$		· <b>%</b> (	
check the instructions to ensure the correct tax treatment has been applied.	TOTAL ASSESSABLE INC	OME ess <b>Y</b> ) <b>V</b> \$	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , ,	·%	Loss

## 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 \$,∞	A2 \$ □ □ □ , □ □ □ · ⋈
Interest expenses overseas	B1 \$,∞	B2 \$ □ □ □ , □ □ □ · ⋈
Capital works expenditure	D1 \$,,∞	D2 \$ %
Decline in value of depreciating assets	E1 \$,∞	E2 \$ □ □ □ , □ □ □ · ⋈
Insurance premiums – members	F1 \$,,⊗	F2 \$ □ □ □ , □ □ □ · ⋈
Death benefit increase	G1 \$,∞	
SMSF auditor fee	H1 \$,,⊗<	H2 \$ □ □ □ , □ □ □ ·×
Investment expenses	I1 \$,,≫	12 \$ □ □ □ , □ □ □ .≫
Management and administration expenses	J1 \$,,⊗	J2 \$ □ □ □ , □ □ □ , □ □ □ ·×
Forestry managed investment scheme expense		U2 \$,,
Other amounts	L1 \$,	L2 \$,
Tax losses deducted	M1 \$,,∞	
	TOTAL DEDUCTIONS	TOTAL NON-DEDUCTIBLE EXPENSES
	N \$,,	Y \$,,×
		TOTAL SMSF EXPENSES
This is a mandatory abel.	O \$,,,	Z \$,,

### 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	#Taxable income A\$,,
Self-managed superannuation fund annual return instructions	*Tax on taxable T1 \$,,,
2015 on how to complete the	(an amount must be included even if it is zero)
calculation statement.	no-TFN-quoted <b>J</b> \$
	contributions (an amount must be included even if it is zero)
	Gross tax <b>B</b> \$

(T1 plus J)

Г	Fund's tax file number (TFN)
Foreign income tax offset  C1\$	Non-refundable non-carry forward tax offsets  C \$ (C1 plus C2)
Complying fund's franking credits tax offset  E1\$ No-TFN tax offset  E2\$	SUBTOTAL  T2 \$ (B less C – cannot be less than zero)
National rental affordability scheme tax offset  E3 \$	Refundable tax offsets  E \$
#TAX PAYA	BLE <b>T5</b> \$ (T2 less <b>E</b> – cannot be less than zero)
Credit for interest on early payments – amount of interest  H1\$	Section 102AAM interest charge  G \$
Credit for tax withheld – foreign resident withholding  H2\$ Credit for tax withheld – where ABN or TFN not quoted (non-individual)	Eligible credits  H \$,,,
H3\$,,  Credit for TFN amounts withheld from payments from closely held trusts  H5\$	#Tax offset refunds (Remainder of refundable tax offsets)    \$
Credit for interest on no-TFN tax offset  H6\$	PAYG instalments raised  K\$ , , , , , , , , , , , , , , , , , , ,
	Supervisory levy  L\$ , , , , , , , , , , , , , , , , , , ,
AMOUNT DUE OR REFUNDA A positive amount at <b>S</b> is what you while a negative amount is refundable to	owe, (T5 plus G less H less K plus L less M plus N)
#This is a mandatory label.	
Section E: Losses  14 Losses  1 If total loss is greater than \$100,000, complete and attach a Losses schedule 2015.	Tax losses carried forward to later income years  Net capital losses carried forward to later income years  V \$

## Section F: Member information

In Section F report all current members in the fund at 30 June.
Use Section G to report any former members or deceased members who held an interest in the fund at any time during the income year.

MEMBER 1	
	Miss Ms Other Other
Family name	
First given name	Other given names
Member's TFN See the Privacy note in t	the Declaration.  Date of birth  Day Month Year  The Declaration Page of birth
Contributions	OPENING ACCOUNT BALANCE \$ OPENING ACCOUNT BALANCE
Refer to instruction for completing these labels.	
laboro.	ABN of principal employer A1
	Personal contributions <b>B</b> \$
C	GT small business retirement exemption C\$
CGT sm	nall business 15-year exemption amount <b>D</b> \$,
	Personal injury election E\$,
	Spouse and child contributions F\$ , , , , , , , , , , , , , , , , , ,
	Other third party contributions <b>G</b> \$,
Assessa	ble foreign superannuation fund amount   \$
Non-assessa	ble foreign superannuation fund amount J\$,,
Tr	ransfer from reserve: assessable amount K\$,
Transfe	er from reserve: non-assessable amount L\$
(	Contributions from non-complying funds and previously non-complying funds
Any other contribu	utions (including Super Co-contributions and Low Income Super Contributions) M \$,,
	TOTAL CONTRIBUTIONS N \$,,
Other transactions	Allocated earnings or losses • \$ ,
	Inward rollovers and transfers P\$ , , , , , , , , , , , , , , , , , ,
	Outward rollovers and transfers Q\$ , Code
	Lump Sum payment R1 \$
	Income stream payment R2 \$,,
	CLOSING ACCOUNT BALANCE \$\$ ,

	ort all current members in the fund at 30 June. Ort any former members or deceased members who held an interest in the fund at any time during the
MEMPED 2	
MEMBER 2  Title: Mr Mrs	Miss Ms Other Other
Family name	Miss Ms Other Other
First given name	Other given names
Member's TFN See the Privacy note in	the Declaration Date of birth Date of birth
Contributions	
Refer to instruction	OPENING ACCOUNT BALANCE \$,
for completing these labels.	Employer contributions A \$
	ABN of principal employer A1
	Personal contributions <b>B</b> \$,,
C	CGT small business retirement exemption C\$ , , , , , , , , , , , , , , , , , ,
CGT sr	mall business 15-year exemption amount D\$,
	Personal injury election E\$,
	Spouse and child contributions <b>F</b> \$,,
	Other third party contributions G\$ , , , , , , , , , , , , , , , , , ,
Assessa	able foreign superannuation fund amount   \$
Non-assessa	able foreign superannuation fund amount J\$
Т	Transfer from reserve: assessable amount K\$
Transf	fer from reserve: non-assessable amount L\$
	Contributions from non-complying funds and previously non-complying funds
Any other contrib	outions (including Super Co-contributions and Low Income Super Contributions)
	TOTAL CONTRIBUTIONS N \$,,
Other transactions	Allocated earnings or losses • \$ ,
	Inward rollovers and transfers P\$
	Outward rollovers and transfers Q \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	Lump Sum payment R1 \$ Code
	Code
	Income stream payment R2 \$
	CLOSING ACCOUNT BALANCE S\$ ,,,,

**Sensitive** (when completed)

Fund's tax file number (TFN)

In Section F report all current members in the fund at 30 June. Use Section G to report any former members or deceased members who held an interest in the fund at any time during the income year. **MEMBER 3** Title: Mr Other Family name First given name Member's TFN Date of birth See the Privacy note in the Declaration. **Contributions** OPENING ACCOUNT BALANCE Refer to instructions for completing these Employer contributions labels. ABN of principal employer A1 Personal contributions CGT small business retirement exemption CGT small business 15-year exemption amount D **E** \$ Personal injury election Spouse and child contributions Other third party contributions G Assessable foreign superannuation fund amount Non-assessable foreign superannuation fund amount Transfer from reserve: assessable amount Transfer from reserve: non-assessable amount Contributions from non-complying funds and previously non-complying funds Any other contributions (including Super Co-contributions and Low Income Super Contributions) **TOTAL CONTRIBUTIONS** Other transactions Allocated earnings or losses 0 Inward rollovers and transfers Outward rollovers and transfers

Lump Sum payment R1 \$

Income stream payment R2 \$

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In Section F report all current members in the fund at 30 June.
Use Section G to report any former members or deceased members who held an interest in the fund at any time during the income year.

