

Please complete the following questionnaire carefully. If you answer yes to a question please bring all relevant supporting documents that relate to that item.

If more space is required for any items, please use the back page

INCOME

Please bring PAYG Payment Summaries provided by each payer

SALARY & WAGES

If not applicable please tick

Employer Name	ABN number	Gross Salary	Tax deducted

ALLOWANCES (Usually shown on your payment summaries)

Including Directors Fees.

Employer Name	Allowance type	Gross Salary	Tax deducted

REPORTABLE FRINGE BENEFIT PAYMENTS (from your payment summary)

\$ _____

◆ Please provide copy of Employer's Fringe Benefit Summary

LUMP SUM PAYMENTS

If not applicable please tick

Including Eligible Termination Payments. (Please bring in your ETP statements)

Employer Name	Payment type	Gross Payment	Tax deducted

CENTRELINK PAYMENTS

If not applicable please tick

Payment type	Gross Benefit	Tax deducted

OTHER PENSIONS

If not applicable please tick

Payment type	Gross Payment	Tax deducted

INTEREST RECEIVED

If not applicable please tick

From Banks/Credit Unions, etc. Check your bank statements and investment reports.

Name of bank / account number	Gross Interest	Tax deducted

DIVIDENDS Including dividend reinvestment plans

If not applicable please tick

Company Name	Unfranked amount	Franked Amount	Imputation Credit	Tax withheld

◆ Please bring dividend statements, including reinvestment statements and payment advice notes.

RENTAL PROPERTY

If not applicable please tick

◆ Please complete the attached Rental Profit & Loss Schedule for each property.

BUSINESS INCOME

If not applicable please tick

- ◆ Please complete the attached Business Schedule for each business.
- ◆ Note that a 25% rebate may apply to this income.

DISTRIBUTIONS FROM PARTNERSHIPS & TRUSTS (incl. Managed Investments)

If not applicable please tick

◆ Please provide details below & bring Tax Statements from the payer

CAPITAL GAINS/LOSSES (from Sale of Assets such as Shares, Property etc.)

If not applicable please tick

◆ Please complete the attached Capital Gains Schedule.

ANY OTHER INCOME

Please specify

If not applicable please tick

Payment type	Gross Benefit	Tax deducted

DEDUCTIONS

WORK RELATED CAR EXPENSES

If not applicable please tick

Did you use your vehicle for any work related travel? (Does not include travel from home to work) Yes / No

Make	Model	Reg No	Engine Capacity
Vehicle Cost \$	Name of owner:	Date of Purchase : / /	

Did you keep a log book? Yes / No (If yes, Please bring the log book in with you)

Costs incurred:			Total claimed: \$
Petrol & Oil	\$	Registration	\$ Insurance \$
Repairs & Services	\$	Lease Payments Lease & loan documents required	\$ Parking \$
Toll fees	\$	Tyres & Wheels	\$ Other exps \$

If no log book was kept, estimate the number of work related kilometres travelled _____ kms

If using same percentage as last year, you MUST complete the odometer details below (in the shaded boxes).

Cents per kilometre rates:

Small car – up to 1600 cc	55.0 c/km		Odometer at 1/7/06	
Medium car – 1601 to 2600 cc	66.0 c/km		Odometer at 30/6/07	
Large car – over 2600 cc	67.0 c/km		Total work kms travelled	

◆ Provide details and calculations supporting your estimate

OTHER WORK RELATED TRAVEL

If not applicable please tick

If you received a travel allowance from your employer to cover the cost of food, drinks and / or accommodation, you can make a claim against this allowance, up to the value of the allowance paid without receipts. If you have not received an allowance, or wish to claim above the level of the allowance received, **then receipts must be provided.**

If your claim relates to overseas accommodation, receipts must be provided.

Did you receive a travel allowance? Yes / No If yes Amount \$ _____

Do you wish to claim actual expenses? Yes / No If yes, enter details below :

Did you travel for 6 or more nights in a row? Yes / No If yes, please bring details of trip to the appointment

Did you keep a travel diary? Yes / No

Did you travel overseas and receive an allowance Yes / No

Details of Expenses :			Total claimed:	
Fares (air, train, etc)	\$	Car Hire	\$	Accommodation \$
Meals	\$	Incidental Expenses	\$	Other (specify) \$

◆ Please provide supporting documentation

WORK RELATED UNIFORMS, CLOTHING, LAUNDRY & DRY CLEANING

If not applicable please tick

Did you incur any uniform, occupation specific or protective clothing, home laundry or dry cleaning expenses during the financial year?		Yes / No	Total Claimed:	\$
Compulsory Work Uniform	\$	Non Compulsory Work Uniform	\$	Occupation Specific Clothing \$
Protective Clothing		Dry Cleaning		Laundry
Sun Protection	Are you required to work outdoors?	Yes/No	Sun protection items	\$

◆ Clothing is a very contentious area with the Tax Office. Please bring details of your clothing claims and identify why these items relate to your employment. There are very specific occupation related rulings in this area that usually restrict the ability to claim clothing, especially non-uniform items.

