

Personal Tax Return - Year End Questionnaire

Client:

Date:

This Year End Questionnaire is designed to save you time and money.

The effort you invest to complete this questionnaire will be repaid because we'll be able to complete your accounts accurately and efficiently, saving you unnecessary fees that might otherwise be incurred if we had to come back to you multiple times requesting more information.

Please complete this questionnaire and ensure you attach all relevant documentation, then sign and date this form below, and return your questionnaire and documentation to us.

Please be aware that the ATO has the ability to check your PAYG income, interest received and dividends against independent sources. In the event of an ATO audit, you will need to also substantiate any deductions claimed.

Finally, if you have sold any assets during the year, please provide full details so we can determine whether Capital Gains Tax applies to your transaction.

If you have any queries or concerns, please do not hesitate to contact us.

I hereby instruct you to prepare my income tax return for the financial year ended 30 June 2011.

I undertake to supply all information necessary to carry out such services, and will be responsible for the accuracy and completeness of such information.

You are hereby authorised to communicate with my bankers, solicitors, finance companies and all government agencies such as the ATO to obtain such information as you require, enabling you to complete the above assignment.

Name:

Signature:

Date:

To ensure our records are up to date, please assist us by completing the following:

Name:					
Tax File Number:					
Home address:					
Telephone:	Business		Fax		Mobile
Email address:					
Your occupation					
Date of birth					
Spouse's name:					
Spouse's date of birth:					
Period you had a spouse during the year:					
Spouse's Tax File Number:					
Spouse's Taxable Income:					
Spouse's email address:					
List names and dates of birth of children					
Medicare number:					
Do you wish to use electronic funds transfer? *	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
<p><i>This is where we transfer your tax refund straight into your bank account for you. * If yes, we will require the following information:</i></p>					
Bank and branch					
Account name:					
BSB number:					
Account number:					

