

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	Tax deducted	Gross Salary

ALLOWANCES (Usually shown on your payment summaries)

Including Directors Fees, Travel Allowances, Meal Allowances, etc .

Employer Name	Allowance type	Tax deducted	Gross Salary

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	Tax deducted	Gross Payment

CENTRELINK PAYMENTS (note, some of these are not subject to tax) If not applicable please tick

Payment type	Tax deducted	Gross Benefit

OTHER PENSIONS including Superannuation pensions

If not applicable please tick

Payment type	Tax deducted	Gross Payment

INTEREST RECEIVED

If not applicable please tick

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

Name of bank / account number	Tax deducted	Gross Interest

DIVIDENDS Including dividend reinvestment plansIf 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. If you have sold any shares that were involved in dividend reinvestment plans, please bring in ALL the dividend details or a schedule of all dividends received from that company during the time you held the shares.
- ◆ **NEW THIS YEAR:** *Did you receive shares through an employee share scheme? If so, please bring the “Employee share scheme: employee summary” with you or attach it to this questionnaire and send to us to determine the tax treatment for this year.*

RENTAL PROPERTYIf not applicable please tick

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

BUSINESS INCOMEIf not applicable please tick

- ◆ Please complete the attached Business Schedule for each business.
- ◆ **Note that a tax 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

PAYG instalments paid

Instalment payments made for the 2009/10 year:

October 2009	\$
January 2009	\$
April 2010	\$
July 2010	\$

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	63.0 c/km	Odometer at 1/7/09		
Medium car – 1601 to 2600 cc	74.0 c/km	Odometer at 30/6/10		percentage
Large car – over 2600 cc	75.0 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 / Cold 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. See page 13 for more details.

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 / Accounting fees for 2009	\$
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 complying superannuation fund?	Yes / No	If yes: Amount	\$
Did your employer contribute to a super fund for you?	Yes / No	If yes: Amount	\$
Did you sacrifice some of your pay to make additional super contributions?	Yes / No	If yes: Amount	\$

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 spouse living with you during the year that did not earn an income during the year?	Yes / No	Spouse rebate may apply, if Family Tax Benefit has not been received.
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 total over \$1,500 for year?	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 OR your spouse pay child support this year?	Yes / No	Amount \$ _____ (Me / spouse)
Did you OR your spouse receive a tax free government pension	Yes / No	Amount \$ _____ (Me / spouse)

Please note: There have been significant changes in the 2010 return around income tests that apply to various family benefit entitlements, Medicare levy surcharges, claiming of losses and HELP / HECS fee payments. Please complete the details above and speak to us if you have any questions on these matters.

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
Medicare Card number	
Number of people on your Medicare card	

❖ **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.

Please answer the following questions. They relate to specific tax issues that first arise in the 2009/10 year, or will assist us in improving your overall tax and financial position.

1. Education Expenses rebate:

Did you have children for whom you incurred school related expenses?

Yes / No

If yes, please fill in this table

1. Are you receiving Family Tax Benefit Part A?				yes / no / not sure if I am entitled	
2. What is the total eligible education expenses incurred for all of your school aged children					
Computer-related expenses			\$		
Computer-related equipment			\$		
Home internet connection			\$		
Computer software			\$		
Stationery, textbooks and other learning materials			\$		
Tools of trade			\$		
				Total Spent \$	
3. The Total maximum tax offset amount					
	Maximum tax offset: \$375 – primary school; \$750 – Secondary School	Multiply by: [(eligible days x shared care% x agreed %) ÷ 365]			
Child 1:			\$		
Child 2:			\$		
Child 3:			\$		
Child 4:			\$		\$
4. 50% of total eligible education expenses			Total at 2 * 50% =		\$
5. Education expenses tax offset (lesser of 3. & 4.)					\$
6. Excess education expenses carried forward Amount at 4. less amount at 3. (x 2)					\$
7. Check 2009 tax return for any excess amount not claimed in 2009 year.					\$

2. Did you receive pension payments (from a super fund or from an investment annuity) during the tax year?

Yes / No

If so, please bring in details of the pension payments, and details of the fund / account balance from which the payment is being made.

3. Do you have more than one super fund account?

Yes / No

If yes, would you like our assistance in combining the accounts?

Yes / No

4. Do you have a savings / investment plan in place?

Yes / No

If no, do you want to discuss setting one up?

Yes / No

5. What are you intending to achieve with your savings / investing plan?

6. What debts do you wish to minimise in the next 12 months?

Credit cards?

Yes / No \$ _____

Personal loans?

Yes / No \$ _____

Mortgage?

Yes / No \$ _____

Other _____

Yes / No \$ _____

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

See our bonus offers on pages 11 & 12 !

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

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 was built **after** 1985, (or has had substantial redevelopment since then) 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

Note, if your rental property is giving you a substantial tax deduction, you can get the 'refund' paid to you as a reduction in the amount of tax taken out of your pay. Ask us about lodging a tax variation for you for 2010/11.

