

ACCOUNTING · TAXATION · BUSINESS SERVICES

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# **2017** Personal Tax Return Questionnaire

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

1. Payment Summaries					
2. Interest received					
Name of Institution	Account No		<u><b>Total</b></u> Interest	Tax Withheld	No of Holders
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
3. Dividends from Shares owned					
Company	Unfranked	Franked	Imp Credit	Tax Withheld	No of Holders
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
4. Distributions from Managed F		'			
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 <b>or</b> 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 dur depreciation report.	ing the year, plea	ise provide contra	ict of purchase, settle	ement page from y	our solicitor and a
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 copy of VISA details ie 417 (working holiday) or 462 (working <b>and</b> holiday)					

## Deductions

1. Did you use your Car for work ar	nd 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 agree 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 ar	nd NOT keep a log boo	ık?	Yes 🗌 I	No 🗌	
Note: You must exclude trips between	Make:		Model:		
home and your normal place of work (some exceptions do apply to this rule – contact	Engine Capacity:	Litre	Cost of Car:	\$	
our office for more details)	Business Kms:		Expenses This Year	\$	
4. Work-related Travel Expenses					
	Taxis	\$	Accommodation \$	5	
PLEASE MAKE SURE YOU HAVE A TRAVEL DIARY FOR	Buses	\$	Other \$		
OVERNIGHT CLAIMS	Trains	\$	Ş	5	
	Parking	\$	ļ	;	
	Car Hire	\$	¢	;	
	Airfares	\$	ļ	;	
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 of only. Not conventional not		
	Protective Clothing	\$	Sun Hats	\$	
	Work Boots	\$	Other	\$	

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

6. Self-Education Expe	enses						
		Cou	rse Description				
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		Nan	Name of School, College or University				
		Dat	e Commenced				
		Date Finished					
		Fees (not HELP) \$		Home Office Hours	Hrs/Week		
studying		Tex	t Books	\$		Home Office Weeks	Weeks
		Stat	ionery	\$		Kilometres Travelled*	
		Pho	tocopying	\$		Description of Car	
		Stud	dent Union	\$		Engine Capacity	Litre
7. Tell Us How Your C	ourse is Wo	educ	ation and home, only cla			ducation and on to work or from	
8. Work-Related expe	enses						
		Comp	Computer Software (total) \$		Safety Equipment	\$	
Enter total expenses (			Computer Supplies (total)			Stationery	\$
private use if any) on the right and indicate below the			Conferences/Seminars			Subscriptions	\$
proportion of work use items also used for pri		Home	Home Office		nours/week	Sun Screen/Glasses	\$
purposes. Also, enter	below	Intern	Internet Access (total)			Telephone - home	calls/wl
that, equipment costir than \$300 per item.	ng more	Meal a	Meal allowance rec'd		/meal	Telephone – mobile (tot)	\$
		Meal a	eal allowance rec'd \$ /meal eal allowance spent \$ /meal		/meal	Tools (<\$300/item)	\$
Work & Private Use	Items	Office	ffice Equip (<\$300/item) \$		Union Fees	\$	
Item	Work %	Postag	ge	\$			\$
Computer	%	Profes	sional Fees	\$			\$
Internet Access	%	Refere	Reference Books/Journals \$			\$	
Mobile Phone	%	Repair	ſS	\$			\$
Work-Relate	d Equipment	Purcha	ased Costing More th	an \$300			\$
Description	scription Cost Date		Date of Purch	ase	Bus Use		\$
\$ \$ \$ \$			//_		%		\$
			//		%		\$
		/%			\$		
9. Charities or School	Building Fu	nds					T
Please advise details							\$
							\$
							\$

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

## **Tax Offsets**

1. Private Health Insurance			
Please supply your private health			
	urance, were all of your Dependants icable) covered for the whole of the year		
Medicare levy surcharge may be payable i have an appropriate level of private patier	f you or your dependants (incl your spouse) do not nt hospital cover for the whole year		
3. Superannuation Contributions	s for your Spouse		
Please provide amount paid	Amount Contributed	\$	
4. Remote Area of Australia or Se	erve Overseas		
Please provide details	Location	Period From	Period To
5. Superannuation			
From 1 <sup>st</sup> July 2017, please be contributions are now \$25,000.00			
Please note from 1 <sup>st</sup> July 2017, t reduced to \$250,000.00. Division individual's taxable concessional o			

### Other

1. HELP/HECS or SFSS Debt	
Please provide balance	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	
Please sign and date below.	
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Signature Date	

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