1. If we are preparing your accounts for the first time:		Yes	No	?
Please provide:				
1.1	A copy of your last income tax return, income tax assessment and PAYG instalment notices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2	Copies of any other correspondence with the Tax Office such as objections, penalties, Statement of Account, Garnishee Notice, Final Notice to Lodge.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Income				
2. Salary and Wages		Yes	No	?
2.1	Have you changed your occupation? <i>If yes, please provide details.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2	Have you received any PAYG Payment Summaries from employment? <i>If yes, please provide copies.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Allowances, Benefits and Other Salary and Wages Income		Yes	No	?
3.1	Have you received any allowances, benefits and other earnings not on a PAYG Payment Summary? <i>If yes, please provide including statements, letters and other related documentation.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2	Have you expended the allowance in full? <i>Please provide details of the expenditure at either Item 26.2(Travel) or 30.13 (Other Work Related Expenses).</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Lump Sum Payments		Yes	No	?
4.1	Have you received any PAYG Payment Summaries for lump sums A, B or E (e.g. Pro Rata Annual Leave)? <i>If yes, please provide copies.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Employment Termination Payments		Yes	No	?
5.1	Have you received any PAYG Payment Summaries for Employment Termination Payments? <i>If yes, please provide copies. .</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6.	Australian Government Pension and Allowances	Yes	No	?
6.1	Have you received any PAYG Payment Summaries for Government pensions? <i>If yes, please provide copies.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Australian Annuity or Superannuation Pension	Yes	No	?
7.1	Have you received any PAYG Payment Summaries from the Australian annuity or superannuation income stream? <i>If yes, please provide copies.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Australian Superannuation Lump Sum Payments	Yes	No	?
8.1	Have you received any PAYG Payment Summaries for Australian superannuation lump sum payments? <i>If yes, please provide copies.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Personal Services Income	Yes	No	?
9.1	Have you received any income, excluding income earned as an employee, which was mainly a reward for your personal efforts or skills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.2	Have you received any PAYG Payment Summary-Business and Personal Services forms for that income? <i>If yes, please provide copies.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.3	Provide details of all income and expenditure related to these activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Reportable Fringe Benefits and Reportable Employer Superannuation Contributions	Yes	No	?
10.1	Have you received any PAYG Payment Summaries with amounts for reportable fringe benefits and/or reportable employer superannuation contributions? <i>If yes, please provide copies.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Other Employment Income	Yes	No	?
11.1	Have you been employed during the year and not received a PAYG Payment Summary? <i>If yes, please attach details of each employer's name, address, telephone numbers, address where work completed (if different to address of the employer), periods of employment, gross earnings, allowances, PAYG withheld, reportable fringe benefits and reportable employer superannuation contributions.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Interest		Yes	No	?
12.1	Have you received or been credited with interest from any source within Australia? <i>If yes, please attach the following information:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.1.1	Name of the bank or financial institution that paid you the interest.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.1.2	The branch/address where the account is held.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.1.3	The account number.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.1.4	Details of any TFN tax deducted from your interest.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Note: TFN tax is deducted from your interest when your tax file number has not been provided to your financial institution.</i>				
12.2	Details of interest paid or credited to the above accounts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.3	Name of the account (i.e. held in your name only or joint names)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Dividends		Yes	No	?
13.1	Have you received or been credited with any dividends from companies in Australia, including dividends reinvested? <i>If yes, please provide advice slips received during the financial year.</i>			
14. Employee Share Schemes		Yes	No	?
14.1	Have you received any Employee Share Scheme Summaries for discounts on shares, rights or stapled securities acquired under an employee share scheme? <i>If yes, please provide copies.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. Income from a Trust or Partnership		Yes	No	?
15.1	Have you received or are you entitled to receive a distribution of income or loss from a partnership or trust? <i>If yes, please provide the following information:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.1.1	Tax file number of the partnership or trust. <i>If the trust is a managed trust (e.g. BT Trust, no TFN is needed)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.1.2	Statements dealing income distribution by the partnership or trust.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.1.3	Details of franking credits or TFN tax credits distributed by the partnership or trust.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.1.4	Details of any distributions of Capital Gains from trusts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.1.5	Details of tax free, tax deferred or non taxable distributions from trusts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.1.6	Any deductions you can claim against income.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Business Income		Yes	No	?
16.1	Have you carried on a business during the year? <i>If yes, please ask us for an Accounts Preparation-Year End Questionnaire.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Farm Management Deposits		Yes	No	?
17.1	Have you made any deposits to a Farm Management Deposit? <i>If yes, please provide documentation.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.2	Have you made any withdrawals from a Farm Management Deposits? <i>If yes, please provide documentation.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Capital Gains or Losses		Yes	No	?
18.1	Have you sold or disposed of any assets?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Note: The description of assets and is not limited to the following:</i>				
18.1.1	Shares, options, futures, units.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.1.2	Real estate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.1.3	Shares in a company or units in a unit trust.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.1.4	Your share of a business (including a share in a private company or partnership etc).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.1.5	Currency of a foreign country.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18.1.6	Collectables, such as artwork, jewellery, rare manuscripts or books, stamps, coins, medallions, antiques.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.1.7	Other personal use assets that have been sold for more than \$10,000.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.1.8	Plant and equipment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Note: Motor vehicles are exempt from CGT, but may be subject to a balancing adjustment, so the information below will still be required.</i>				
18.2	If you have sold or disposed of any of the assets above, please provide the following information for each including copies of any documentation.			
18.2.1	Identify the asset.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.2.2	Date of purchase (<i>date the contract was signed</i>).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.2.3	Costs of the purchase (<i>purchase price, legal expenses, stamp duty etc</i>).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.2.4	Details of any additions to that investment (<i>additional costs incurred</i>).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.2.5	Date of the sale (<i>date the contract was signed</i>).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.2.6	Sale proceeds and selling costs (<i>include legal expenses, advertising etc</i>).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Note: Capital Gains Tax records must be kept for a period of 5 years from the date of disposal of the asset.</i>				
19.	Foreign Income	Yes	No	?
19.1	Have you received income from a foreign pension or annuity? <i>If yes, please provide details of the income received (in Australian dollars if known).</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.2	Have you receive any PAYG Payment Summary-Foreign Employment forms for foreign employment? <i>If yes, please provide copies.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.3	Have you received any other income from foreign employment (salary, wages, commission and/or bonus), including income that is exempt from Australian tax because you were employed as an aid or charitable worker, a government aid worker, or a government employee deployed as a member of a disciplined force? <i>If yes, please provide pay slips or foreign tax assessments and the period you were employed n the foreign country.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19.4	Have you received or been credited (reinvested) with any of the following types of foreign income:			
19.4.1	Interest.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.4.2	Royalties, dividends and/or rent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.4.3	Any other foreign income.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.4.4	Money from the sale of foreign assets (such as property or shares). Note: If you have received money from the sale of foreign assets please provide information as detailed from Item 18 - Capital Gains/Losses section.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.5	If you answered yes to any of the above, please provide the following information:			
19.5.1	Details of the income and related expenditure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.5.2	Details of any tax paid on the foreign income.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.5.3	Is this income deposited in a foreign bank account?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.5.4	Is this income remitted back to you in Australia?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	Rental Income	Yes	No	?
20.1	Have you received rental income or made your property available for rental? <i>If yes, please provide the following information for each rental property.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.1.1	Is the property owned jointly with another party?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.1.2	Date the property was first available for rent?			
20.1.3	Rent received during the year, including rent received and held by your agent at 30 June.			
20.1.4	For first year claims- settlement statement, purchase contract including depreciation schedule, advice from vendor regarding historical construction costs, description and cost of all capital expenditure since purchase.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.1.5	Details of interest paid on money borrowed to purchase the property.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.1.6	Details of all other expenses relating to your rental property.			
<p><i>Note: The following expenses are generally deductible: advertising for tenants, agent's commission and letting fees, rates, repairs and maintenance, insurance, body corporate fees, borrowing and expenses, depreciation of furniture and fittings, travelling to inspect the property.</i></p>				