WORK RELATED SELF EDUCATION EXPENSES

If not applicable please tick

Self Education expense claims must relate to courses that relate to the work you are undertaking with the employer you are with (or gives you scope for promotion within the company) when you commence the course. i.e. it cannot be a claim for a course that will make you more employable in another firm, or enables you to change occupations or industries outside of who you are working for now.

Did you take out a PELS loan arrangement to fund your course? Yes / No
 Did the self-education improve your skills and knowledge for your current work? Yes / No
 Did the self-education improve your income from your current work activities? Yes / No
 Are there other circumstances where the self education has a direct connection with your current work Yes / No

Details of Expenses:

Name of Course & Institution :				Total claimed:	\$
Fees	\$	Travel	\$	Reference Books	\$
Stationery	\$	Computers	\$	Software	\$
Other (specify)	\$				

OTHER WORK RELATED EXPENSES

If not applicable please tick

Any other items that you have purchased in relation to your employment can be listed in the 'other information schedule on page 10 of this questionnaire.				Total Claimed:	\$
Union Fees	\$	Overtime Meals	\$	Seminars	\$
Stationery	\$	Tools & Equipment	\$	Telephone	\$
Mobile Phone	\$	Journals & Periodicals	\$	Internet	\$
Home Office	hrs per wk _____	Weeks per year ____		Utilities	\$
Other Expenses – please list (or show on back page)					

◆ If tools, equipment and computer software exceed \$300 each, provide cost and date of purchase

Note, if Motor Vehicle claims are >\$5,000, travel > \$3,000, clothing > \$500, Self Education >\$3,000 or other work deductions are >\$5,000 and / or you have rental property or investment claims, we STRONGLY advise you to take out Tax Audit insurance, as these items are frequently reviewed by the ATO in the Tax audit program every year.

INTEREST & DIVIDEND DEDUCTIONS

If not applicable please tick

Please list all expenses relating to your investment income

Bank Charges	\$	Interest on Loans	\$
Accounting Fees	\$	Management Fees	\$
Stamp duty on loans	\$	Other (Specify)	\$

GIFTS & DONATIONS

If not applicable please tick

Paid To	Amount	Paid To	Amount
	\$		\$
	\$		\$
	\$		\$

COST OF MANAGING TAX AFFAIRS

If not applicable please tick

Tax Agents fees for 2006	\$
Travel to and from Accountants office last year (Public T'port/Taxi)	\$
(Own Car)	kms

SUPERANNUATION CONTRIBUTIONS

If not applicable please tick

Did you contribute to a superannuation fund?	Yes / No	If yes: Amount	\$
Did your employer contribute to a super fund for you?	Yes / No		

OTHER DEDUCTIONS

If not applicable please tick

Income Protection Insurance Premiums	\$	ATO Interest on Late Pmts	\$
Foreign Exchange Losses	\$	Foreign Income Deductions	\$
Other Deductions (please list on back if required)	\$		\$

REBATES/OFFSETS

Did you have a child born between 1/7/01 and 30/6/04?	Yes / No	Baby bonus may apply
Did you have a child after 1 July 2004?	Yes / No	Maternity Payment may apply
Did you have a spouse living with you during the year that did not earn an income during the year?	Yes / No	Spouse rebate may apply
Did you have parents/parents-in-law/invalid relative living with you?	Yes / No	If yes, names & income earned will be required. From _____ to _____
Did you pay any contributions into your spouse's super fund?	Yes / No	Amount \$ _____
Did you and your dependents incur out of pocket medical expenses (i.e. after recovering refunds from Medicare & Private Health Insurance) that, for the year, totalled over \$1,500?	Yes / No	Gross Expenses \$ _____ Refunds Received \$ _____ Net Paid \$ _____
Did you spend any part of the year living and working in a remote part of Australia or overseas on military duty?	Yes / No	Area : _____ From _____ to _____
Are you over 55 and earned salary income this year?	Yes / No	Mature tax offset applies if income <\$55,000
Did you pay for child care costs for your children in the 2005/06 year? (note – the PRIOR tax year is claimable this year)	Yes / No	Child care rebate may apply – speak to us for more details. Bring in details of your expenses on childcare for the period 1/7/2005 to 30/6/2006.

FAMILY DETAILS

If this section is not applicable please tick this box

SPOUSE (married or defacto) (If you had a spouse for less than a year - from _____ to _____)

NAME		Tax File Number	
DATE OF BIRTH		ESTIMATED INCOME OF SPOUSE	

CHILDREN

NAME	DOB	NAME	DOB
	/ /		/ /
	/ /		/ /
	/ /		/ /

Have you or your spouse received Family Tax Benefit payments from the Family Assistance Office: Yes / No

Was the care of a child shared with a former spouse during the year Yes / No

❖ Please bring Payment Summaries that you have received from Centrelink regarding Family benefits that you have received through the year.

HEALTH INSURANCE

If you do not have private health insurance please tick this box

NAME OF FUND :	
MEMBERSHIP NO	
DATE JOINED (If less than a year) :	
TYPE OF MEMBERSHIP :	Hospital / Extras / Combined
(please circle)	Family / Couples / Single

◆ Please bring the Annual Tax Letter from your Fund so we can identify the level of tax offset you are entitled to. Note that BOTH of you must have private health insurance in order to ensure you do not incur the Medicare levy surcharge.

Please ensure that you have filled in the details on the front page, and signed the declaration on the front page, including payment and refund details.

The following pages relate to rental property, capital gains and small business income and expenses.

RENTAL PROPERTY PROFIT AND LOSS SCHEDULE

**(A Separate schedule is required for each property. Please photocopy this page as necessary)
Use this schedule to summarise the income and expenses relating to any investment properties that you may hold.**

Please bring receipts, invoices and bank statements, etc to substantiate all of these items, and note our comment regarding Tax Audit insurance on page 5.

Names of Owners:		% of property held	
Property Address:			
Date Acquired		Purchase Price	
Date of Construction		Date of First Income	
Rented for whole year	Yes / No	(if no, number of weeks rented)	

INCOME Please bring statements from agents or receipt books \$ _____

EXPENSES

Accounting Fees		Legal Fees	
Advertising		Postage & Stationery	
Bank Charges		Property Agents Fees/Commission	
Body Corporate Fees		Pest Control	
Caretaker		Repairs & Maintenance	
Cleaning & Rubbish Removal		Telephone	
Council Rates		Travel costs to inspect the property	
Electricity & Gas		Water Rates	
Garden & Lawn Mowing			
Insurances			
Interest			
Land Taxes			
		TOTAL EXPENSES	\$

BORROWING COSTS

If you have purchased or re-financed this property during the year please list the borrowing costs.

Mortgage Establishment Fees		Legal Fees	
Valuation Fees		Search Fees	
Registration Fees		Stamp Duty on loans	

If you have purchased a property which is was built after 1985, (or has had substantial redevelopment in the last 5 years) please provide a quantity surveyor's report if available to determine tax depreciation and building allowances for the property. If you are unable to provide a quantity surveyor's report please list all fixtures and fittings showing a valuation.

FIXTURES & FITTINGS

Purchased during the year

Description	Date of Purchase	Amount

BUSINESS SCHEDULE

Client Name :	ABN
Name of Business/Professional Activity	
Business Address	
	Post Code
Date Commenced (if commenced this year)	
Date Ceased (if ceased this year)	

INCOME

Sales/Professional Income		\$
	Less Cost of Sales	\$
	Opening Stock	\$
	Purchases	\$
	Less Closing Stock	\$
	Total Cost of Sales	\$
	Gross Profit	\$
Other Income		\$
		\$
		\$
Total Income		\$

EXPENSES

Accounting	\$	Materials & Supplies	\$	Rubbish Removal	\$
Advertising	\$	Motor Vehicle Expenses	\$	Subscriptions	\$
Bank Charges	\$	Petrol & Oil	\$	Superannuation	\$
Cleaning	\$	Registration	\$	Telephone	\$
Clothing	\$	Insurance	\$	Mobile Phone	\$
Donations	\$	Repairs & Service	\$	Salaries & Wages	\$
Electricity & Gas	\$	Parking	\$	Work cover	\$
Insurance	\$	Printing & Stationery	\$		
Interest	\$	Postage	\$		
Lease Expenses	\$	Rent	\$		
	\$	Rates & Taxes	\$		
	\$	Repairs & Maintenance	\$		
Home Office	___ hrs per wk	___ wks per year		Total Expenses	\$

CAPITAL EXPENDITURE

Description	Date of Purchase	Amount

OTHER INFORMATION
