

<u>Your Information:</u> Name: _____ TFN: _____ D.O.B.: _____ Occupation: _____ Postal Address: _____ Home/Bus Ph: _____ Mobile Ph: _____ Newsletter: Yes / No / Already Receiving	<u>Spouse Information:</u> Name: _____ TFN: _____ D.O.B.: _____ Sex: _____ ATI: _____ <u>Dependant Information:</u> Name: _____ D.O.B. _____ Name: _____ D.O.B. _____ Name: _____ D.O.B. _____
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<u>INCOME</u>	Information Provided	Not Applicable
PAYG Summaries from employers, Centrelink and/or Superannuation Funds	<input type="checkbox"/>	<input type="checkbox"/>
Lump Sum Payments (eg. Employment Termination Payments)	<input type="checkbox"/>	<input type="checkbox"/>
Trust distribution statement, including copy of TR or Distribution S'ment	<input type="checkbox"/>	<input type="checkbox"/>
Partnership distribution statement, including copy of TR or Distribution S'ment	<input type="checkbox"/>	<input type="checkbox"/>
Managed Fund Annual Tax Statement & Capital Gains Tax Statement	<input type="checkbox"/>	<input type="checkbox"/>
Bank Statements stating interest earned (incl. Term Deposit A/C Statements)	<input type="checkbox"/>	<input type="checkbox"/>
Dividend Statements	<input type="checkbox"/>	<input type="checkbox"/>
Buy/Sell Contract Notes for sale of shares (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>

<u>WORK-RELATED DEDUCTIONS</u>	Information Provided	Not Applicable
MV logbook or summary of expenses (incl. Rego, Make, Model) or kms travelled	<input type="checkbox"/>	<input type="checkbox"/>
Receipts for clothing & laundry expenses (not paid by employer)	<input type="checkbox"/>	<input type="checkbox"/>
Receipts for Self-Education expenses	<input type="checkbox"/>	<input type="checkbox"/>
Details of depreciable assets (eg. Laptops, etc) > \$300 bought during the year	<input type="checkbox"/>	<input type="checkbox"/>
Receipts/details of Professional Journals/Magazines purchased	<input type="checkbox"/>	<input type="checkbox"/>
Receipts/details of Memberships/Subscriptions purchased	<input type="checkbox"/>	<input type="checkbox"/>
Receipts/details of continuing Professional Development courses & seminars	<input type="checkbox"/>	<input type="checkbox"/>

<u>OTHER DEDUCTIONS</u>	Information Provided	Not Applicable
Receipts for donations of \$2 and over to registered charities	<input type="checkbox"/>	<input type="checkbox"/>
Details of expenditure incurred in managing tax affairs (eg. Tax Agent Fees)	<input type="checkbox"/>	<input type="checkbox"/>
Details of exp. incurred in earning investment income (eg. Margin Lending Interest)	<input type="checkbox"/>	<input type="checkbox"/>
Details of Income Protection Insurance Premiums paid	<input type="checkbox"/>	<input type="checkbox"/>

<u>RENTAL PROPERTIES</u>	Information Provided	Not Applicable
Annual Rental Statement from Property Agent (if applicable) (if not engaging the services of an agent, please provide a summary of income)	<input type="checkbox"/>	<input type="checkbox"/>
Date property was purchased & number of weeks property was available for rent	<input type="checkbox"/>	<input type="checkbox"/>
Details of depreciable assets bought or disposed during the year	<input type="checkbox"/>	<input type="checkbox"/>
Expenses incurred (not on the Annual Rental Statement) such as rates, insurance, etc. (if not engaging the services of an agent, please provide a summary of expenses)	<input type="checkbox"/>	<input type="checkbox"/>
If property is held by more than one individual, please provide details (incl. % held)	<input type="checkbox"/>	<input type="checkbox"/>
If property was sold during the year, please provide information relating to the dates and costs associated with the purchase and sale of the property (contracts, etc)	<input type="checkbox"/>	<input type="checkbox"/>
Loan Statements for the property showing interest paid during the income year	<input type="checkbox"/>	<input type="checkbox"/>

TAX OFFSETS/REBATES	Information Provided	Not Applicable
Private Health Insurance Statement for the financial year	<input type="checkbox"/>	<input type="checkbox"/>
Details of any superannuation contributions made for your spouse	<input type="checkbox"/>	<input type="checkbox"/>
Details of Out-Of-Pocket Medical Expenses where the total exceeds \$2,000	<input type="checkbox"/>	<input type="checkbox"/>
Details of expenses relating to your children's education (* must be eligible for FTB A)	<input type="checkbox"/>	<input type="checkbox"/>

INCOME TEST INFORMATION	Yes	No
Reportable Fringe Benefits (FBT)	<input type="checkbox"/>	<input type="checkbox"/>
Reportable Employer Superannuation Contributions (above 9% SGC)	<input type="checkbox"/>	<input type="checkbox"/>
Tax-Free Government Pensions	<input type="checkbox"/>	<input type="checkbox"/>
Target Foreign Income	<input type="checkbox"/>	<input type="checkbox"/>
Details of any Child Support payments made by you	<input type="checkbox"/>	<input type="checkbox"/>
Details of Spouse's Centerlink receipts (ie. Newstart Allowance, Parenting Payments, FTB)	<input type="checkbox"/>	<input type="checkbox"/>
Spouse's Net Investment/Rental loss incurred	<input type="checkbox"/>	<input type="checkbox"/>

**If you have any doubt about any income or expenses you have received or incurred,
please bring the documents with you**

PLEASE NOTE:

Receipts need to be kept for a minimum of 5 years to meet the ATO's substantiation requirements