21. Bonuses from Life Insurance Companies or Friendly Societies		Yes	No	?
21.1	Have you received a bonus or surrendered, terminated or forfeited a life insurance or friendly society policy? <i>If yes, please provide details of your policy and/or the bonus advice.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Forestry Managed Investment Scheme Income		Yes	No	?
22.1.1	Have you received income from a forestry managed investment scheme?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.1.2	Did you receive the income as an initial participant in the scheme? <i>You are an initial participant if you obtained your forestry interest from the forestry manager and your payment resulted in the establishment of trees.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.2	Did you receive the income as a subsequent partner in the scheme? <i>You are a subsequent partner if you are not an initial participant.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Other Income		Yes	No	?
23.1	Have you received any other income? <i>(e.g. lump sum payments in arrears, jury attendance fees, foreign exchange gains, royalties, bonuses from friendly society bonds, educational awards, prizes from investment related lotteries and game shows, income as an artist, inventor, production associate or sportsperson, reimbursements of tax-related expenses, profits on disposal of depreciable plant, payments under income protection, sickness and accidental policies, allowances as a member of a local council, and other allowances from Centrelink not disclosed elsewhere.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25.4	Do you currently keep a log book for any vehicles (i.e. kept for 12 continuous weeks for the past four years)? <i>If yes, please provide the business percentage ascertained from your logbook for each vehicle.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.4.1	If you do not have a current logbook for any vehicles, please provide the number of business kilometres travelled during the year by each vehicle.			
<i>Note: Business kilometres exclude travel between home and work, even if the trip is made more than once a day. Picking up the mail on the way to work or home cannot be included. The exception to this home to work rule is if your vehicle is required to carry bulky tools or equipment or your home is the base of your employment. Please contact us to discuss further if you have any queries.</i>				
25.5	If you have a current logbook for any vehicle, or the vehicle travelled more than 5,000 business kilometres, please provide the total expenses for fuel, oil, interest, leasing, registration, insurance, repairs and maintenance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.6	If you have a current logbook for any vehicle, or the vehicle travelled more than 5,000 business kilometres, please provide the following information to support a claim for vehicle depreciation:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.6.1	Date the motor vehicle was purchased.			
25.6.2	Details of the purchase costs and additional items excluding GST.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.6.3	GST paid.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Note: Please contact us if you would like to know more about making a claim for motor vehicle expenses.</i>				
26.	Travel Expenses	Yes	No	?
26.1	Did you undertake travel in relation to your employment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26.2	Did you receive a travel allowance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26.2.1	If yes, are your claims limited to the reasonable allowance amount?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26.2.2	Have you maintained written evidence of all travel costs claimed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26.2.3	Did you maintain a diary of your travel activities where domestic or overseas travel was for 6 or more nights in a row?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Note: The following details are required to be kept: nature of activity, the date and approximate time when the activity began and how long it lasted, and where the activity took place. If a detailed itinerary was provided this provides an adequate travel diary.</i>				
26.3	Please provide the following details in relation to your travel:			
26.3.1	Costs associated with the travel (air fares, transport, accommodation etc). <i>Please provide receipts.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26.3.2	Details of any person/s who accompanied you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26.3.3	Details regarding the purpose of the travel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27.	Work Related Clothing	Yes	No	?
27.1	A claim can be made for the cost of buying, renting, repairing or cleaning the following types of clothing:			
27.1.1	Occupation Specific Clothing – Does your clothing make it easy for the public to recognise your profession? <i>If yes, please provide details of your purchases.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27.1.2	Protective Clothing - Does your clothing protect you from potential injury (e.g. safety boots, gloves)? <i>If yes, please provide details of your purchases.</i>			
27.2	Do you wear a work uniform?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27.2.1	If yes, is the policy that wearing the uniform is compulsory while at work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27.2.2	Is your work uniform distinctive to your organisation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27.2.3	Are shoes, socks and/or stockings an essential part of this uniform? <i>If yes to both of the above, please provide details of your purchase.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27.3	Do you wear a non-compulsory work uniform?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27.3.1	If yes, has your employer registered the design? <i>Note: Shoes, stockings and socks cannot be claimed for a non-compulsory uniform.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

