

Please note that most individual 2023-24 income tax returns are due for lodgement by 15 May 2025 (unless you have been advised otherwise). In order for us to complete your income tax return by the due date, we will require your information no later than 1 April 2024.

During peak tax periods, our turnaround is 3–4 weeks from when we receive your documentation.

GIVEN NAME:	MIDDLE NAME:
SURNAME:	DATE OF BIRTH:
TAX FILE NUMBER:	OCCUPATION:
ADDRESS:	
HOME PHONE:	MOBILE:
BANK ACCOUNT NAME*:	ACCOUNT NUMBER*:
BSB NUMBER*:	
*REQUIRED	
EMAIL:	
NAMES OF DEPENDENT CHILDREN AND D.O.B. NAME OF SPOUSE/PARTNER & D.O.B. (INCLUDES SAME SEX COUPLES)*	

TAXABLE INCOME*:
REPORTABLE FBT*:
REPORTABLE SUPERANNUATION*:

*REQUIRED

INCOME

ARE YOU AN EMPLOYEE?
(INCLUDING PENSIONS) YES No

IF YES, YOUR PAYG INCOME STATEMENTS FROM YOUR EMPLOYER(S) WILL BE AVAILABLE VIA THE ATO PORTAL
OR MYGOV

OTHER INCOME: (INCLUDE ANY BUSINESS INCOME, DIRECTOR'S FEE, COMMISSIONS ETC)

INTEREST RECEIVED

BANK	ACCOUNT NUMBER	TOTAL INTEREST RECEIVED	TFN WITHHOLDING	JOINT ACCOUNT?



DIVIDENDS

COMPANY	NUMBER OF SHARES	JOINT	AMOUNT RECEIVED

EMPLOYEE SHARE/OPTION SCHEME

Did you receive bonus share/options from your employer during 2023/2024? Yes No

If yes, please provide the related correspondence/documentation received from your employer

TRUSTS AND PARTNERSHIPS

Name of Trust or Partnership (e.g. Vangaard, North, Blackrock etc):

CAPITAL GAIN

Did you sell any assets such as shares or property (including cryptocurrencies) which were acquired after 20 September 1985? Yes No

If Yes, please provide the following information (where applicable):

- | | |
|---|---|
| <input type="checkbox"/> Purchase and sale contracts* | <input type="checkbox"/> Purchase and sale settlement statements |
| <input type="checkbox"/> Evidence of incidental costs incurred | <input type="checkbox"/> Brokerage costs (if applicable) |
| <input type="checkbox"/> Depreciation information (if applicable) | <input type="checkbox"/> Trading statements showing purchases and sales |

Do you own any assets in excess of AUD\$50,000 outside of Australia? Yes No

RENTAL INCOME (INC AIRBNB)

Please complete the attached rental property statement checklist.



ANY OTHER INCOME

Have you received any other income during the financial year outside of that outlined above? For example: interest on overseas bank accounts, foreign income, one-off payments. Please provide information:

DEDUCTIONS

MOTOR VEHICLE

Did you use your own car for business or work purposes during the year? Yes No

If yes, did you maintain a logbook during the year (note: it needs to have been kept for a continuous 12 week period)? Yes No

If yes, please provide a itemised list summarising the following information:

- | | | | |
|-------------------------|--------------------------|----------------------------|--------------------------|
| Fuel | <input type="checkbox"/> | Motor Vehicle Registration | <input type="checkbox"/> |
| Motor Vehicle Insurance | <input type="checkbox"/> | Repairs/Maintenance | <input type="checkbox"/> |
| Interest on Borrowings | <input type="checkbox"/> | Other: | <input type="checkbox"/> |
| Other: | <input type="checkbox"/> | Other: | <input type="checkbox"/> |

If no, please provide the following information:

Motor Vehicle Registration Number _____

Kilometres driven _____

Purpose of travel _____

WORK CLOTHING

Are you required to wear protective clothing, uniform with a company logo or occupation specific clothing? Yes No

If yes, were you required to purchase any items out of pocket during the year? Note: laundering and dry cleaning of such clothing is also claimable. Please provide details:



SELF-EDUCATION

NAME OF COURSE: _____

INSTITUTION: _____

HOW DOES IT RELATE TO YOUR CURRENT EMPLOYMENT?

