

ACCOUNTING · TAXATION · BUSINESS SERVICES

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ctbs.com.au

# **2020** 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		FromTo		
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	unds					
5. Sale of any Assets						
If you sold assets such as shares, capital gains tax (CGT). Your main						
	residence is exer	npt nom cor pro-	viuling it was never us		onie.	
Please provide documents which					aged funds, we need	
the fax statement from the fund	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						
6. Investment Property Income					te for schedule	
		for each routed r		See websi		
6. Investment Property Income Please provide a summary of inco summary of any expenses paid by				See websi 's annual stateme		
Please provide a summary of inco summary of any expenses paid by	yourself, amoun	t of interest paid o	on any loan for each p	See websi 's annual stateme property.	nts and a	
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## Deductions

1. Did you use your Car for work an	d 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 an	d NOT keep a log book	?	Yes 🗌	Νο
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	\$
	You are entitled to claim the kilometres travelled up to		or work based on a <u>reasonable</u> per car.	<u>estimate</u> of the
3. Tell Us How You Used Your Car fo	or Work Here:			
4. Work-related Travel Expenses				
	Taxis	\$	Accommodation	\$
PLEASE MAKE SURE YOU HAVE A TRAVEL DIARY FOR	Buses	\$	Other	\$
OVERNIGHT CLAIMS	Trains	\$		\$
	Parking	\$		\$
	Car Hire	\$		\$
	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 no	or protective clothing or everyday clothing
	Protective Clothing	\$	Sun Hats	\$
	Work Boots	\$	Other	\$

#### *If your total expenses exceed \$300.00 <u>you must have receipts</u> to prove the total amount*

6. Self-Education Expen	1565						
		Cou	rse Description				
You can claim a deduction self-education expenses	Name of School, College or University			ersity			
course is directly related in you earning assessable income. You must also have been an employee at the time of you studying		Date	Date Commenced				
		Date Finished					
		Fees	s (not HELP)	\$		Home Office Hours	Hrs/Week
			Books	\$		Home Office Weeks	Weeks
		Stat	ionery	\$		Kilometres Travelled*	
			tocopying	\$		Make of Car	
						Residential School	
		Stuc	lent Union	\$		(Online Courses Only)	
7. Tell Us How Your Cou		educ	ation and home, only cl			ducation and on to work or fron trip.	n work to your place of
8. Work-Related expense	ses						
		Compu	uter Software (total)	\$		Safety Equipment	\$
8. Work-Related expenses Enter total expenses (be private use if any) on the	efore		uter Software (total) uter Supplies (total)	\$ \$		Safety Equipment Stationery	\$ \$
Enter total expenses (be private use if any) on the and indicate below the	efore e right	Compu					
Enter total expenses (be private use if any) on the	efore e right of those	Compu	uter Supplies (total) rences/Seminars	\$		Stationery	\$
Enter total expenses (be private use if any) on the and indicate below the proportion of work use of items also used for priva purposes. Also, enter be	efore e right of those ate elow	Compu Confer CPD Co	uter Supplies (total) rences/Seminars	\$		Stationery Subscriptions	\$ \$
Enter total expenses (be private use if any) on the and indicate below the proportion of work use o items also used for priva	efore e right of those ate elow	Compu Confer CPD Co Interno	uter Supplies (total) rences/Seminars ourses	\$ \$	/meal	Stationery Subscriptions Sun Screen/Glasses	\$ \$ \$
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Enter total expenses (be private use if any) on the and indicate below the proportion of work use of items also used for priva purposes. Also, enter be that, equipment costing	efore e right of those ate elow g more	Compu Confer CPD Co Interno Meal a Meal a	uter Supplies (total) rences/Seminars ourses et Access (total) allowance rec'd	\$ \$ \$ \$		Stationery Subscriptions Sun Screen/Glasses Telephone - home Telephone - mobile (tot)	\$ \$ \$ calls/wk \$
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Enter total expenses (be private use if any) on the and indicate below the proportion of work use of items also used for priva purposes. Also, enter be that, equipment costing than \$300 per item.	efore e right of those ate elow g more tems	Compu Confer CPD Co Interno Meal a Meal a Office Postag	uter Supplies (total) rences/Seminars ourses et Access (total) allowance rec'd allowance spent Equip (<\$300/item)	\$ \$ \$ \$ \$ \$ \$		Stationery Subscriptions Sun Screen/Glasses Telephone - home Telephone - mobile (tot) Tools (<\$300/item) Union Fees	\$ \$ \$ calls/wk \$ \$
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Enter total expenses (be private use if any) on the and indicate below the proportion of work use of items also used for priva purposes. Also, enter be that, equipment costing than \$300 per item. Work & Private Use It Item Computer Internet Access Mobile Phone Work-Related	efore e right of those ate elow g more tems Work % % % % Equipment Cost	Compu Confer CPD Co Interno Meal a Meal a Office Postag Profes Refere Repair	uter Supplies (total) rences/Seminars ourses et Access (total) allowance rec'd allowance spent Equip (<\$300/item) ge sional Fees ence Books/Journals is	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	/meal	Stationery Subscriptions Sun Screen/Glasses Telephone - home Telephone - mobile (tot) Tools (<\$300/item) Union Fees Home Office 1/7-29/2 **	\$ \$ calls/wk \$ calls/wk \$ \$ \$ hours/wee Total hour \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$

\*\* If you were working from home due to Covid-19 restrictions, the ATO have allowed a claim of 80c per hour from 1 March 2020 until 30 June 2020. Outside of these dates, you can still claim 52c per hour working from home. This method denies the use of claiming actual expenses listed below and is a lot easier to calculate and keep records for if you want to simplify your tax records. To claim under this method, you must keep records of either: your actual hours spent working at home for the year OR a diary for a representative four-week period to show your usual pattern of working at home.

9. Charities or School Buildin	g Funds	
Please advise details		\$
Please advise details		\$
		\$
10. Other Deductions		
Please advise details	Income Protection Insurance	\$
Please auvise 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			
2. If you have Private Health Insu (including your Spouse if appli			
Medicare levy surcharge may be payable in have an appropriate level of private patier			
3. Superannuation Contributions	for your Spouse		
Please provide amount paid	Amount Contributed	\$	
4. Remote Area of Australia or Se	rvice 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 c			
Personal Superannuation Contribu \$25,000.00 cap. (This cap includes	utions are now tax deductible up to s SGC as paid by your Employer)		

### 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	<u> </u>	
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		

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