MEMBER 4	
Title: Mr Mrs III	Aiss Ms Other Other
First given name	Other given names
Member's TFN See the Privacy note in the	he Declaration.  Date of birth  Date of birth
Contributions	
Refer to instruction	OPENING ACCOUNT BALANCE \$,
for completing these labels.	Employer contributions A\$
	ABN of principal employer A1
	Personal contributions <b>B</b> \$,,
C	GT small business retirement exemption <b>C</b> \$,
CGT sn	nall business 15-year exemption amount <b>D</b> \$,
	Personal injury election E\$,
	Spouse and child contributions <b>F</b> \$
	Other third party contributions <b>G</b> \$
Assessa	ble foreign superannuation fund amount
Non-assessa	ble foreign superannuation fund amount <b>J</b> \$
Tr	ansfer from reserve: assessable amount K\$
Transf	er from reserve: non-assessable amount
	Contributions from non-complying funds T\$
Any other contrib	utions (including Super Co-contributions
	and Low Income Super Contributions)  TOTAL CONTRIBUTIONS N \$
Other transactions	Loss
	Allocated earnings or losses • , , , , , , , , , , , , , , , , , ,
	Inward rollovers and transfers P\$ ,,,,
	Outward rollovers and transfers Q\$ , ,
	Lump Sum payment R1 \$
	Income stream payment R2 \$,
	CLOSING ACCOUNT BALANCE \$\$,

# Section G: Supplementary member information

In Section G report any former members or deceased members who held an interest in the fund at any time during the income year. Also in Section G report any other members who cannot be included at pages 6 to 9.

MEMBER 5		Code
Title: Mr Mrs Family name	Miss Ms Other Account status	
Tarrie Tarrie		
First given name	Other given names	
Member's TFN	Date of birth If deceased, date of dea	_ ath
See the Privacy note in the	e Declaration.  Day Month Year Day Month	Year
Contributions		
Refer to instruction	OPENING ACCOUNT BALANCE \$ ,    ,     ,     ,	
for completing these labels.	Employer contributions A\$ , , , , , , , , , , , , , , , , , ,	
	ABN of principal employer A1	
	Personal contributions <b>B</b> \$	
C	CGT small business retirement exemption C\$ , , , , , , , , , , , , , , , , , ,	
CGT sn	mall business 15-year exemption amount D\$,	
	Personal injury election E\$,,	
	Spouse and child contributions F\$	
	Other third party contributions <b>G</b> \$	
Assessa	able foreign superannuation fund amount   \$	
Non-assessa	able foreign superannuation fund amount J\$,,	
Т	ransfer from reserve: assessable amount K\$ , , , , , , , , , , , , , , , , , ,	
Transf	fer from reserve: non-assessable amount L\$	
	Contributions from non-complying funds T \$	
Any other contrib	and previously non-complying funds  outions (including Super Co-contributions  and Low Income Super Contributions)  M \$	
	and Low Income Super Contributions) M \$,	
	TOTAL CONTRIBUTIONS N \$,,	
Other transactions	Allocated earnings or losses • \$ ,	
	Inward rollovers and transfers P\$	
	Outward rollovers and transfers Q\$ ,,	
	Lump Sum payment R1 \$	
	Income stream payment R2 \$,,	
	CLOSING ACCOUNT BALANCE \$\$,	

	y former members or deceased n G report any other members		t in the fund at any time during the ges 6 to 9.
MEMBER 6 Title: Mr Mrs Miss	Ms Other		Account status Code
Family name			
First given name	Othe	er given names	
Member's TFN See the Privacy note in the Decl	Date of I	OITTN  Month  Year  The second of the second	If deceased, date of death  Day Month Year  Year
Contributions	OPENING ACCOUNT BALAR	NCE \$	
Refer to instructions for completing these labels.	Employer contribu	tions A\$ ,	
	ABN of principal employer	A1	
	Personal contribu	tions <b>B</b> \$	
COT			
	mall business retirement exem		
CGT small b	usiness 15-year exemption am	ount <b>D</b> \$	
	Personal injury ele	ction <b>E</b> \$,	
	Spouse and child contribu	tions <b>F</b> \$ ,	
	Other third party contribu	tions <b>G</b> \$	
Assessable for	oreign superannuation fund am	ount   \$	
Non-assessable fo	oreign superannuation fund am	ount <b>J</b> \$	
Transfe	er from reserve: assessable am	ount <b>K</b> \$	
Transfer fro	om reserve: non-assessable am	ount L\$	
Cont	ributions from non-complying f	unds T\$	
Any other contribution	and previously non-complying f is (including Super Co-contribut d Low Income Super Contribut	tions na c	
ail			
Other transactions	TOTAL CONTRIBUTION	ons <b>N</b> \$	Loss
Other transactions	Allocated earnings or losses	o \$,	
	Inward rollovers and transfers	P\$ , ,	]_,
	Outward rollovers and transfers	Q \$	
	Lump Sum payment	R1 \$	Code
	Income stream payment	R2 \$	Code

S\$

CLOSING ACCOUNT BALANCE

In Section G report any former members or deceased members who held an interest in the fund at any time during income year. Also in Section G report any other members who cannot be included at pages 6 to 9.	g the
MEMBER 7  Title: Mr	
Contributions OPENING ACCOUNT BALANCE \$	
Refer to instructions for completing these Employer contributions A \$	
labels.  ABN of principal employer A1	
Personal contributions B\$	
CGT small business retirement exemption C\$	
CGT small business 15-year exemption amount <b>D</b> \$	
Personal injury election E\$	
Other third party contributions <b>G</b> \$,	
Assessable foreign superannuation fund amount <b>I</b> \$,	
Non-assessable foreign superannuation fund amount <b>J</b> \$,	
Transfer from reserve: assessable amount K\$,	
Transfer from reserve: non-assessable amount L\$	
Contributions from non-complying funds and previously non-complying funds  Any other contributions (including Super Co-contributions	
and Low Income Super Contributions) M \$,	
TOTAL CONTRIBUTIONS N \$,	DSS
Other transactions  Allocated earnings or losses   \$\mathbb{O}\$ \$\mathbb{I}\$,  \mathbb{I}\$,  \mathbb{I}\$,  \mathbb{I}\$.	
Inward rollovers and transfers P\$	
Outward rollovers and transfers Q\$	
	ode
	ode
CLOSING ACCOUNT BALANCE \$\$	

In Section G report any income year. Also in Section	y former members or deceased members who held an interest in the fund at any time during the n G report any other members who cannot be included at pages 6 to 9.
MEMBER 8  Title: Mr Mrs Miss Family name	Ms Other Account status
First given name  Member's TFN	Other given names  Date of birth  If deceased, date of death
See the Privacy note in the Decl	aration.  Day Month Year  Day Month Year  Day Month Year
Contributions	OPENING ACCOUNT BALANCE \$
Refer to instructions for completing these labels.	Employer contributions A \$,
	ABN of principal employer A1
	Personal contributions <b>B</b> \$,
CGT s	mall business retirement exemption C\$ , , , , , , , , , , , , , , , , , ,
CGT small b	usiness 15-year exemption amount D\$ ,
	Personal injury election E\$,
	Spouse and child contributions <b>F\$</b> , , , , , , , , , , , , , , , , , , ,
	Other third party contributions <b>G</b> \$,
Assessable for	preign superannuation fund amount   \$
Non-assessable for	preign superannuation fund amount J\$ , , , , , , , , , , , , , , , , , ,
Transf	er from reserve: assessable amount K\$ , , , , , , , , , , , , , , , , , ,
Transfer fro	m reserve: non-assessable amount L\$ , , , , , , , , , , , , , , , , , ,
	ributions from non-complying funds T\$ , , , , , , , , , , , , , , , , , ,
Any other contribution and	s (including Super Co-contributions d Low Income Super Contributions) M \$,
	TOTAL CONTRIBUTIONS N \$,
Other transactions	Allocated earnings or losses <b>O</b> \$ ,
	Inward rollovers and transfers P\$, , , , , , , , , , , , , , , , , , ,
(	Dutward rollovers and transfers Q\$ ,,,
	Lump Sum payment R1 \$,

Income stream payment R2 \$

CLOSING ACCOUNT BALANCE \$\$

Section H: Assets and liab	ilities		
<ul><li>15 ASSETS</li><li>15a Australian managed investments</li></ul>	Listed trusts	s <b>A</b> \$ \\	
	Unlisted trusts	s <b>B</b> \$	
	Insurance policy	y <b>c</b> \$,	
	Other managed investments	s <b>D</b> \$,	
15b Australian direct investments	Cash and term deposits	s <b>E</b> \$	
Limited recourse borrowing arrangem  Australian residential real property	ents Debt securities	s <b>F</b> \$	
J1 \$,	<b>-</b> ₩ Loans	s <b>G</b> \$,	
Australian non-residential real property  J2 \$	Listed shares	s <b>H</b> \$□□□,□□□,□□□·≫	
Overseas real property	Unlisted shares	s <b>I\$</b> □□□,□□□,□□□•∞	
J3 \$,,,,	Limited recourse borrowing arrangements		
J4 \$	Non-residential real property		
Overseas shares  J5 \$	Residential real property		
Other	Collectables and		
J6 \$	Other assets	s <b>O</b> \$,	
15c Overseas direct investments	Overseas shares	s <b>P</b> \$,	
Oversea	s non-residential real property	y <b>Q</b> \$,	
Ove	rseas residential real property	y R \$ □ □ □, □ □ □ ·≫	
Ov	erseas managed investments	s <b>S</b> \$,,,	
	Other overseas assets	s <b>T</b> \$,,,	
	I AND OVERSEAS ASSETS of labels <b>A</b> to <b>T</b> )	s <b>U</b> \$□□□,□□□.∞	
15d In-house assets  Did the fund have a loan to, leas or investment in, related parties (known as in-house assets) at the end of income years.	own A No res/ the	) \$ <u></u> , <u></u> , <u></u> .∞	

Г	
16 LIABILITIES Borro	owings V \$,
Total member closing account be (total of all <b>CLOSING ACCOUNT BALANCE</b> s from Sections F	alances and G) W\$,,
Reserve ac	ecounts X \$,
Other lie	abilities Y \$,
TOTAL LIABI	LITIES Z \$,,
Section I: <b>Taxation of financial arrange</b> 17 Taxation of financial arrangements (TOFA)	ements
Did you make a gain, loss or transitional balancing adjustme from a financial arrangement subject to the TOFA rules	
Total TOFA gair	ns <b>H</b> \$□,□□□,□□□,□□□•≫
Total TOFA losse	
TOFA transitional balancing adjustme	ent <b>J</b> \$ ,
Section J: Other information	
Family trust election status  If the trust or fund has made, or is making, a family trust election,  specified of the election (for example, for the 20	
If revoking or varying a family trust election, print <b>R</b> f and complete and attach the <i>Family trust election</i>	
Interposed entity election status  If the trust or fund has an existing election, write the earliest in or fund is making one or more elections this year, write specified and complete an Interposed entity election or re	ite the earliest income year being C
	y election, print <b>R</b> , and complete ntity election or revocation 2015.

Section K: <b>Declarations</b>					
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  Date Day / Day					
Preferred trustee or director contact details:					
Title: Mr Mrs Miss Ms Other Ms					
Family name					
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 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 2015 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					
Day Month Year  Date / / / / / / / / / / / / / / / / / / /					
Tax agent's contact details					
Title: Mr Mrs Miss Ms Other Other					
Family name					
First given name  Other given names					
Tax agent's practice					
Tax agent's phone number Reference number Tax agent number					

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