28. Laundry Expenses		Yes	No	?
28.1	If you answered yes to any of the questions in section 27, you may be able to claim the costs of laundering your clothes (e.g. washing, drying and ironing work clothes).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Note: The reasonable basis to determine laundry expenses is \$1 per load of washing including drying and ironing. If your total laundering expense claim exceeds \$150 and the claim for your other work expenses exceeds \$300 then you will need to provide receipts of your claim.</i>				
29. Self Education Expenses		Yes	No	?
29.1	Did you complete any self- education courses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29.1.1	If yes, in doing the course, did you satisfy study requirements to receive Youth Allowance to study full time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29.1.2	Will this course help you to obtain a formal qualification?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29.1.3	Is there a direct connection between you self-education and your current work activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29.1.4	If you answered yes to 29.1 and 29.1.1, the expenses that may be claimed include textbooks, stationary, student union and course fees, and depreciation (e.g. computer home office furniture etc). If you receive Youth Allowance to study full time, you cannot claim deduction for travel between your home and your place of education.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29.1.5	If you answered yes to 29.1 and 29.1.3, the expenses that may be claimed include textbooks, stationary, student union and course fees, and depreciation (e.g. computer home office furniture etc). Also provide details of travel expenses form university to home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Note: Payment of HELP, HECS, SFSS, Open Learning fees or AUSTUDY loan repayments are not tax deductions.</i>				
30. Other Work Related Expenses		Yes	No	?
30.1	Have you paid Union Fees? <i>Please supply details if they are not already detailed on your PAYG Payment Summary.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30.2	Have you purchased, insured or repaired equipment used for work related purposes? <i>Depreciation may be claimed on purchased equipment.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

30.3	Have you paid for meals when working overtime? <i>Note: You can only claim these expenses if you received an overtime meal allowance.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30.4	Have you paid Sickness and Accident or Income Protection Insurance premiums?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30.5	Have you incurred telephone expenses for work related telephone calls?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30.6	Have you used your computer and purchased computer software for work related purposes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30.7	Have you purchased books, journals and professional libraries?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30.8	Have you attended and paid for seminars, conferences and other training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30.9	Does the nature of your employment require you to work in an environment that exposes you to sun and UV radiation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Note: If yes, you may be able to claim the costs of sunscreen lotions, hats and sunglasses. Please provide details of expenses incurred. Remember that you need to consider any private use of the sun protection items when calculating your claim. Where there is private use, you will need to estimate what you actually spent for work purposes and apportion your claim accordingly.</i></p>				
30.10	Do you wish to claim a percentage of use of home office expenses for income producing activities (<i>i.e. heating, cooling, lighting, leasing, repairs, depreciation etc</i>)? Note that a diary of usage should be kept for a minimum of 4 weeks each year for substantiation requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30.11	Have you paid any subscriptions to professional bodies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30.12	Have you paid for any formal education provided by a professional organisation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30.13	If you received an Allowance as detailed at 3.1 please provide details of any expenditure incurred in relation to this allowance or confirm that the expenditure being claimed limited to the allowance received.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Deductions

