

2020/2021

INTERVIEW DATE: _____ CASUAL NAME: _____
.....

NAME: MR/MRS/MISS/MS/DR _____

DATE OF BIRTH: _____ TAX FILE NUMBER: _____ JOB TITLE: _____

PHONE: _____ E-MAIL: _____

ADDRESS: _____ P/CODE: _____

• WOULD YOU LIKE YOUR TAX RETURN EMAILED INSTEAD OF POSTED? (provide an email address) _____ YES/NO

• WOULD YOU LIKE YOUR REFUND TRANSFERRED ELECTRONICALLY? (provide Australian bank details) YES/NO

Bank: Account Name: BSB: Account Number:

SPOUSE /PARTNER DETAILS – FULL NAME: _____

DATE OF BIRTH: _____ TOGETHER FULL YEAR /PART YEAR? _____

TAXABLE INCOME: \$ _____ REPORTABLE FRINGE BENEFIT: \$ _____

CENTRELINK TAX FREE PENSION: \$ _____ REPORTABLE SUPER CONTRIBUTIONS: \$ _____

M1 DID YOU RECEIVE A PART OR FULL MEDICARE LEVY EXEMPTION? YES/NO
PLEASE SUPPLY A COPY OF THE EXEMPTION CERTIFICATE – issued by Medicare

M2 Did you have Private Health Insurance Cover? YES/NO
(We should be able to get details of your policy via the Tax Agent Portal)

Were you, your spouse/partner **and** all your dependants covered by the appropriate hospital cover? YES/NO

NO. OF DEPENDANT CHILDREN (please specify **name and age**): _____

Do they live at home? YES/NO

Are they under 21? YES/NO

Do you contribute to their maintenance? YES/NO

If they are 21-25, were they full-time students? YES/NO

ARE YOU A SINGLE PARENT? YES/NO

DO YOU HAVE SOLE CUSTODY? YES/NO

DID YOU/YOUR PARTNER PAY CHILD SUPPORT? YES/NO PAID: \$ _____ RECEIVED: \$ _____

HECS _____

STUDENT LOAN _____

DETAILS OF INCOME:

- 1. GROSS SALARY OR WAGES: NO. OF EMPLOYERS: _____
- 2. ALLOWANCES e.g. MOTOR VEHICLE, TOOLS, CLOTHING, TIPS ETC. YES/NO
- 3. EMPLOYER LUMP SUM PAYMENTS. YES/NO
- 4. EMPLOYER ELIGIBLE TERMINATION PAYMENTS YES/NO
- 5. CENTRELINK BENEFITS OR ALLOWANCES: YES/NO
- 6. GOVERNMENT PENSION OR OTHER BENEFIT: YES/NO
- 7. OTHER AUSTRALIAN PENSIONS OR ANNUITIES: YES/NO
- 8. AUSTRALIAN SUPER LUMP SUMS: YES/NO
- 9. PERSONAL SERVICES INCOME: YES/NO
- IT1. TOTAL REPORTABLE FRINGE BENEFITS AMOUNTS: \$ _____
- IT2. REPORTABLE SUPER CONTRIBUTIONS: \$ _____
- IT3. TAX FREE GOVERNMENT PENSION \$ _____

10. GROSS INTEREST:

BANK	A/C NO.	JOINT/SINGLE	INTEREST:	100%	50%

11. DIVIDENDS: e.g. TELSTRA, AMP, ETC. (ATTACH DOCUMENTS)

COMPANY NAME	UNFRANKED DIVIDEND	FRANKED DIVIDEND	IMPUTED CREDIT

- 12. EMPLOYEE SHARE SCHEME: Please include Payment Summary
- 13. MANAGED FUNDS, PARTNERSHIPS & TRUSTS: Please include Annual Tax Statement.
- 15. INCOME FROM BUSINESS: Please supply income and expenses .
- 18. SALE OF SHARES, PROPERTY ETC: Please specify purchase / sale dates and prices.
- 20. FOREIGN SOURCE INCOME: Rental / Employment / Pension.
- 21. RENTAL PROPERTY INCOME: Please provide income and expenses.
- 23. FORESTRY / AGRIBUSINESS INCOME: YES/NO
- 24. OTHER INCOME: YES/NO
- XX. CRYPTO SALES / PROFITS Please specify purchase / sale dates and prices.

DETAILS OF EXPENSES: ALL CLAIMS MUST BE VERIFIED BY RECEIPTS

D1 WORK RELATED MOTOR VEHICLE EXPENSES:

REGISTRATION NO. _____ MAKE/MODEL _____
HOW MANY TRIPS? _____ HOW MANY KMS PER TRIP/TOTAL? _____ KMS

OR: WORK _____ % FROM LOGBOOK RUNNING EXPENSES: \$ _____
(Please provide breakup of running expenses, e.g. repairs, registration, insurance, fuel, etc.)

NOTE: YOU MUST KEEP A DIARY OR AN EXERCISE BOOK TO RECORD WHERE YOU WENT, WHY YOU WENT, HOW MANY KMS TRAVELLED.

(e.g. meetings, seminars, school camps, meeting accountant, pick up materials & supplies, etc.)

