

# MEMORANDUM



**TO:** HARVEY NORMAN / DOMAYNE / JOYCE MAYNE FRANCHISEES  
**FROM:** SCOT MENZIES  
**SUBJECT:** 2014 PERSONAL INCOME TAX RETURNS  
**DATE:** 1 AUGUST 2014

This memorandum will **help you save both money and time** lodging your 2014 Income Tax Returns. *If it is not completed properly you will incur further costs as we chase the missing items.*

We ask that:-

- (i) You **collect all relevant information** for the preparation of your income tax returns. Please call our office if you are unsure of what is required or refer to the attached guide (Schedule 1).
- (ii) You **send in this information** when you have received and collected **ALL** of it. (Most managed funds send out final quarter distributions in August and final bank statements tend to be sent in early July).

**Schedule 1** is a guide for your reference. We ask you to **complete this and return it to us with your information** even though some items may not be applicable to you. Please attach additional pages with all the detail requested.

**Schedule 2** only needs to be completed and returned to our office by those who have rental properties.

**Schedule 3** only needs to be completed by those proprietors who receive the car / mobile phone allowance.

Please call me, Chris Bacher, Cameron Kempe, Olivia Wang, Helen Chen, Calvin Liang, Alice Chan or Dolly Le if you have any questions.

**We look forward to receiving your information no later than the end of September 2014.**

# SCHEDULE 1

## COMPLETE EACH ITEM FOR YOURSELF, YOUR SPOUSE & CHILDREN AND ATTACH ALL RELEVANT DOCUMENTATION 1 JULY 2013 TO 30 JUNE 2014

DIRECTOR'S NAME: .....

Please nominate the person to contact should we have any questions regarding your information.

Name: ..... Ph No: ..... Email: .....

DOES THE FOLLOWING APPLY TO →	Director	Spouse	Children
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**1. DID YOU RECEIVE ANY PAYG PAYMENT SUMMARIES?**  YES  YES  YES  
e.g Centrelink Benefit Statements, Group Certificates etc.  
*Please attach originals.*  NO  NO  NO

**2. WERE THERE ANY WORK-RELATED DEDUCTIONS?**  YES  YES  YES  
Only applies to wage earners and includes uniform expenses  
(laundry), motor vehicle expenses and log book details, other  
travelling expenses, union fees, association fees, self education  
expenses, tools and equipment subject to depreciation, technical  
journal subscriptions, etc.  NO  NO  NO

If **Yes**, attach relevant documents.

**3. DID YOU HAVE THE CAR/MOBILE PHONE ALLOWANCE PAID DIRECTLY TO YOU BY THE FRANCHISE?**  YES **Complete Schedule 3**  
If **Yes**, please complete Schedule 3, including the original Payment  
Summary (formerly known as group certificate) supplied to you.  NO

*Do **not** complete Schedule 3 if your motor vehicle expenses were paid by the Franchise.*

**4. DID YOU MAKE A PERSONAL CONTRIBUTION TO A SUPERANNUATION FUND?**  YES  YES  YES  
If you have not already done so, you must advise your fund of the  
amount you intend to claim as a tax deduction. Please contact our  
office to determine if you are eligible to claim a tax deduction.  NO  NO  NO

The fund will then provide you with a written confirmation. Please forward this statement to our office.

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**5. DID YOU HAVE INCOME PROTECTION INSURANCE?**

Provide a letter from your Insurer indicating the total premium paid for income insurance for the 2014 financial year.

YES  YES  YES  
 NO  NO  NO

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**6. WERE THERE ANY OTHER DEDUCTIONS?**

Donations, school building funds, tax agent's fees (from a previous tax agent), other (please specify).

YES  YES  YES  
 NO  NO  NO

If **Yes**, attach relevant documents.

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**7. DID YOU HAVE HIGH MEDICAL EXPENSES DURING THE YEAR?**

You may be eligible to claim the Net Medical Expenses Offset depending on your Adjusted Taxable Income.

YES  YES  YES  
 NO  NO  NO

If your medical expenses (after Medicare and private health fund reimbursement) are over \$2,162, we recommend you contact us.

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**8. DID YOU HAVE PRIVATE HEALTH INSURANCE?**

If **Yes**, please provide a copy of the 2014 annual statement from your Health Fund.

YES  YES  YES  
 NO  NO  NO

The annual statement provides important information which must be entered into your personal return.

Most Health Funds have sent the annual statements to clients in July.

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**10. ARE THERE ANY CHANGES TO YOUR FAMILY?**

(a) Did you have a new child during the year?

YES  NO

Name:-..... DOB:-.....

(b) Did any child turn 18 during the year?

YES  NO

Name:-.....

(c) How many dependants do you have in your family? .....

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**11. DO YOU OR YOUR PARTNER CLAIM FAMILY TAX BENEFITS DIRECTLY FROM THE DEPARTMENT OF HUMAN SERVICES (CENTRELINK)?**

YES  NO

If **Yes**, please advise the type of payment and amount received.