31. Dividend and Interest Deductions		Yes	No	?
31.1	Have you incurred any expenses relating to dividends or interest income? <i>The expenses include but are not limited to the following:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31.1.1	Account keeping fees.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31.1.2	Management fees.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31.1.3	Interest charged on money borrowed to purchase shares or units.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Gift or Donations		Yes	No	?
32.1	Have you made any gift or donations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32.2	If yes, please provide details of dollar amounts and recipes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Managing Your Tax Affairs		Yes	No	?
33.1	Have you incurred any expenses relating to preparing and lodging your pervious year's tax return?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33.2	Have you incurred any expenses relating to advice from a registered tax agent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33.3	Have you incurred costs of travel in obtaining tax advice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33.4	Have you paid any interest to the Australian Taxation Office for late payment of income tax or other taxes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33.5	Have you incurred any expenses for advice relating to managing your legal obligation in relation to another person's tax affairs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Forestry Managed Investment Scheme Deductions		Yes	No	?
34.1	Have you made any payments to the forestry manager of a forestry managed investment scheme? <i>If yes, please provide details.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Personal Superannuation Contributions		Yes	No	?
35.1	Have you made personal contributions to a complying superannuation fund? <i>If yes, please answer the following.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35.1.1	Were you fully self-employed during the financial year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35.1.2	Were you partially self-employed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

35.1.3	Were you partially self-employed and worked for an employer who provided no superannuation cover?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35.2	What was the total amount of personal superannuation contributions made for the year?			
35.3	What was the full name of the fund(s) you contributed to and their respective policy numbers?			
35.4	Please supply a copy of the Section 290-170 (formerly Section 82AAT) notice from your superannuation fund acknowledging your intention to claim a tax deduction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Please provide details of any other expenses you have incurred:				
Tax Offsets				
37.	Spouse	Yes	No	?
37.1	Do you have a spouse (married or defacto)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37.1.1	Did you or your spouse receive Family Tax Benefit Part B for the full year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37.1.2	Did you or your spouse receive Family Tax Benefit Part B or parental leave pay for any part of the year? <i>If yes, please provide full details.</i>			
37.1.3	If no to 37.1.1, in order for us to calculate the adjusted taxable income of your spouse, please provide details of all income earned by your spouse, including salaries and wages, pensions, business income, rental income etc, and related expenses. We may need to contact you for further information.			
38.	Senior Australians Tax Offset	Yes	No	?
38.1	Are you eligible for a Senior Australians Tax Offset? <i>Check with us if you are unsure about the eligibility criteria.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

39. Private Health Insurance		Yes	No	?
39.1	Were you a member of a private health fund(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39.1.1	If yes, please provide the name of the fund(s), type of cover, membership number and provide a copy of the Private Health Insurance Statement provided by the health fund(s) at the end of the year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Education Tax Refund		Yes	No	?
40.1	Did you care for a child or children registered or enrolled in a primary or secondary school course provided at an educational institution such as school or TAFE (secondary school only)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40.2	Did you care for a child or children registered or enrolled with the education authority of their state or territory as a home schooled student?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40.3	Did you care for a child or children registered or enrolled in a course of study or instruction which the Minister administering the Student Assistance Act 1973 determines that the ETR applies for?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40.3.1	If yes to any of the above questions, did the child or children attend the course of study or instruction, or receive home schooling for at least one day in a six-month period, commencing from 1 July 2010 or 1 January 2011?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40.3.2	Did you receive Family Tax Benefit (FTB) Part A for the child or children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40.3.3	Did you receive a payment for the child or children that prevented you from receiving FTB Part A?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40.3.4	Did your child or children stop full-time school during the year and receive income over the cut-out amount which prevented your form receiving FTB Part A for the child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40.4	If you are a student, did you receive a social security pension or benefit, a labour market program payment or a prescribed educational scheme payment such as:			
40.4.1	Youth Allowance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40.4.2	ABSTUDY Living Allowance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40.4.3	Veterans' Children Education Scheme and payments under the scheme to provide education and training under section 258 of the Military Rehabilitation and Compensation Act 2004?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

