

# Tax Return Information Form

Individual Tax Return

1. Please **complete** / confirm your details below, to the best of your knowledge
2. All information supplied should be **for the period 1 July to 30 June**, unless stated otherwise
3. **Provide all supporting documents** where prompted and applicable.
4. **Sign** where indicated and submit to our office.
5. Once submitted we will review and book your end of financial year appointment with us

## GENERAL TAX INFORMATION

### Information for Tax Return

Name:	<input type="text"/>	Spouse Name:	<input type="text"/>
DOB:	<input type="text"/>	Spouse DOB:	<input type="text"/>
Residential Address:	<input type="text"/>	Postal Address:	<input type="text"/>
TFN:	<input type="text"/>	Email:	<input type="text"/>
Phone:	W <input type="text"/>	H <input type="text"/>	M <input type="text"/>

### Bank Details (as of 1 July 2013, if you are expecting a refund, you MUST provide the ATO your EFT Bank Details)

Account Name:	<input type="text"/>	Bank Name:	<input type="text"/>
BSB:	<input type="text"/>	Account No.:	<input type="text"/>

### Children

Name:	<input type="text"/>	Name:	<input type="text"/>
DOB:	<input type="text"/>	DOB:	<input type="text"/>
Name:	<input type="text"/>	Name:	<input type="text"/>
DOB:	<input type="text"/>	DOB:	<input type="text"/>

### PAYG Payment Summaries

*(please provide ALL payment summaries when you reach the end of the form)*

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Employer:	Occupation:	Gross:	Tax:
		\$	\$
		\$	\$
		\$	\$

### Bank Interest

Bank:	Amount:	TFN Credits:	Bank Charges:
	\$	\$	\$
	\$	\$	\$

### Work & Other Expenses *(please provide your detailed listing when you reach the end of the form)*

Motor Vehicle Type:		Reference Books:	\$
Engine Size (litres):		Stationery:	\$
Work Kilometres:		Mobile Phone:	\$
Taxi Fares:	\$	Internet:	\$
Other Travel:	\$	Memberships:	\$
Uniform/Laundry:	\$	Tools & Equipment:	\$
Sun Protection Items:	\$	Interest expenses:	\$
Self-Education:	\$	Gifts & Donations:	\$
Union Fees:	\$	Income Protection Insurance:	\$
Seminars/Prof Development:	\$	Other Expenses: <i>please include in provided listing</i>	

### Private Health Insurance

Do you have Private Health Insurance?

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*If yes - please provide your Private Health Statement*

Do You Have Any of These Items?  
Investment Income, Rental Properties,  
Investments Sold or Motor Vehicles used for  
Work

*If yes - please complete relevant sections below  
If no - please proceed to the end of the form, provide  
supporting documents, sign and send back to us.*

## INVESTMENT INFORMATION

### Dividends

Company Name	Date Paid	Unfranked	Franked	Imputation Credits	TFN Credits
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$

### Unit Trusts

*(Please provide your Trust Tax Year Summary when you reach the end of the form - you may not receive this until September)*

Trust Name	Trust Income	TFN Credits	Imputation Credits	Capital Gains	Foreign Income	Foreign Tax
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$

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	\$		\$		\$		\$		\$		\$
	\$		\$		\$		\$		\$		\$

## Investments Sold / Disposed

Company/Trust Name	Date Sold	No. Sold	Amount Received	Date Purchased	No. Purchased	Amount Paid
			\$			\$
			\$			\$
			\$			\$
			\$			\$
			\$			\$
			\$			\$
			\$			\$
			\$			\$

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## MOTOR VEHICLE INFORMATION

Information for Tax Return	
Log Book Kept: [ ]	Period Covered by the Log Book: [ ] <i>(within last 5 financial years)</i>
Vehicle Registration No.: [ ]	Make & Model: [ ]
Owner/s of Vehicle: [ ]	Driver of Vehicle: [ ]
Total Km Travelled in Financial Year: [ ]	Business Km in Log Book Period: [ ]
Log Book calculation of Business Use %: [ ]	Total Km in Log Book Period: [ ]
Date Purchased: [ ]	Purchase Price: \$ [ ]
How was the vehicle financed?	<input type="checkbox"/> Lease <input type="checkbox"/> Paid Cash <input type="checkbox"/> Chattel Mortgage <input type="checkbox"/> Hire Purchase
Date sold (if applicable in this tax year?): [ ]	Sale Price: \$ [ ]

Running Costs	Total For Year (Including Gst)	Monthly Payments
Fuel/Oil:	\$ [ ]	
Registration:	\$ [ ]	
Insurance:	\$ [ ]	
Repairs & Maintenance:	\$ [ ]	
Lease Payments:	\$ [ ]	\$ [ ]
Hire Purchase / Chattel Mortgage Payments:	\$ [ ]	\$ [ ]
Interest Paid:	\$ [ ]	\$ [ ]
Services:	\$ [ ]	\$ [ ]
Tyres/Battery:	\$ [ ]	\$ [ ]
Parking & Tolls:	\$ [ ]	\$ [ ]

*Please provide a copy of your Hire Purchase / Lease / Chattel Mortgage Agreement when you reach the end of the form.*

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## RENTAL PROPERTY INFORMATION

### Property Details

Address of Rental Property:

Date Property Purchased:

Date Property First  
Earned Rental Income:

No. of Weeks Available for Rent this  
year:

Date Property Built:

Ownership Details:

In Your Name

In Joint Names *(please provide details)*

*Please provide the purchase settlement statement and other purchase costs, e.g. stamp duty, legal fees, renovations or initial repairs, and any loan application fees and/or mortgage discharge expenses when you reach the end of the form.*

### Income

Gross Rent: \$

Other Rental Income: \$

### Property Details

Advertising for  
Tenants: \$

Body Corporate Fees: \$

Borrowing Expenses: \$

Cleaning: \$

Council Rates: \$

Gardening / Lawn mowing: \$

Insurance: \$

Interest on Loan/s: \$

Land Tax: \$

Legal Fees: \$

Pest Control: \$

Property Management  
Fees/Commission: \$

Repairs &  
Maintenance: \$

Stationery, Telephone & Postage: \$

Travel: \$

Water Charges: \$

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Other: \$  Other: \$

## Depreciable Items

Item	Date Purchased	Cost
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>

## Improvements / Construction Costs *Please provide a copy of your tax depreciation schedule prepared by third party below.*

Item	Date	Cost
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>

## Additional Information / Notes

*Please note below any additional information we may need to know to complete your tax returns, that has not been covered in the above questions.*

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## SUPPORTING DOCUMENT CHECKLIST

- Payment Summaries
- Detailed Work Expenses Listing
- Private Health Statement
- Out of Pocket Medical Expense Claims
- Unit Trust Tax Year Summary
- Motor Vehicle Hire Purchase / Lease / Chattel Mortgage Agreement
- Rental Property Purchase Settlement Statement / Costs
- Rental Property Depreciation Schedule (as prepared by Third Party)

## CLIENT SIGNATURE

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Name: