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| Personal Income Tax Return – Year End Questionnaire 2019 |

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| --- | --- | --- | --- |
| Client: |  | Date: |  |

To assist us in preparing your income tax return, please use this questionnaire as a checklist when you compile your information.

With respect to your income, please keep in mind that the Australian Taxation Office has the ability to check your return income against independent sources.

For deductions, keep in mind that self-assessment applies. In the event of a Tax Office audit, you will need to be able to substantiate the deductions claimed.

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

Thank you for completing this questionnaire. Completing it takes time and effort, but it will enable us to process your work quickly and efficiently because we will have all the necessary information at hand to complete the work. This will also ultimately save you money and time because we won’t need to come back to you with further requests for information, thus delaying the processing of your return.

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

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

**Outcome Accounting Pty Ltd**

**admin@outcomeaccounting.com.au**

**08 8239 1143**

*I hereby instruct you to prepare my income tax return for the financial year ended 30 June 2019.*

*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 any information you require to enable you to carry out the above assignment.*

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| --- | --- | --- | --- | --- |
| Name: |  |  | Signature: |  |
| Date: |  |  |  | |

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| To ensure that our records are up to date, please assist us by confirming and/or completing the following: | | | | | | | | | | | | |
| Full name: | |  | | | | | | | | | | |
| Home address: | |  | | | | | | | | | | |
|  | |  | | | | | | | | | | |
| Telephone: | | Home | |  | | Business | | |  | | | |
|  | | Fax | |  | | Mobile | | |  | | | |
| Email address:  *(For our records only)* | |  | | | | | | | | | | |
| Your occupation: | |  | | | | | | | | | | |
| Date of birth: | |  | | | | | | | | | | |
| Spouse’s name: | |  | | | | | | | | | | |
| Spouse’s date of birth: | |  | | | | | | | | | | |
| Period that you had a spouse during the year: | | to | | | | | | | | | | |
| Please list names and dates of birth of children | | Name | | | Date of birth | | | Dependent children? | | | | |
|  | | |  | | | Y | |  | N |  |
|  | | |  | | | Y | |  | N |  |
|  | | |  | | | Y | |  | N |  |
|  | | |  | | | Y | |  | N |  |
| Medicare Number: | |  | | | | | | | | | | |
| Bank and Branch: |  | | | | | | | | | | | |
| Account name: |  | | | | | | | | | | | |
| BSB number: |  | | Account number: | | | |  | | | | | |
| The ATO now require tax refunds to be received via electronic funds transfer. | | | | | | | | | | | | |

Please provide your spouse’s tax file number and taxable income if we do not prepare his or her income tax return:

|  |  |
| --- | --- |
| Spouse’s Tax File No.: |  |
| Spouse’s Taxable Income: |  |

|  |  |  |  |
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| If we are preparing your return for the first time: | Yes | No | ? |
| Please provide: |  |  |  |
| A copy of your last income tax return, income tax assessment and PAYG instalment notices. |  |  |  |
| Copies of any other correspondence with the Tax Office such as objections, penalties, Statement of Account, Garnishee Notice, Final Notice to Lodge. |  |  |  |
| Income | | | |
| Salary and Wages | