

Shop 2 2-6 Goodwood Street KENSINGTON NSW 2033

PO Box 494 KENSINGTON NSW 1465



9 02 9662 3333



02 9662 3444

ctbs.com.au



Last Name				
Given Names				
Postal Address				
Residential Address (if different to postal address)				
Occupation				
Tax File Number				
Date of Birth				
Contact No				
Email Address				
Bank Account Details – for your refund		BSB:	Acct No:	
		Account Name:		
Spouse Surname				
Spouse Given Names				
Did You Have a Spouse for the Full Year?				
If no, period you had a spouse		From To		
Spouse Date of Birth				
Number of dependent children				
Spouse Income			Any other information	
Taxable Income	\$			
Govt Pensions	\$			
Exempt Pension Income	\$			
Reportable Fringe Benefits	\$			
Reportable Super Contributions \$				
Net Investment Loss \$				
Child Support (paid by spouse)	\$			

#### **Income**

2. Interest received					
Name of Institution	Account No		<u><b>Total</b></u> Interest	Tax Withheld	No of Holders
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
3. Dividends from Shares of	owned				
Сотрапу	Unfranked	Franked	Imp Credit	Tax Withheld	No of Holders
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
4. Distributions from Mana	aged Funds				
5. Sale of any Assets					

If you sold assets such as shares, units in trusts or property which were acquired after 20 September 1985, you may have to pay capital gains tax (CGT). Your main residence is exempt from CGT providing it was never used to produce income.

Please provide documents which show dates and amounts for purchase, sale and incidental costs. For managed funds, we need the Tax Statement from the fund manager or documents showing cost and sale amounts for all units sold.

#### 6. Investment Property Income

See website for schedule

Please provide a summary of income and expenses for each rented property **or** the agent's annual statements and a summary of any expenses paid by yourself, amount of interest paid on any loan for each property.

If the property was purchased during the year, please provide contract of purchase, settlement page from your solicitor and a depreciation report.

#### 7 Any Other Income including business income and expenses

For businesses, provide summaries ie spreadsheet, XERO, MYOB etc

#### 8 Are you an Australian Resident for tax purposes - Yes/No (please circle)

If no, please provide VISA details ie 417 (working holiday) or 462 (working **and** holiday)

#### **COPY OF VISA IS COMPULSORY**

# **Deductions**

If your total expenses exceed \$300.00 you must have receipts to prove the total amount

1. Did you use your Car for work and keep a Log Book?			Yes □ No □		
	Make:		Model:		
	Date Purchased		Business Use This Year	%	
	Cost	\$	Year Log Book Kept		
	Petrol & Oil	\$	Interest Paid	\$	
	Registration	\$	Send loan or lease agre- first year of your claim or		
	Comp Insurance	\$	Services	\$	
	Green Slip	\$	Tyres & Batteries	\$	
	Pink Slip	\$		\$	
	Repairs	\$		\$	
	Lease Payments	\$		\$	
2. Did you use your Car for work a	nd NOT keep a log boo	ok?	Yes 🗆	No 🗆	
Note: You must exclude trips between	Make:		Model:		
home and your normal place of work (some exceptions do apply to this rule – contact	Date purchased:		Cost of Car:	\$	
our office for more details)	Business Kms:		Expenses This Year	\$	
3. Tell Us How You Used Your Car	•	o a maximum of 5,000 kms	per car.		
4. Work-related Travel Expenses					
DISASS MANYS SURE VOLUMENTS	Taxis	\$	Accommodation	5	
PLEASE MAKE SURE YOU HAVE A TRAVEL DIARY FOR	Buses	\$	Other	5	
OVERNIGHT CLAIMS	Trains	\$	5	<b>S</b>	
	Parking	\$		5	
	Car Hire	\$	,	5	
	Airfares	\$	,	\$	
5. Work-related Clothing Expenses	;				
	Compulsory Uniform	\$	Dry Clean Uniforms	\$	
Please advise amounts	Non-Compulsory Uniform	\$	Home Laundry	washes/wk	
	Occupation Specific	\$	Home laundry of uniforms only. Not conventional n		
	Protective Clothing	\$	Sun Hats	\$	
	Work Boots	\$	Other	\$	

6. Self-Education Exper	nses							
You can claim a deduction for self-education expenses if the course is directly related in you earning assessable income. You must also have been an employee at the time of you		Course Description						
		Name of School, College or University			ersity			
		Date	Date Commenced					
		Date Finished						
		Fee	s (not HELP)	\$		Home Office Hours	Hrs/Week	
studying		Text	t Books	\$		Home Office Weeks	Weeks	
		Stat	ionery	\$		Kilometres Travelled*		
		Pho	tocopying	\$		Make of Car		
		Stud	dent Union	\$		Residential School (Online Courses Only)		
		retur	* You can claim the <b>kilometres travelled</b> directly between home <b>or</b> work and your place of education and return. If you travelled from home to your place of education and on to work or from work to your place of education and home, only claim the first leg of each trip.					
7. Tell Us How Your Co	ourse is Wo	rk-Rel	ated Here:					
8. Work-Related expen	nses			l			1	
Enter total expenses (b	efore	Comp	Computer Software (total) \$		Safety Equipment	\$		
private use if any) on th	ne right	Computer Supplies (total)		\$		Stationery	\$	
and indicate below the proportion of work use		Conferences/Seminars		\$		Subscriptions	\$	
items also used for priv	ate	Home Office			hours/week	Sun Screen/Glasses	\$	
purposes. Also, enter be that, equipment costing	ı	Internet Access (total)		\$		Telephone - home	calls/wk	
than \$300 per item.		Meal allowance rec'd		\$	/meal	Telephone – mobile (tot)	\$	
		Meal allowance spent		\$	/meal	Tools (<\$300/item)	\$	
Work & Private Use	Items	Office	Equip (<\$300/item)	\$		Union Fees	\$	
Item	Work %	Postag	ge	\$		CPD Courses	\$	
Computer	%	Professional Fees		\$			\$	
Internet Access	%	Refere	ence Books/Journals	\$			\$	
Mobile Phone	%	Repair	rs	\$			\$	
Work-Related	Work-Related Equipment Purchased Costing More than			an \$300	1		\$	
Description	Cost	Date of Purch		ase	Bus Use		\$	
	\$				%		\$	
	\$				%		\$	
	\$				%		\$	
9. Charities or School B	Building Fu	nds					1	
Please advise details							\$	
Please advise details							\$	
							خ	

10. Other Deductions		
Diago advisa dataila	Income Protection Insurance	\$
Please advise details	Tax Return Fee Last Year (if not prepared by us)	\$
	Personal (deductible) Superannuation Contributions	\$
		\$
		\$
		\$

## **Tax Offsets**

Please supply your private health insurance statement from your fund				
rance, were all of your Dependants cable) covered for the whole of the year				
Medicare levy surcharge may be payable if you or your dependants (incl your spouse) do not have an appropriate level of private patient hospital cover for the whole year				
for your Spouse				
Please provide amount paid				
ervice Overseas				
Location	Period From	Period To		
5. Superannuation				
From 1 <sup>st</sup> July 2017, please be aware that the maximum concessional contributions are now \$25,000.00 for all ages.  Please note from 1 <sup>st</sup> July 2017, the threshold for Division 293 tax has been reduced to \$250,000.00. Division 293 tax is an additional 15% tax on an individual's taxable concessional contributions above the threshold.  Personal Superannuation Contributions are now tax deductable up to \$25,000.00 cap. (This cap includes SGC as paid by your Employer)				
t t	rance, were all of your Dependants (able) covered for the whole of the year (able) covered for the whole year (able) cover for the whole year (able) cover for the whole year (able) coverseas  Location  aware that the maximum concessional for all ages.  the threshold for Division 293 tax has been 293 tax is an additional 15% tax on an contributions above the threshold.	rance, were all of your Dependants rable) covered for the whole of the year  you or your dependants (incl your spouse) do not rhospital cover for the whole year  for your Spouse  Amount Contributed  rvice Overseas  Location  Period From  aware that the maximum concessional for all ages.  the threshold for Division 293 tax has been 293 tax is an additional 15% tax on an ontributions above the threshold.  putions are now tax deductable up to		

### Other

1. HELP/HECS or SFSS Debt			
Please provide balance if known	HELP balance at 30/6 \$ HECS balance at 30/6 \$ SFSS balance at 30/6 \$ TSL balance at 30/6 \$		
	Total:		
3. Other amounts required for Income Test purposes			
Tax free government pensions received by you	\$		
Child support payments made by you	\$		
4. New Clients to our Practice			
Please send us a copy of your return for the previous financial year.			
5. If there is anything else we should know, please let us know here			
Taxpayer's declaration			
A. I confirm that I wish to make the above claims on the basis that I have my assessable income and I have the necessary records to substantiat			
B. My tax agent has explained to me the law as it relates to claims when	asked		
C. I understand that if I have any further queries it is my responsibility to	raise them with my tax agent		
Signed           Dated			