



**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 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. 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.

**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 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 2007/8 year:

October 2007	\$
January 2008	\$
April 2008	\$
July 2008	\$

## 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 <small>Lease &amp; loan documents required</small>	\$ 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 1/7/08	
Medium car – 1601 to 2600 cc	74.0 c/km		Odometer at 30/6/09	
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 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 2008	\$
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 1/7/03 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 – this should have been paid directly to you
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, 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 2008/9 year? (note – this should have been paid directly to you by the family assistance office)	Yes / No	Child care rebate may apply . This is claimable directly from the Family Assistance Office only – not on your tax return.

**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	

♦ 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 2008/9 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 ( <i>lesser of 3. &amp; 4.</i> )			\$
6. Excess education expenses carried forward Amount at 4. <i>less</i> amount at 3. (x 2)			\$

2. Did you received shares (or rights) from your employer under an employee share scheme? Yes / No

If so please bring in the details of the shares issued to you and the details of the scheme.

3. 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.

4. Do you have more than one super fund account? Yes / No

If yes, would you like our assistance in combining the accounts? Yes / No

5. When was the last time you reviewed your Life insurance policies?

In the last 12 months  
 1 – 2 years  
 More than 2 years ago

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

Yes / No

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

Yes / No

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

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8. 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 \$ \_\_\_\_\_

9. Are you interested in looking at Cashflow Positive Investments?

Yes / No

We have access to a range of investment opportunities that can generate income in excess of the total cost of the investment, giving you the ability to boost your cashflow into the future. For more information, please complete the details on the next page, and contact us, or speak to one of our team at your appointment.

**10. Insurance analysis**

Please complete the details below, so that we can identify the potential tax deductibility of these policies for you, and – if you agree – we can seek quotes and options to improve your cover and / or reduce your costs of insurance

Type of insurance	Name of person insured / covered	Total amount covered	Annual / monthly premium	Name of insurance company	Policy number	Review / get quote on this policy
Life						Yes / No
						Yes / No
Income protection						Yes / No
						Yes / No
Trauma						Yes / No
						Yes / No
Health						Yes / No
Car (include rego and car details if in return)						Yes / No
House						Yes / No
Home / Property details	Value	\$	Amount owing	\$		Yes / No
Superannuation (list each account held)		Last known balance \$				Yes / No
		Last known balance \$				Yes / No

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			
		<b>TOTAL EXPENSES</b>	<b>\$</b>

### 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

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

### 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		<b>Total Expenses</b>	<b>\$</b>
				<b>Net profit</b>	<b>\$</b>

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

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