	ustralian G	Government								
A	ustralian Ta	xation Office	Fund incom	e tax return	2021					
annual return 202	on funds, oth unds (SMSF nplete the Se 21 (NAT 7122	er than self-mar s), must comple <i>elf-managed sup</i> 26).	naged te this tax return. Derannuation fund	 To complete this tax return Print clearly, using a BLACK per Use BLOCK LETTERS and prin <i>M 1 T H S T</i> 	t one character per box.					
			ete this tax return.	Place X in ALL applicable box						
	Specify period if part year or / / to to / /									
Section A	Section A: Fund information									
-	mber (TFN			fund's TFN at the top	of page 3.					
				not obliged to quote your TFN but See the Privacy note in the Declarat						
2 Name of s	superannu	ation fund or	trust							
3 Australian	business	number (ABN	I) (if applicable)							
4 Current p	ostal addre	ess								
Suburb/town					ate/territory Postcode					
5 Tax return Is this an an		the fund's 2021	tax return? No	Yes						
6 Trustee de		(15 11 1 1)								
Non-individual tru	ustee's name									
ABN of non-indiv	vidual trustee									
7 Electronic	; funds tra	nsfer (EFT)								
				ng to you, even if you have provided ame below. (See relevant instructior						
BSB number (mu	ust be six dig	its)	Account r							
Account name										
8 Status of	fund or tru	ist Typ	e of fund or trust – Pr	int 🗡 in one box only.						
	RA fund	Retail fu	nd B Industry	fund C Corporate fund D	Eligible rollover fund					
	proved F	superan	Pooled G	Public sector fund	Non-regulated fund					
superann	Australian uation fund		S Fund ben struct	ure R Code members F						
Date of esta	blishment	M / [Significant N1 Country global entity	porting entity N2					
NAT 71287-06.2021		0	FFICIAL: Sensitive	(when completed)	Page 1					

9 Was the fund w during the inco		Yes If yes, provid which the fu	de the date on Ind was wound up	Day Month	Year						
(ČGT) eve	e a capital gains tax G ent during the year? G Have you applied an	No Yes C C C	nan \$10,000 or you e GT relief in 2017 and	or total capital gain i elected to use the tra d the deferred notion ete and attach a <i>Cap</i> i	nsitional al gain has						
exemption or rollover? M No Yes Net capital gain A \$, , , , , , , , , , , , , , , , , ,											
Gross rent and other leasing and hiring income B \$											
	Gross interest C\$										
Gross foreign income											
D1 \$,											
Australian	franking credits from a N	lew Zealand company	E \$		• 🔀 Number						
	G	aross payments where ABN not quoted	H \$		·×						
Calculation of assess Assessable employ		Gross distribution from partnerships									
R1 \$		*Unfranked dividend	J \$								
plus Assessable persor		amount *Franked dividend	K \$]• %						
R2 \$,,,,,,,		amount *Dividend franking									
R3 \$, , , , , , , , , , , , , , , , , ,	∞	credit *Trust distributions unfranked amount	N \$		· %						
less Contributions exclu	uded by trustee	*Trust distributions franked amount	0\$		· %						
<i>Iess</i> Pre 1 July 1988 f		*Trust distributions] •≫						
R5 \$, ,	,	franking credit *Trust distributions	Q \$		• %						
less Transfer of liability company		Assessable contributions R1 plus R2 plus R3]•∞						
		R4 less R5 less R6)	6 \$		- 80						
	Foreign exchange gains G \$ C										
Other income S\$, , , , , , , , , , , , , , , , , , ,											
Net non-arm's length income (subject to 45% tax rate)											
#This is a mandatory label.	GRO	SS INCOME			Loss						
*If an amount is entered at this label, check the	X	labels A to U) W \$									
instructions to ensure the correct tax treatment	Exempt curren	t pension income Y	\$,,		Loss						
has been applied.	TOTAL ASSESSAE	BLE INCOME (W less Y) V \$			· X						

OFFICIAL: Sensitive (when completed)

FUND INCOME TAX RETURN 2021

Page 2

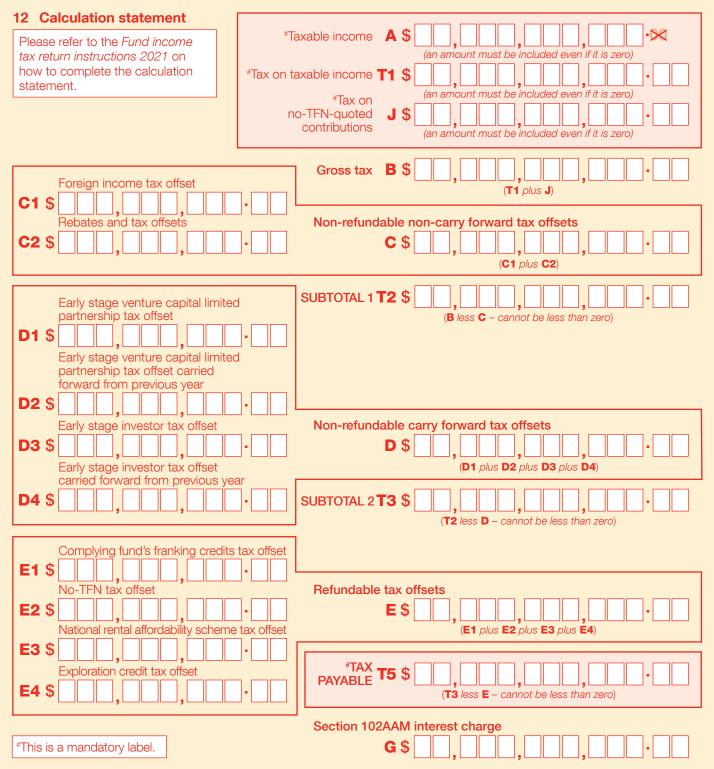
	Fund's tax file	number	(TFN)			
Section C: Deductio	ns					
11 Deductions	Interest expenses within Australia	A \$,		· ∞	
	Interest expenses overseas	B \$,		· ∞	
	Salary and wages	c \$,[]• %	
	Capital works deductions	D \$,]• %	
Deduction for decli	ne in value of depreciating assets	E \$,[]• %	
	Death or disability premiums	F \$,[]• %	
	Investment expenses	I \$,]• ≫ (
	Management expenses	J \$,]• ∞ •[
	Administration expenses	Q \$]• ∞ •[
Forestry manag	ed investment scheme deduction	U \$]• ∞ •[
	Foreign exchange losses	R \$,]•∞•[
	Other deductions	\$]• %	
	Tax losses deducted	M \$,		· ₩	
	TOTAL DEDUCTIONS N \$,		· %	
TAXA (TOTAL ASSESSABLE INCOME	BLE INCOME OR LOSS O \$,]• %	Loss

*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.



H1 \$	Credit for interest on early payments – amount of interest	Eligible credits							
	Credit for tax withheld – foreign resident withholding (excluding capital gains)	(H1 plus H2 plus H3 plus H5 plus H6 plus H8)							
H2 \$	Credit for tax withheld – where ABN or TFN not quoted (non-individual)	*Tax offset refunds (Remainder of refundable tax offsets)							
Н3 \$	Credit for TFN amounts withheld from	(unused amount from label E – an amount must be included even if it is zero)							
H5 \$	payments from closely held trusts	PAYG instalments raised K \$,,,,							
H6 \$	Credit for foreign resident capital gains withholding amounts	AMOUNT DUE OR REFUNDABLE A positive amount at S is what you owe, while a negative amount is refundable to you.							
H8 \$		(T5 plus G less H less K)							
This is	*This is a mandatory label.								

Section F: Other information

14 Foreign income and net assets

Attributed foreign income Listed cou	ntry A \$,,,
Unlisted cou	ntry C \$,, •∞
Net assets available to pay benefits F \$	<u> </u>

15 Transfer of liabilities to life insurance company or pooled superannuation trust Has the fund or trust, with consent of the transferee, transferred assessable contributions under section 295-260 to a insurance company or pooled superannuation trust? A No Yes Show the name and ABN of each transferee, the amount of contributions transferred to each the market value of the transferor's investment in each. Where there are more than two transferees that have the greatest market value.	h and							
A No Yes Show the name and ABN of each transferee, the amount of contributions transferred to each the market value of the transferor's investment in each. Where there are more than two transferres that have the greatest market value	h and							
A No Yes Show the name and ABN of each transferee, the amount of contributions transferred to each the market value of the transferor's investment in each. Where there are more than two transferees that have the greatest market value								
A No Yes I the market value of the transferor's investment in each. Where there are more than two trans								
ABN								
Amount B \$,,, Market value C \$,,,	⊡ •≫							
Name								
Amount D \$, , . <	 •∞							
Investment in any other life insurance policies or pooled superannuation trusts								
Total market value of these investments F \$,,,								
16 Taxation of financial arrangements (TOFA)								
	<u>.</u>							
17 Overseas transaction or interest and foreign source income								
International related party dealings and transfer pricing	_							
Did the fund have any transactions or dealings with international related parties, irrespective of whether they were on revenue or capital account? Such transactions or dealings include the transfer of tangible or intangible property and any new or existing financial arrangements.								
Was the aggregate amount of the transactions or dealings with international related parties (including the value of property transferred or the balance outstanding on any loans) greater than \$2 million?								
Overseas interests Did the fund have an overseas branch or a direct or indirect interest in a foreign trust, foreign C No Yes Yes								
Foreign source income Was the amount of foreign income tax paid greater than \$100,000 OR was the amount of assessable foreign income greater than \$500,000?								
Transactions with specified countries Did the fund directly or indirectly send to, or receive from, one of the countries specified in the instructions, any funds or property? OR Does the fund have the ability or expectation to control, whether directly or indirectly, the disposition of any funds, property, assets or investments located in, or located elsewhere but controlled or managed from, one of those countries?								

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18 Other transactions

Exempt current pension income

If the fund has claimed an amount of exempt current pension income in respect of any pensions other than those prescribed by Income Tax Regulations where assets are fully segregated for all of the income year, has the trustee obtained the relevant actuary's certificate required by section 295-385 or 295-390 before exemption can be claimed?

Death or disability deduction

Is the fund or trust claiming a deduction for premiums for death or disability cover under section 295-465 that requires an actuary's certificate to be obtained?

If yes, has the fund or trust obtained the relevant certificate?

Payments to contributing employers and associates

Has the fund or trust made a payment or transferred a benefit that is included in the assessable income of the recipient under section 290-100?

Section G: 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 tax 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 tax 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, DIRECTOR'S OR PUBLIC OFFICER'S DECLARATION

DECLARATION:

I declare that the information on this tax 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

																																Da	ate		Day	/	/		Mont	h	/			Year		
Pref	referred trustee, director or public officer's contact details:																																													
Title:	M	1r		Mrs			Mis	s		M	s		Ot	her										T																						
Family	amily name																																													
First g	st given name Other given names																																													
																					Τ																									
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Phon	e n	uml	oer																																											
Email	ad	ldre	SS														-																													
																	Γ																						Т							
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									Т	īm	e ta	ake	en	to	pre	pa	re	ar	nd (cor	np	let	e t	his	s ta	ıx r	retu	ırn						Hrs	5											
	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. For further information, refer to the instructions.																																													
	wr	hon	yo	чр	rov	ide	e or	1 th	IIS 1	tax	re	tur	n t	o r	nai	nta	un	th	e ir	nte	grit	y (ot t	the	e re	gis	ste	r. F	or 1	tur	the	er ir	ntor	ma	tio	n,	ret	er	to 1	the	n	stri	uct	ION	s.	

A No

No

No

Yes

TAX AGENT'S DECLARATION:

I declare that the tax return 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 the tax return.

Tax agent's signature

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	Day Month Year
Tax agent's contact details	
Title: Mr Mrs Miss Ms Other	
First given name Other given nam	
Tax agent's practice	
Tax agent's phone number Reference number	Tax agent number
Postal address for tax 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	