

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:
(within last 5 financial years)

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? Lease Paid Cash Chattel Mortgage Hire Purchase

Date sold (if applicable in this tax year?): Sale Price: \$

Running Costs	Total For Year (Including Gst)	Monthly Payments
Fuel/Oil:	\$ <input type="text"/>	
Registration:	\$ <input type="text"/>	
Insurance:	\$ <input type="text"/>	
Repairs & Maintenance:	\$ <input type="text"/>	
Lease Payments:	\$ <input type="text"/>	\$ <input type="text"/>
Hire Purchase / Chattel Mortgage Payments:	\$ <input type="text"/>	\$ <input type="text"/>
Interest Paid:	\$ <input type="text"/>	\$ <input type="text"/>
Services:	\$ <input type="text"/>	\$ <input type="text"/>
Tyres/Battery:	\$ <input type="text"/>	\$ <input type="text"/>
Parking & Tolls:	\$ <input type="text"/>	\$ <input type="text"/>

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

Name: