



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.

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:
	\$	\$	\$
	\$	\$	\$



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

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

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

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Dividends

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

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
			\$			\$



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			\$				\$	
			\$				\$	
			\$				\$	
			\$				\$	
			\$				\$	
			\$				\$	
			\$				\$	
			\$				\$	

MOTOR VEHICLE INFORMATION

Information for 2016 Tax Return

Log Book Kept: Period Covered by the Log Book:
(within last 5 financial years)

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
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Fuel/Oil:	\$ <input type="text"/>	<i>Please provide a copy of your</i>
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Registration:	\$		<i>Hire Purchase / Lease / Chattel Mortgage Agreement when you reach the end of the form.</i>
Insurance:	\$		
Repairs & Maintenance:	\$		
Lease Payments:	\$		\$
Hire Purchase / Chattel Mortgage Payments:	\$		\$
Interest Paid:	\$		\$
Services:	\$		\$
Tyres/Battery:	\$		\$
Membership Fees:	\$		\$
Parking & Tolls:	\$		\$

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: \$



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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"/>

Depreciable Items

Item	Date Purchased	Cost
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>

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

Item	Date	Cost
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>



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		\$	
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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.

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: