

# Tax Return

# Information Form

2016 Individual Tax Return

1. Please **complete** / confirm your details below, to the best of your knowledge
2. All information supplied should be **for the period 1 July 2015 to 30 June 2016**, unless stated otherwise
3. **Provide all supporting documents** where prompted and applicable.
4. **Sign** where indicated and submit to our office.
5. Once submitted we will review and book your end of financial year appointment with us

## GENERAL TAX INFORMATION

### Information for 2016 Tax Return

Name:	<input type="text"/>	Spouse Name:	<input type="text"/>
DOB:	<input type="text"/>	Spouse DOB:	<input type="text"/>
Residential Address:	<input type="text"/>	Postal Address:	<input type="text"/>
TFN:	<input type="text"/>	Email:	<input type="text"/>
Phone:	W <input type="text"/>	H <input type="text"/>	M <input type="text"/>

### Bank Details (as of 1 July 2013, if you are expecting a refund, you MUST provide the ATO your EFT Bank Details)

Account Name:	<input type="text"/>	Bank Name:	<input type="text"/>
BSB:	<input type="text"/>	Account No.:	<input type="text"/>

### Children

Name:	<input type="text"/>	Name:	<input type="text"/>
DOB:	<input type="text"/>	DOB:	<input type="text"/>
Name:	<input type="text"/>	Name:	<input type="text"/>
DOB:	<input type="text"/>	DOB:	<input type="text"/>

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## PAYG Payment Summaries

*(please provide ALL payment summaries when you reach the end of the form)*

Employer:	Occupation:	Gross:	Tax:
		\$	\$
		\$	\$
		\$	\$

## Bank Interest

Bank:	Amount:	TFN Credits:	Bank Charges:
	\$	\$	\$
	\$	\$	\$

## Work & Other Expenses *(please provide your detailed listing when you reach the end of the form)*

Motor Vehicle Type:		Reference Books:	\$	
Engine Size (litres):		Stationery:	\$	
Work Kilometres:		Mobile Phone:	\$	
Taxi Fares:	\$	Internet:	\$	
Other Travel:	\$	Memberships:	\$	
Uniform/Laundry:	\$	Tools & Equipment:	\$	
Sun Protection Items:	\$	Interest expenses:	\$	
Self-Education:	\$	Gifts & Donations:	\$	
Union Fees:	\$	Income Protection Insurance:	\$	
Seminars/Prof Development:	\$	Other Expenses:	<i>please include in provided listing</i>	

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## Private Health Insurance

Do you have Private Health Insurance?

*If **yes** - please provide your Private Health Statement*

Did you have any Out of Pocket Medical Expenses?

*If **yes** - please provide details **ONLY IF** you made a claim in your 2014 & 2015 tax returns, unless they relate to disability aids, attendant/aged care*

Do You Have Any of These Items?  
Investment Income, Rental Properties,  
Investments Sold or Motor Vehicles used for  
Work

*If **yes** - please complete relevant sections below  
If **no** - please proceed to the end of the form, provide supporting documents, sign and send back to us.*

## INVESTMENT INFORMATION

### Dividends

Company Name	Date Paid	Unfranked	Franked	Imputation Credits	TFN Credits
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$

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## Unit Trusts

*(Please provide your Trust Tax Year Summary when you reach the end of the form - you may not receive this until September)*

Trust Name	Trust Income	TFN Credits	Imputation Credits	Capital Gains	Foreign Income	Foreign Tax
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$

## Investments Sold / Disposed

Company/Trust Name	Date Sold	No. Sold	Amount Received	Date Purchased	No. Purchased	Amount Paid
			\$			\$
			\$			\$
			\$			\$
			\$			\$
			\$			\$
			\$			\$
			\$			\$
			\$			\$

## MOTOR VEHICLE INFORMATION

### Information for 2016 Tax Return

Log Book Kept:

Period Covered by the Log Book:

*(within last 5 financial years)*

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Vehicle Registration No.:  Make & Model:

