

Fund income tax return

WHO SHOULD COMPLETE THIS TAX RETURN? TO COMPLETE THIS TAX RETURN All superannuation funds, other than self-managed ■ Print clearly, using a BLACK pen only. superannuation funds (SMSFs), must complete this tax return. ■ Use BLOCK LETTERS and print one SMSFs must complete the Self-managed superannuation fund character per box. annual return 2014 (NAT 71226). S The Fund income tax instructions 2014 (NAT 71605) ■ Place X in ALL applicable boxes (the instructions) can assist you to complete this tax return. Specify period if part year or approved substitute period. Section A: Fund information To assist processing, write the Tax file number (TFN) fund's TFN at the top of page 3. 🕩 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 tax return. See the Privacy note in the Declaration. Name of superannuation fund or trust Australian business number (ABN) (if applicable) **Current postal address** Tax return status Is this an amendment to the fund's 2014 tax return? No **Trustee details** Non-individual trustee's name (if applicable) ABN of non-individual trustee 7 **Electronic funds transfer (EFT)** We need your financial institution details to pay any refund owing to you, even if you have provided them to us before. Write the BSB number, account number and account name below. (See relevant instructions.) BSB number (must be six digits) Account number Account name Type of fund or trust – Print |X| in one box only. Status of fund or trust Eligible Small APRA fund A Retail fund **B** Industry fund C Corporate fund **D** rollover fund Pooled Approved Public sector fund **H** Non-regulated fund deposit fund superannuation trust Number of

Australian

superannuation fund

Date of establishment

Fund benefit

structure

Yes

Code

members

9 Was the fund wound during the income y	· Na Vaa	If yes, provide the which the fund	he date on was wound u		Month Year	
	ou have a capital gains to GT) event during the yea Have you applied a	an M No Vee	greater	than \$10,000 c	or total capital gair omplete and attac T) schedule 2014.	h
	exemption or rollove Gross rent and other leas	Net capital gain A	\$],],	
0(Gross interest managed investment scheme income	Y ¢],	
Gross forei	gn income	Net foreign income	\$,	Loss
Australian	franking credits from a N	lew Zealand company Transfers from foreign funds	E \$],	Number
Calculation of assess		Gross distribution],	Loss
Assessable emplo	<u></u> <u></u>	from partnerships *Unfranked dividend amount	-1 \$],%	
R2 \$, , , , , , , , , , , , , , , , , ,	,·∞	*Franked dividend amount *Dividend franking credit	K \$],	
R3 \$ (an amount must be income less Contributions excl	,	*Trust distributions unfranked amount *Trust distributions			,	
R4 \$,	funding credits	franked amount *Trust distributions franking credit	D &],%	
less Transfer of liability company	to life insurance	*Trust distributions other amounts Assessable contributions	Q \$,	
R6 \$,	less	contributions R1 plus R2 plus R3 R4 less R5 less R6)],%	
			\$],	Code
	able income due to chan n-arm's length income (su],	
#This is a mandatory label. *If an amount is entered		SS INCOME W \$],	Loss
at this label, check the instructions to ensure the correct tax treatment has been applied.	Exempt current	t pension income Y	\$], [] -><	Loss
паз реен аррнец.	TOTAL ASSESSAB	SLE INCOME (W less Y) V \$],	

		Fund's	tax file n	umber (T	FN)			
Sec	tion C: Deduction	ons						
11 D	eductions	Interest expenses within Austral	ia A \$,[],	·%	
		Interest expenses oversea	B \$,],	-><	
		Salary and wage	es C \$], 🗆 🗀	·w	2
		Capital works deduction	s D \$,[],	-94	28707
	Deduction for dec	ine in value of depreciating asse	s E \$],[],	·%	714
		Death or disability premium	s F \$,],	·%	
		Death benefit increas	e G \$], 🗆 🗀	·%	
		Investment expense	es I\$],	-><	
		Management expense	es J \$,[],	·%	
		Administration expense	es Q \$,],	·M	
	Forestry manaç	ed investment scheme deduction	n U \$,],	·%	
		Foreign exchange losse	es R \$],[], 🗆 🗆	□ -∞	Code
		Other deductions	- \$,[],[], 🗆 🗀	-><	
		Tax losses deducte	d M \$],	·%	
		TOTAL DEDUCTIONS N \$,	·×	
	*TAXA	BLE INCOME OR LOSS E /ess TOTAL DEDUCTIONS) \$ \$], 🗆 🗀	·×	Loss

*This is a mandatory label.

Section D: Income tax calculation statement

#Important:

Section B label R3 , S	Section C label O and Section D labels A,T1 , J , T5 and I are mandatory.
12 Calculation s	#Taxable income 🛕 💲
Please refer to the fax return instruction how to complete the statement.	#Tax on taxable income T1 \$ (an amount must be included even if it is zero)
	#Tax on no-TFN quoted contributions #Tax on no-TFN quoted contributions (an amount must be included even if it is zero)
Foreign inco	ome tax offset (T1 plus J)
Rebates and	d tax offsets Non-refundable non-carry forward tax offsets
C2 \$,[C \$, Dus C2)
Complying for E1 \$	und's franking credits tax offset SUBTOTAL T2 \$
No-TFN tax	
·	al affordability scheme tax offset Refundable tax offsets
E3 \$,	E \$
Г	
	*TAX PAYABLE T5 \$
	(T2 less E – cannot be less than zero)
	terest on early payments – Section 102AAM interest charge
amount of in	terest on early payments – Section 102AAM interest charge
amount of in the state of the s	terest on early payments – nterest G \$, , , , , , , , , , , , , , , , , ,
amount of ir	terest on early payments – nterest G \$, , , , , , , , , , , , , , , , , ,
amount of ir H1 \$	terest on early payments – nterest
amount of ir H1 \$	terest on early payments – nterest G \$, , , , , , , , , , , , , , , , , ,
amount of ir H1 \$ Credit for tax resident with H2 \$ Credit for tax or TFN not contained. Credit for TFN credit for TFN for	terest on early payments – nterest
amount of ir H1 \$ Credit for tax resident with H2 \$ Credit for tax or TFN not of the t	terest on early payments – nterest X withheld – foreign nholding X withheld – where ABN quoted (non-individual) TN amounts withheld from om closely held trusts X withheld – where ABN The control of
amount of ir H1 \$ Credit for tax resident with H2 \$ Credit for tax or TFN not of TFN n	terest on early payments – nterest
amount of ir H1 \$ Credit for tax resident with H2 \$ Credit for tax or TFN not of the t	terest on early payments – nterest X withheld – foreign nholding X withheld – where ABN quoted (non-individual) TN amounts withheld from om closely held trusts X withheld – where ABN The control of
amount of ir H1 \$ Credit for tax resident with H2 \$ Credit for tax or TFN not of TFN n	terest on early payments – nterest Section 102AAM interest charge Switcheld – foreign Cholding Withheld – where ABN Couoted (non-individual) FN amounts withheld from om closely held trusts Charge Eligible credits Eligible credits
amount of ir H1 \$ Credit for tax resident with H2 \$ Credit for tax or TFN not of TFN n	terest on early payments – terest Section 102AAM interest charge G\$ withheld – foreign wholding withheld – where ABN quoted (non-individual) Non-TN amounts withheld from om closely held trusts terest on no-TFN tax offset Eligible credits H\$ (H1 plus H2 plus H3 plus H5 plus H6)

mandatory label.

while a negative amount is refundable to you.

Γ	
Section E: Losses 13 Losses	
If total loss is greater than \$100,0 complete and attach a Losses schedule 2014.	Tax losses carried forward to later income years Net capital losses carried forward to later income years V\$,,,
Section F: Other infor	mation
14 Foreign income and net as:	sets
	Listed country A \$,,
Attributed foreign income	Section 404 country B \$,,
	Unlisted country C \$ □ □ □ , □ □ • ₩
Net assets	available to pay benefits F \$
15 Transfer of liabilities to life	insurance company or pooled superannuation trust
Has the fund or trust, with conseinsurance company or pooled su A No Yes Show the mare	ent of the transferee, transferred assessable contributions under section 295-260 to a life
Investment in any other life insuran	ce policies or pooled superannuation trusts Total market value of these investments F \$
	Total market value of triese investments F 5 ,
from a financial arrar	ements (TOFA) or transitional balancing adjustment ngement subject to the TOFA rules? Total TOFA gains H \$

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?

A No

B No

Overseas interests

Did the fund have an overseas branch or a direct or indirect interest in a foreign trust, foreign company, controlled foreign entity or transferor trust?

C	No	Yes	
			\Box

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?

D No	Yes	

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?

E No	Yes	

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?

A No	Yes	

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?

—	
D No	Yes

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Sect	ion	G: [Dec	cla	ırat	io	ns																							
● Pe	enalties	may k	oe im	npos	ed fo	r fals	se or	mi	slead	ing i	infor	ma	tion i	n a	ddit	ion t	o pe	enal	ties	rela	ting	to	any	tax	shor	tfal	ls.			
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 are in doubt about any aspect of the tax return, place all the facts before the ATO.																														
Privac The ATO the TFN the prod	Ö is au I to ide	ntify th	ne er	ntity i	in our	reco	ords.	. It i																						
Taxatior privacy						coll	lect i	info	rmatio	on a	and d	disc	lose	it t	o ot	her g	gove	ernn	nent	age	enci	es.	For	info	ormat	tion	abo	out y	our/	-
TRUS	ΓΕΕ'S	, DIR	EC1	OR	'S O	R P	UBI	LIC	OF	FIC	ER'	S [DEC	LA	RA	TIO	N													
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Authors	sea tru	<u> </u>	uire	Clor	<u> </u>	JUDIII	C OIII	icei	s sig	Ilall	ure_									Da	ıte	D	ay] /	Mont	h	/ [Year	
Prefer	red tr	ustee	e, di	rect	tor o	r pu	ıblic	c of	ffice	r's (con	tac	et de	eta	ils:									,			′ _			
	∕lr	Mrs	ń	1iss	M	-	7	her																						
First give	n name									1	Othe	er gi	ven n	ame	es Tr					· —										

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.

Time taken to prepare and complete this tax return

Hrs

Phone number Email address

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TAX AGENT'S DECLARATION:	
I declare that the tax return has been prepared in accordance with information provided given me a declaration stating that the information provided to me is true and correct, a to lodge the tax return.	
Tax agent's signature	_
	Day Month Year

		Day	Month	1 / [Year
	Date		/	_] /	
Tax agent's contact details					
Title: Mr Mrs Miss Ms Other					
Family name					
First given name Other given names					
Tax agent's practice					
Tax agent's phone number Reference number		Tax	agent nu	umber	
Postal address for tax returns: Australian Taxation Office, GPO Box 9845, IN YO	OUR CAPI	TAL C	ITY		

FUND INCOME TAX RETURN 2014