FEES (EXC HELP) _____

BOOKS/STATIONERY/CONSUMABLES _____

TRAVEL _____

INTERNET (COST PER MONTH) _____

PERCENTAGE USED _____

HOME OFFICE (HRS/WEEK) _____

NO. OF WEEKS _____

OTHER WORK-RELATED DEDUCTIONS

Note: Please provide support for amounts claimed

UNION FEES/PROFESSIONAL BODY FEES _____

PRINTING/POSTAGE/STATIONERY _____

BOOKS/JOURNALS/PERIODICALS _____

SEMINAR COSTS _____

SICKNESS & ACCIDENT/INCOME PROTECTION _____

HOME OFFICE (DIARY) _____

MOBILE (COST PER MONTH) _____

PERCENTAGE USED _____

SUN PROTECTION ITEMS

(E.G. HATS/SUNSCREEN/SUNGASSES) _____

TOOLS AND EQUIPMENT _____

OTHER _____

Did you pay for income protection insurance (note: must be paid out of after-tax salary)?

Yes

No

If yes, how much did you pay?



GIFTS AND DONATIONS

Voluntary gifts of \$2 or more made to a Deductible Gift Recipient (DGR) may be tax deductible. Please the name of the organisation and the amount donated (including School Building Fund donations):

TAX OFFSETS

PRIVATE HEALTH INSURANCE

Do you have private health insurance? Yes No

Please confirm whether all your family members (including your spouse and children) were covered by private health hospital cover: Yes No

SPOUSE OR PARTNERS TAXABLE INCOME (INC SAME SEX COUPLES)

Did you have a spouse/partner for the full financial year? Yes No

If no, please provide dates:

Does your spouse receive any benefits from Centrelink? Yes No

Please provide the following information for your spouse/partner:

Taxable Income

Fringe Benefits Received

Centrelink Payments

SUPERANNUATION

Have you made any after-tax contributions to superannuation during the year? Yes No

If yes, please provide the amount:

Have you made any contributions on behalf of your spouse during the year?

Yes No

If yes, please provide the amount:



OTHER

Is there any other information we should be aware of? E.g. you are not entitled to Medicare Benefits, you are a student, you are retiring etc.

PLEASE ENSURE ALL INFORMATION SUPPLIED IS CORRECT. THE ONUS IS ON THE TAXPAYER TO BE ABLE TO SUBSTANTIATE THE INFORMATION SUPPLIED.



RENTAL PROPERTY CHECKLIST

ONLY INCLUDE RENTS RECEIVED AND EXPENSES PAID BETWEEN 1 JULY 2021 AND 30 JUNE 2022.

OWNER NAME AND PERCENTAGE:	
OWNER NAME AND PERCENTAGE	
OWNER NAME AND PERCENTAGE	
ADDRESS OF PROPERTY:	
NUMBER OF WEEKS PROPERTY RENTED	

INCOME	
GROSS RENTAL INCOME	
OTHER RENTAL RELATED INCOME	

EXPENSES	
ADVERTISING	
STRATA LEVIES	
CLEANING	
COUNCIL RATES	
GARDENING	
INSURANCE	
INTEREST ON LOANS	
LAND TAX	
LEGAL FEES	
PEST CONTROL	
PROPERTY AGENT FEES	
REPAIRS/MAINTENANCE ('R&M')	
STATIONERY/TELEPHONE/POSTAGE	
WATER CHARGES	
OTHER	

PLEASE PROVIDE DETAILS OF R&M OR PLANT AND EQUIPMENT PURCHASES IN EXCESS OF \$300:

HAS THE PROPERTY BEEN REFINANCED?	YES <input type="checkbox"/> NO <input type="checkbox"/>
IF YES, PLEASE PROVIDE:	
BANK OFFER	
BANK STATEMENTS FOR THE PERIOD	

FOR NEW PROPERTIES PURCHASED, PLEASE PROVIDE THE FOLLOWING:	
PURCHASE CONTRACT	
SETTLEMENT STATEMENT	
FIRST BANK STATEMENT	
BANK OFFER	
DEPRECIATION SCHEDULE (IF ANY)	