Owner/s of Vehicle:  Driver of Vehicle:

Total Km Travelled in Financial Year:  Business Km in Log Book Period:

Log Book calculation of Business Use %:  Total Km in Log Book Period:

Motor Vehicle Engine Size:  Up to 1.6 litres  1.601 to 2.6 litres  Over 2.6 litres

Date Purchased:  Purchase Price: \$

How was the vehicle financed?  Lease  Paid Cash  Chattel Mortgage  Hire Purchase

Date sold (if applicable in this tax year?):  Sale Price: \$

Running Costs	Total For Year (Including Gst)	Monthly Payments
Fuel/Oil:	\$ <input type="text"/>	
Registration:	\$ <input type="text"/>	
Insurance:	\$ <input type="text"/>	
Repairs & Maintenance:	\$ <input type="text"/>	
Lease Payments:	\$ <input type="text"/>	\$ <input type="text"/>
Hire Purchase / Chattel Mortgage Payments:	\$ <input type="text"/>	\$ <input type="text"/>
Interest Paid:	\$ <input type="text"/>	\$ <input type="text"/>
Services:	\$ <input type="text"/>	\$ <input type="text"/>
Tyres/Battery:	\$ <input type="text"/>	\$ <input type="text"/>
Membership Fees:	\$ <input type="text"/>	\$ <input type="text"/>
Parking & Tolls:	\$ <input type="text"/>	\$ <input type="text"/>

*Please provide a copy of your Hire Purchase / Lease / Chattel Mortgage Agreement when you reach the end of the form.*

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## RENTAL PROPERTY INFORMATION

### Property Details

Address of Rental Property:

Date Property Purchased:

Date Property First  
Earned Rental Income:

No. of Weeks Available for Rent this  
year:

Date Property Built:

Ownership Details:  In Your Name  In Joint Names *(please provide details)*

*Please provide the purchase settlement statement and other purchase costs, e.g. stamp duty, legal fees, renovations or initial repairs, and any loan application fees and/or mortgage discharge expenses when you reach the end of the form.*

### Income

Gross Rent: \$

Other Rental Income: \$

### Property Details

Advertising for Tenants:	\$	<input type="text"/>	Body Corporate Fees:	\$	<input type="text"/>
Borrowing Expenses:	\$	<input type="text"/>	Cleaning:	\$	<input type="text"/>
Council Rates:	\$	<input type="text"/>	Gardening / Lawn mowing:	\$	<input type="text"/>
Insurance:	\$	<input type="text"/>	Interest on Loan/s:	\$	<input type="text"/>
Land Tax:	\$	<input type="text"/>	Legal Fees:	\$	<input type="text"/>
Pest Control:	\$	<input type="text"/>	Property Management Fees/Commission:	\$	<input type="text"/>
Repairs & Maintenance:	\$	<input type="text"/>	Stationery, Telephone & Postage:	\$	<input type="text"/>
Travel:	\$	<input type="text"/>	Water Charges:	\$	<input type="text"/>
Other:	\$	<input type="text"/>	Other:	\$	<input type="text"/>

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## Depreciable Items

Item	Date Purchased	Cost
		\$
		\$
		\$
		\$

## Improvements / Construction Costs *Please provide a copy of your tax depreciation schedule prepared by third party below.*

Item	Date	Cost
		\$
		\$
		\$

## Additional Information / Notes

*Please note below any additional information we may need to know to complete your tax returns, that has not been covered in the above questions.*

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## SUPPORTING DOCUMENT CHECKLIST

- Payment Summaries
- Detailed Work Expenses Listing
- Private Health Statement
- Out of Pocket Medical Expense Claims
- Unit Trust Tax Year Summary
- Motor Vehicle Hire Purchase / Lease / Chattel Mortgage Agreement
- Rental Property Purchase Settlement Statement / Costs
- Rental Property Depreciation Schedule (as prepared by Third Party)

## CLIENT SIGNATURE

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Name: