

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

CLIENT NAME:						
Please nominate the person to contact should we have any questions regarding your information.						
Name: Ph No: Email:		•••••	••••••			
DOES THE FOLLOWING APPLY TO	Client	Spouse	Children			
1. DID YOU RECEIVE ANY PAYG PAYMENT SUMMARIES? e.g Centrelink Benefit Statements, Group Certificates etc.  Please attach originals.	YES NO	YES NO	YES NO			
2. WERE THERE ANY WORK-RELATED DEDUCTIONS? 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. If Yes, attach relevant documents.	YES NO	YES NO	YES NO			
3. DID YOU HAVE THE CAR/MOBILE PHONE ALLOWANCE PAID DIRECTLY TO YOU?  If Yes, please complete Schedule 3, including the original Payment Summary (formerly known as group certificate) supplied to you.	YES NO	Complete S	chedule 3			
4. DID YOU MAKE A PERSONAL CONTRIBUTION TO A SUPERANNUATION FUND? 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. The fund will then provide you with a written confirmation. Please forward this statement to our office.	YES NO	YES NO	YES NO			

<b>5. DID YOU HAVE INCOME PROTECTION INSURANCE?</b> Provide a letter from your Insurer indicating the total premium paid for income insurance for the 2014 financial year.	
6. WERE THERE ANY OTHER DEDUCTIONS? Donations, school building funds, tax agent's fees (from a previous tax agent), other (please specify). 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
If your medical expenses ( <u>after Medicare</u> and private health fund reimbursement) are over \$2,162, we recommend you contact us.	
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.	
<ul><li>10. ARE THERE ANY CHANGES TO YOUR FAMILY?</li><li>(a) Did you have a new child during the year?</li></ul>	YES NO
Name:	
(b) Did any child turn 18 during the year?	YES NO
Name:	
(c) How many dependants do you have in your family?	
11. DO YOU OR YOUR PARTNER CLAIM FAMILY TAX BENEFITS DIRECTLY FROM THE DEPARMENT OF HUMAN SERVICES (CENTRELINK)?	YES NO
If Yes, please advise the type of payment and amount received.	

12.	12. ANY INVESTMENTS DURING THE YEAR?					
Die	d you purchase or sell:-					
(a)	An Investment (Rental) Property? (including Land only) Please attach Settlement Statements for the purchase or sale, and incidental fees eg. Solicitors, Agent Fees, Inspections.	YES YES YES NO NO				
<b>(b)</b>	Shares/ Managed Funds Please attach buy and/or sell documents.	YES YES YES NO NO NO				
(c)	Any other investments?  Investments in tax schemes (eg vineyards, forestry)  Please attach documentation.	YES YES YES NO NO				
	ANY INVESTMENT INCOME?  you receive:-					
(a)	Interest For each account, please provide a copy of the bank statement showing the total interest received. Please also indicate the owners of the account.	YES YES YES NO NO NO				
<b>(b)</b>	<u>Dividends</u> Please attach copies of dividend statements. (Note: Dividend Reinvestments are assessable income even when you do not physically receive the cash payment)	YES YES YES NO NO				
(c)	Managed Funds Managed Funds, Investment Trusts, Property Trusts, Unit Trusts, and Family Trusts. (Excluding Harvey Norman Franchise) Please attach a copy of income advice or Annual Tax Statement.	YES YES YES NO NO				
( <b>d</b> )	Rental Income  Complete the attached rental property checklist-Schedule 2.  (complete a separate schedule for each property)	YES YES YES NO NO				
(e)	Borrowings For Investments (eg. Property, Shares etc) Provide copies of loan statements for each investment for the period 1 July 2013 to 30 June 2014.	YES YES YES NO NO				



## **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			\$	
Council Rates			\$	
Water Rates			\$	
Electricity			\$	
Gas			\$	
Land Tax			\$	
Agents Commission / Disbursements			\$	
Interest on Borrowing's			\$	
Bank Charges			\$	
Repairs & Maintenance			\$	
Gardening/Lawn Mowing			\$	
Purchase of Capital Items eg. Whitegoods, Fixtures, Carpets etc. (Please provide cost and date of purchase for each item)			\$	
Insurance			\$	
Body Corporate Levy			\$	
Printing, Stationery, Postage			\$	
Advertising			\$	
Travel expenses to inspect and maintain property			\$	
Did you purchase or sell the property during the year. If so, please attach a copy of the settlement statement.				
Was the property built after September 1985? If so, we strongly suggest you contact a Quantity Surveyor to obtain a Building Depreciation Report.				
Was the property rented for the entire financial year? If not, please provide details of period rented. From// to//				
Was the property used privately? If so, how many days in the year				
Date property first became available for rent / /				



## 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)					
OR LEASE PAYMENTS	\$				
(Please provide a copy of the lease agreement)					
FUEL	\$				
REPAIRS AND MAINTENANCE	\$				
DID YOU TRAVEL MORE THAN 5,000 <u>BUSINESS</u> KM'S IN THE 2014 FINANCIAL YEAR?					
YES					
NO Please provide an es	timate 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 BUSINES	<del></del>	<u> </u>			
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