

NAME: _____ **OCCUPATION:** _____
HOME PHONE: _____ **MOBILE:** _____
EMAIL: _____
RESIDENTIAL ADDRESS: _____
POSTAL ADDRESS: _____
BANK ACCOUNT DETAILS: BSB: _____ Account Number: _____
 Account Name: _____

PLEASE PROVIDE TO US IN RELATION TO YOUR INCOME:

1. **Group Certificates/Payment Summaries:** *Including Centrelink Statements and Pensions etc.* Yes / No

Number of certificates attached: _____

2. **Other Salary Income:** *including any directors' fees, commissions etc.*

3. **Termination Payment Statements:** Yes / No

4. **Interest Earned:** *on bank accounts. You may wish to provide us with the bank statements.*

Name of Bank	Account No.	Interest Received (\$)	TFN Withholding (\$)	Joint Account (Y/N)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5. **Dividend Statements:** Yes / No

This includes dividend statements for cash dividends and Dividend Reinvestment Plan (DRP) allotments. Although you do not physically receive money from a DRP, the company uses the amount owed to you in dividends to buy more shares on your behalf. This amount is therefore income for the purpose of your income tax return.

6. **Trusts/Managed Funds Annual Taxation Statements:** *including BT funds, Colonial and Westfield etc.* Yes / No

7. **Capital Gains:** Yes / No

Capital gains are earned on the sale of assets, such as shares or property, acquired after 20 September 1985. Please provide documentation of the purchase date and cost, as well as the sale date and proceeds.

8. **Rental Income:**

Yes / No

Should you use an agent, please provide us with the annual summary provided by your agent.

Please notify us of:

- Total income received (i.e. rent and reimbursement of expenses by tenant)
- Total expenses paid (i.e. council and water rates, insurance, emergency services levy, repairs)
- Interest paid on loans as documented by the bank statements

Rental properties for which information is attached: _____

Also, if you purchased a property after 1 July 2018 please supply the settlement and purchase documents.

9. **Any other income:**

Please provide details and documentation of any income you received that either doesn't fit into the above categories or for which the appropriate tax treatment is unknown, for example income from deceased estates.

PLEASE PROVIDE TO US IN RELATION TO YOUR DEDUCTIONS:

1. **Motor Vehicle:** Did you use your own car for business/work purposes throughout the year?

Yes / No

If yes, please provide information for one of the following methods:

Log Book Method – Business % Use:

- Business use percentage: _____%

- Expenses incurred over the financial year:

Fuel & Oil: \$ _____

Registration: \$ _____

Insurance \$ _____

Repairs and Maintenance: \$ _____

- Interest paid on car loan (where applicable) and the cost of the car.
- Copy of the hire purchase contract (where applicable).
- Lease payments (where applicable).

Kilometres Method:

If you have not kept a logbook, but use your car for work, you can still claim the kilometres you travelled for work. The maximum the tax office allows you to claim is 5,000 kilometres at a flat rate of 68 cents per kilometre.

Kilometres travelled: _____

2. **Work Uniform:** *Deduction allowed for protective clothing or uniforms with a logo.* Yes / No

If were you out of pocket throughout the year after purchasing any new items please provide details:

3. **Living away from home allowance:**

If you have incurred expenses while living away from home, please include the receipts or a summary of your out of pocket expenses.

4. **Work Related self-education expense:**

Course and other fees \$ _____

Books, stationery and equipment purchases \$ _____

Seminars and travel \$ _____

5. **Other work related expenses:**

Home office expenses, computer and software \$ _____

Telephone/mobile phone \$ _____

Tools and equipment, depreciation \$ _____

Subscriptions and union fees \$ _____

Journals/periodicals \$ _____

Sun Protection Products (i.e. sunscreen and sunglasses) \$ _____

Seminars and courses not with an educational institution \$ _____

Any other work related deductions (please specify) \$ _____

Note: If you have attended University now or in the past and are paying off your fees through HECS then please provide us with your HECS Statement to include in your return.

6. **Sickness and accident insurance/income protection:** _____ Yes / No

7. **Donations/school building fund:** _____ Yes / No

PLEASE PROVIDE TO US IN RELATION TO REBATES:

1. **Private Health Insurance:** *Do you have private health insurance?* Yes / No

2. **Spouse:**

Did you have a spouse for the full financial year? Yes / No

If Yes, for part of the year: From: _____ To: _____

If Yes, what was your spouse's income for full financial year?

How many dependent children do you have? _____

Did you pay child support in the financial year, if so how much? \$ _____

3. Superannuation:

Have you made any personal contributions to a superannuation fund?

Yes / No

If yes, please provide the notice of intent to claim form from your super fund.

Without this confirmation from your super fund no claim can be made.

4. Other: *Please detail anything else you would like us to be aware of.*

I declare that all the information supplied is correct and I have the required invoices/receipts to substantiate my claims.

Signature _____

Date _____