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## 12. ANY INVESTMENTS DURING THE YEAR?

Did you purchase or sell:-

- (a) **An Investment (Rental) Property? (including Land only)**  YES  YES  YES  
Please attach Settlement Statements for the purchase or sale, and incidental fees eg. Solicitors, Agent Fees, Inspections.  NO  NO  NO
- (b) **Shares/ Managed Funds**  YES  YES  YES  
Please attach buy and/or sell documents.  NO  NO  NO
- (c) **Any other investments?**  YES  YES  YES  
Investments in tax schemes (eg vineyards, forestry)  NO  NO  NO  
Please attach documentation.
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## 13. ANY INVESTMENT INCOME?

Did you receive:-

- (a) **Interest**  YES  YES  YES  
For each account, please provide a copy of the bank statement showing the total interest received. Please also indicate the owners of the account.  NO  NO  NO
- (b) **Dividends**  YES  YES  YES  
Please attach copies of dividend statements.  NO  NO  NO  
(Note: Dividend Reinvestments are assessable income even when you do not physically receive the cash payment)
- (c) **Managed Funds**  YES  YES  YES  
Managed Funds, Investment Trusts, Property Trusts, Unit Trusts, and Family Trusts. (Excluding Harvey Norman Franchise)  NO  NO  NO  
Please attach a copy of income advice or Annual Tax Statement.
- (d) **Rental Income**  YES  YES  YES  
Complete the attached rental property checklist-Schedule 2.  NO  NO  NO  
(complete a separate schedule for each property)
- (e) **Borrowings For Investments (eg. Property, Shares etc)**  YES  YES  YES  
Provide copies of loan statements for each investment for the period 1 July 2013 to 30 June 2014.  NO  NO  NO
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# SCHEDULE 2

## CHECK LIST FOR RENTAL PROPERTY INCOME & EXPENSES

Owners:-.....

Property address:-.....

**Please complete the following schedule and attach all relevant documentation (eg agents rental statements, rate notices, invoices etc) for each item answered Yes:**

	Yes	No	Amount
Gross Rental Income	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Council Rates	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Water Rates	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Electricity	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Gas	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Land Tax	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Agents Commission / Disbursements	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Interest on Borrowing's	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Bank Charges	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Repairs & Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Gardening/Lawn Mowing	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Purchase of Capital Items eg. Whitegoods, Fixtures, Carpets etc. (Please provide cost and date of purchase for each item)	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Insurance	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Body Corporate Levy	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Printing, Stationery, Postage	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Advertising	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Travel expenses to inspect and maintain property	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Did you purchase or sell the property during the year. If so, please attach a copy of the settlement statement.	<input type="checkbox"/>	<input type="checkbox"/>	
Was the property built after September 1985? If so, we strongly suggest you contact a Quantity Surveyor to obtain a Building Depreciation Report.	<input type="checkbox"/>	<input type="checkbox"/>	
Was the property rented for the entire financial year? If not, please provide details of period rented. From ___ / ___ / ___ to ___ / ___ / ___	<input type="checkbox"/>	<input type="checkbox"/>	
Was the property used privately? If so, how many days in the year. _____	<input type="checkbox"/>	<input type="checkbox"/>	
Date property first became available for rent ___ / ___ / ___			

# SCHEDULE 3

## CHECK LIST FOR MOTOR VEHICLE & MOBILE PHONE EXPENSES (Only complete if you ticked YES to Question 3)

**PLEASE PROVIDE DETAILS OF YOUR MOTOR VEHICLE IN THE TABLE BELOW:-**

VEHICLE MAKE	
VEHICLE MODEL	
ENGINE CAPACITY (in Litres)	
REGISTRATION NUMBER	
DATE PURCHASED	
COST	\$

**PLEASE DETAIL YOUR MOTOR VEHICLE EXPENSES FOR THE PERIOD 1 JULY 2013 TO 30 JUNE 2014:-**

REGISTRATION	\$
INSURANCE	\$
INTEREST ON LOAN OR HIRE PURCHASE (Please provide a copy of the loan agreement)	\$
<u>OR LEASE PAYMENTS</u> (Please provide a copy of the lease agreement)	\$
FUEL	\$
REPAIRS AND MAINTENANCE	\$

**DID YOU TRAVEL MORE THAN 5,000 BUSINESS KM'S IN THE 2014 FINANCIAL YEAR?**

YES

NO Please provide an estimate of your business kilometres: \_\_\_\_\_

**DID YOU KEEP A LOG BOOK FOR THE 2014 FINANCIAL YEAR?**

YES Please enclose a copy of your log book.

NO

### **MOBILE PHONE EXPENSES**

AMOUNT OF TOTAL MOBILE PHONE BILL FOR YEAR \$ \_\_\_\_\_  
PERCENTAGE THAT RELATES TO BUSINESS CALLS \_\_\_\_\_ %