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| **[NAME]****Could you please provide this information no later than DATE** |
|  | ✓***/NA*** |
| **GENERAL** |  |
| 1. **Personal Information**
	1. Please advise your occupation.
	2. Please advise your bank details (necessary for refunds):
		1. Account Name
		2. Bank
		3. BSB
		4. Account Number
 |  |
| **INCOME** |  |
| 1. **PAYG Payment Summaries**
	1. Please provide PAYG payment summaries
 |  |
| 1. **Overseas Pension**
	1. If you receive an overseas pension, please provide details or statements as to these receipts.
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| 1. **Interest Received**
	1. Please advise interest received for all bank accounts.
	2. Please provide any information regarding interest received on term deposits, if applicable.
 |  |
| 1. **Dividends**
	1. Please provide copies of dividend advices received
 |  |
| 1. **Distributions from partnerships and/or trusts**
	1. Please provide copies of distribution advices.
	2. Please provide details of any expenses incurred in earning income from partnerships and/or trusts.
 |  |
| 1. **Business/Contracting Activity**
	1. Please provide details of income received for the year.
	2. Please provide details of all expenses incurred for the year.
 |  |
| 1. **Shares**
	1. Please provide copies of all buy notes for any shares that may have been purchased.
	2. Please provide copies of all sell notes for any shares that may have been sold.
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| 1. **Assets (other than shares), including Depreciable Assets**
	1. Please advise details of any other assets (including personal use items) sold during the year.
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| 1. **Other Investments**
	1. Please provide details of **income received** from any other investments for the year.
	2. Please provide details of **expenses incurred** in relation to any other investments for the year.
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| 1. **Rental Properties**
	1. Where your property(ies) are managed by an Agent, please provide:
		1. a copy of the Annual Statement
		2. any other income received (ie insurance claim reimbursed)
		3. details of expenses you have paid personally (ie council, water, insurance)
	2. Where you manage your property(ies), please provide:
		1. Please provide details of all income received.
		2. Please provide details of all expenses incurred.
	3. Please advise if the property was not occupied at any time during the year and advise dates.
	4. Details of any rental properties purchased or sold during the year.
	5. If you require a rental worksheet, please contact our office.
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| 1. **Other Income**
	1. Please provide details of any other income received during the year.
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| **DEDUCTIONS** |  |
| 1. **Dependents**
	1. If you have dependents, please advise the following details:
		1. Full name
		2. Date of birth
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| 1. **Work Related Vehicle Expenses**
	1. If you have used your vehicle for work related travel please provide an estimation of KMs travelled.
	2. If you keep a log book we will require the following:
		1. Log book percentage
		2. Fuel expenses
		3. Vehicle repairs
		4. Insurance costs
		5. Registration costs
		6. Make and model
		7. Purchase date and total cost
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| 1. **Work Related Travel Expenses (other than vehicle)**
	1. Please advise:
		1. Your travel destination
		2. The reason for travel
		3. Total travel costs
 |  |
| 1. **Uniform and other Clothing Expenses**
	1. Please advise:
		1. Is it a compulsory uniform
		2. Does it have a company logo
		3. Is it protective clothing
		4. Associated costs
 |  |
| 1. **Work Related Self Education Expenses**
	1. Please advise:
		1. What is the nexus with your employment?
		2. Name of educational institution
		3. Education expenses, including:
			1. Fees
			2. Text books
			3. Travel
			4. Parking
			5. Stationery
			6. Any other costs
 |  |
| 1. **Other Work Related Expenses**
	1. Please advise if you had any other work related expenses, including:
		1. Home office - Internet
		2. Tools and equipment - Union Fees
		3. Subscriptions - Mobile
		4. Depreciation - Seminars
		5. Others
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| 1. **Interest Deductions**
	1. Please provide details of interest paid on any loan accounts used to generate assessable income.
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| 1. **Donations**
	1. Please provide copies of any receipts.
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| 1. **Insurance**
	1. Please provide details of:
		1. Sickness & Accident insurance
		2. Income Protection Insurance
 |  |
| 1. **Other Deductions**
	1. Please provide details of any other deductions incurred during the year.
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| 1. **Foreign Tax Paid**
	1. Please provide any information regarding any tax paid or tax payable overseas for the year.
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| **OTHER** |  |
| 1. **Private Health Insurance Statement**
	1. Please provide a copy of your private health insurance statement.
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| 1. **Medical Expenses**
	1. If you had a claim for medical expenses, please provide a Statement of Annual Benefits from
		1. Medicare
		2. Your health care provider
 |  |
| **SUPERANNUATION** |  |
| 1. **Superannuation – non-employer sponsored contributions**
	1. If you made personal superannuation contributions (not including payments made by your employer), please provide the following information:
		1. Full Name of the Fund
		2. Account Number
		3. Fund ABN
		4. Fund TFN
		5. Details of contributions made
 |  |
| 1. **Superannuation – contributions for your spouse**
	1. If you made superannuation contributions (not including payments made by your employer) for your spouse, please provide the following information:
		1. Full Name of the Fund
		2. Account Number
		3. Fund ABN
		4. Fund TFN
		5. Details of contributions made
 |  |
| 1. **Superannuation – pension/ETP annuity**
	1. If you received a superannuation pension/ETP annuity, please provide details.
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