40.4.4	A disability support pension?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40.5	If you received one of the payments in question 40.4.1, 40.4.2, 40.4.3 or 40.4.4 were you an independent person for the purpose of the payment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40.5.1	Did you meet the schooling requirements outlined in 40.1, to 40.3.4?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40.5.2	Were you under 25 years of age?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40.5.3	Did you incur any of the following expenses:			
40.5.3.1	Laptop computer or home computer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40.5.3.2	Computer-related equipment such as printers, USB flash drives, as well as disability aids to assist in the use of computer equipment for students with special needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40.5.3.3	Computer repairs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40.5.3.4	Home internet connections.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40.5.3.5	Computer software for educational use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40.5.3.6	School textbooks and other printed learning material, including prescribed textbooks, associated learning materials, study guides and stationary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40.5.3.7	Prescribed trade tools for secondary school trade courses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41.	Superannuation Contributions on Behalf of Your Spouse	Yes	No	?
41.1	Have you contributed any superannuation on behalf of your spouse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41.2	Did your spouse receive any employment income?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41.3	If yes, was your spouse's gross income (including reportable fringe benefits) less than \$13,800?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41.4	Did you make the contribution to a complying superannuation fund or retirement savings account on behalf of your spouse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42.	Zone Allowance	Yes	No	?
42.1	Have you lived in a remote or isolated area of Australia?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42.2	If yes, please provide the name of the area, its location and the number of days that you lived there?			

43. Net Medical Expenses		Yes	No	?
43.1	Medical expenses paid by you for yourself, your spouse, child under 21, child housekeeper or invalid relative, dependant student under 25, can be claimed by you as a rebate. Medical expenses include:			
43.1.1	Medical expenses paid whilst travelling overseas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43.1.2	Expenses paid to legally qualified doctors, chemists, public or private hospitals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43.1.3	Dentists, orthodontists, opticians and optometrists.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43.1.4	Prescribed medical aids.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43.1.5	Certain aged nursing homes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Note: You cannot claim contributions to a private health fund.</i> <i>Note: You cannot claim travel or accommodation expenses in relation to medical treatment.</i></p>				
43.2	Deduct from medical expenses refunds received from Medicare and health funds.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43.3	If the medical expenses less all Medicare and private health fund refunds are greater than \$2,000, a medical expense tax offset of 20% of every \$1 over \$2,000 can be claimed. <i>Please provide statements from your health fund and Medicare showing net expenses paid.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Parent, Spouse's Parent or Invalid Relative		Yes	No	?
44.1	Did you maintain you parent, your spouse's parent or an invalid relative during the year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Child Housekeeper		Yes	No	?
45.1	Has your child, adopted child or stepchild kept house for you on a full-time basis? <i>You cannot claim this offset for any period you lived with a spouse.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Mature Age Worker Tax Offset		Yes	No	?
46.1	Are you over 55 years of age and received net income from working between \$10,000 and \$63,000 for the year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Entrepreneurs' Tax Offset		Yes	No	?
47.1	Did you carry on a business during the year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47.1.1	If yes, have you accessed the Small Business Concessions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

47.2	Did you receive a distribution from a partnership pr trust that accessed the Small Business Concession?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47.3	Was the group annual turnover (whither your own business or the business was run by a partnership pr trust) less that \$75,000?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47.3.1	If yes, did your total non-business income exceed \$70,000 (for singles) or \$120,000 (combined income for couples)? Total non-business income for this purpose includes taxable income, reportable fringe benefits, reportable superannuation contributions and net investment losses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Note: The entrepreneur's tax offset may reduce your tax payable by up to 25% where your business has a turnover less than \$75,000.</i>				
48.	Medicare Levy Exemptions	Yes	No	?
48.1	Are you exempt from paying the Medicare Levy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48.2	If yes, do you receive a full exemption?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48.3	Do you receive a partial exemption?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49.	Higher Education Contribution Scheme and Others	Yes	No	?
49.1	Do you have a HECS/HELP debt? <i>If yes, provide a copy of your HECS/HELP statement.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50.	Adjusted Tax Free Threshold	Yes	No	?
50.1	Have you become or ceased to be a resident of Australia during this financial year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50.1.1	If yes, what date did you become or cease to be a resident of Australia?			
50.2	Were you under the age of 18 year on 30 June 2011 and received income from investments or from a trust?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most Overlooked Items				
		Yes	No	?
	Capital works deduction on income producing buildings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Depreciation of fittings for rental properties.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Income protection insurance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Business travel diary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