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			\$
Note: if the turnover of your business is less than \$20,000 for the year, you may not be able to claim any losses from your business against other income. If the business generates a profit, and the turnover is <\$75,000, a tax rebate may apply. Note that the income tests that apply will required information within the Rebates / offsets section. We will discuss this with you.	Less Cost of Sales	\$	
	Opening Stock	\$	
	Purchases	\$	
	Less Closing Stock	\$	
	Total Cost of Sales	\$	
	Gross Profit	\$	
Other Income			\$
			\$
Total Income			\$

EXPENSES

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

If insufficient space, please use back page for additional information, or provide accounting file or spreadsheet of data.

CAPITAL EXPENDITURE

Description	Date of Purchase	Amount

OTHER INFORMATION

Home Loan Health Check!

Get \$10.00 off the fee for your tax return! Simply fill out the details below, and allow us to see if we can find a BETTER loan facility for you. From these details we will look at sourcing a loan facility and present the results to you for your consideration. At all times, it will be your choice whether or not you proceed. But for the simple privilege of being able to present the options to you, we will give you a \$10 credit against your tax return fees.

General Info						
Client Name 1:				Date of Birth:		
Client name 2 (if applicable):				Date of Birth:		
Main contact number for _____ home/mobile/work:						
Email:						
Address:						
					Post Code:	
Number of Dependants under 18 years:						
Client 1 - Occupation:			Client 2 - Occupation:			
Employer:			Employer:			
If less than 3 yrs please give details of previous employer:			If less than 3 yrs please give details of previous employer:			
Income (Monthly Gross):			Income (Monthly Gross):			
Other income (monthly - rent, overtime etc):			Other income (monthly - rent, overtime etc):			
Assets and Liabilities						
Category	Description	Estimated Current Value (\$)	Current Lender	Amount Outstanding	Monthly Payments	Original Loan Value/Credit Limit
Property						
Superannuation						
Savings						
Other Assets						
Personal Loans						
Credit/Store Cards						
Other Liabilities						
TOTAL						
Please let us know if you would like your situation reviewed to (please tick):						
<input type="checkbox"/> Get a more competitive rate <input type="checkbox"/> Obtain more funds to _____						
<input type="checkbox"/> Reduce monthly payments						

Insurance analysis

Get ANOTHER \$10.00 off the fee for your tax return! Simply fill out the details below, and allow us to see if we can find **BETTER** insurance policies for you. From these details we will look at sourcing insurance policies and present the results to you for your consideration. At all times, it will be your choice whether or not you proceed. But for the simple privilege of being able to present the options to you, we will give you a \$10 credit against your tax return fees.

Type of insurance	Name of person insured / covered	Total amount covered	Annual / monthly premium	Name of insurance company	Policy number
Life					
Income protection					
Trauma					
Home / Property details	Value	\$	Amount owing	\$	
Superannuation (list each account held)		Last known balance \$			
		Last known balance \$			

And another bonus for you!

We **ARE** looking at growing our business – and the best way to do that is to provide great service to you and have you refer us to your friends, family and associates. I would rather provide the rewards back to you than spend the money on advertising and marketing. So please refer us to the people that you know that we can help – and to thank you we will give you the following incentives:

1. A **\$10** referral fee back to you (or off your tax return and accounting work) for every person that you refer to us;
2. A **\$150** referral for every business (company, trading trust or super fund) that we do the year end work for in the next 12 months;
3. And put you in a prize draw for a weekend away for two which we will draw in March 2011. Every referral gives you an entry into the prize draw!

So, help us to grow our business and provide even better services to you!

Pro Money Management Pty Ltd

ABN 31 101 131 542

AUDIT FEE PROPOSAL

DATE _____

Name of Firm/Company / Individual to be covered including any additional associated directors, persons, or persons of associated companies i.e.	
Beneficiaries of family trusts etc	
(if insufficient room, please attach list)	

Firm/Company Turnover: (refer to table below) **C D E F H I**
(Circle One)

Level of Cover:

Category of turnover: **A B C D E F \$10,000**
 G H I \$20,000

FEE TABLE (TAX DEDUCTIBLE)

Inclusive of GST & Stamp Duty

A	Salary/Wage Earner (individual)	\$110.00
B	Couple	\$165.00
C	Self Managed Super Fund	\$315.00
D	Sole Traders / Partnerships up to \$500K turnover	\$195.00
E	Companies / Business Group Turnover Up to \$500,000	\$315.00
F	Turnover \$500,001 to \$1,000,000	\$385.00
G	Turnover \$1,000,001 to \$3,000,000	\$600.00
H	Turnover \$3,000,001 to \$6,000,000	\$800.00
I	Turnover \$6,000,001 to \$10,000,000	\$1,000.00

Indicate your Acceptance/Non Acceptance of cover by ticking the appropriate box below:

Please accept this notification of:-

My Acceptance of Cover

Non-Acceptance of Cover
(ensure your full name & address details are shown above)

Please enclose a cheque payable to **Pro Money Management Pty Ltd** or **post / fax** your credit card details to us on **9682 8766 (or include this with your 2010 tax return information)**

---- / ---- / ---- / ---- ---- -- / -- \$ _____
Credit card number CCV number Expiry Amount

Signature/s: _____ **Date:** / /