D2 OTHER WORK RELATED TRAVEL EXPENSES: (INTERSTATE OR OVERSEAS)
FOR SEMINARS/CONFERENCES ETC., PLEASE SUPPLY DETAILS/DIARY OF YOUR TRIP
(You must have receipts, also, if applicable details/emails leading up to the trip and presentation/reports after travel)

D3 WORK RELATED UNIFORMS
(e.g. steel caps, fluoros, non-slip shoes, scrubs, overalls, clothing with company logo)

Please indicate if these expenses are: Compulsory / Protective / Occupation-specific

COST OF UNIFORMS/ PROTECTIVE CLOTHING \$ _____
LAUNDRY OF PROTECTIVE CLOTHING/UNIFORM (\$1 per wash) \$ _____
REPLACEMENT OF REGULATION FOOTWEAR \$ _____

D4 WORK RELATED SELF EDUCATION EXPENSES: \$ _____

Does it relate to your current employment/role? YES/NO

REASON FOR UNDERTAKING COURSE: _____

You MUST provide a letter from your employer stating that the study is beneficial for your job or part of ongoing performance review.

Was your course a full fee paying spot? YES/NO

(PLEASE ATTACH FEE SCHEDULE, UNION FEES, TEXTBOOKS, PHOTOCOPYING, ETC.)

(TO CLAIM FEES YOU MUST BE A FULL FEE PAYING STUDENTS, NOT GOVERNMENT SUBSIDISED)

D5 A) TRADE UNION/PROFESSIONAL ASSOCIATIONS/MEMBERSHIPS

GROUP NAME: _____ \$ _____

B) STATIONERY REQUISITES BASED ON NEWSAGENCY ACCOUNTS/RECEIPTS \$ _____

C) TOOLS OF TRADE OR PRECISION INSTRUMENTS – PLEASE SPECIFY: \$ _____

D) WORK RELATED EQUIPMENT (WHERE EACH INDIVIDUAL PURCHASE IS OVER \$300, PLEASE SPECIFY ITEM, COST & DATE OF PURCHASE)

_____ \$ _____

E) PROFESSIONAL SUBSCRIPTIONS / SOFTWARE / BOOKS \$ _____

F) TEACHING AIDS: e.g. scissors, glue, etc. \$ _____

G) WEBINARS, CONFERENCES, AND SEMINAR FEES: \$ _____

DID YOU WORK FROM HOME?

TO MAKE THIS CLAIM YOU MUST HAVE KEPT A DIARY TO SHOW HOW MANY HOURS PER WEEK SPENT WORKING FROM HOME. FROM YOUR RECORDS PLEASE FILL IN BELOW.

WFH Full-time:

I HAVE WORKED, ON AVERAGE _____ HOURS PER WEEK X _____ WEEKS.
DO YOU USE YOUR TELEPHONE/INTERNET FOR WORK PURPOSES? YES/NO
MONTHLY PLAN: \$ _____ % USE FOR WORK: _____
DO YOU USE YOUR MOBILE FOR WORK PURPOSES? YES/NO
MONTHLY PLAN: \$ _____ % USE FOR WORK: _____

Back in office part-time / Full-time:

I HAVE WORKED, ON AVERAGE _____ HOURS PER WEEK X _____ WEEKS.
DO YOU USE YOUR TELEPHONE/INTERNET FOR WORK PURPOSES? YES/NO
MONTHLY PLAN: \$ _____ % USE FOR WORK: _____
DO YOU USE YOUR MOBILE FOR WORK PURPOSES? YES/NO
MONTHLY PLAN: \$ _____ % USE FOR WORK: _____

- D8 EXPENSES RELATING TO INVESTMENTS/DIVIDENDS \$ _____
- D9 GIFTS OR DONATIONS TO APPROVED ORGANISATIONS - (raffles not included) \$ _____
List can be found at: <https://abr.business.gov.au/Tools/DgrListing>
- D10 COST OF MANAGING TAX AFFAIRS – FEES ETC \$ _____
- D14 FORESTRY / AGRIBUSINESS EXPENSE \$ _____
- D15 INCOME PROTECTION \$ _____
(PAID PERSONALLY, NOT PAID BY SUPERFUND)
- DXX EXPENSES NOT COVERED BY ABOVE SECTIONS \$ _____
- D12 **SUPERANNUATION TAX DEDUCTION:** \$ _____

Amounts contributed to Super (from personal funds), for which a tax deduction will be claimed – a Notice of Intent to claim has to be lodged with your superfund.
Please supply confirmation letter from superfund.

TAX OFFSETS

- T1 SENIOR AUSTRALIANS - TAXABLE INCOME OF SPOUSE \$ _____
- T2 AUSTRALIAN SUPERANNUATION PENSION AND PENSION ANNUITY REBATE \$ _____
- T4 SUPER CONTRIBUTIONS ON BEHALF OF YOUR SPOUSE – SPOUSE’S TAXABLE INCOME \$ _____
FULL NAME OF FUND _____ AMOUNT PAID \$ _____
- T5 ZONE / OVERSEAS FORCES REBATE (DO YOU LIVE IN A REMOTE AREA?) YES/NO

MEDICAL EXPENSE OFFSET: NO LONGER EXISTS
SPOUSE REBATE: NO LONGER EXISTS
MATURE AGE WORKER TAX OFFSET (MAWTO): NO LONGER EXISTS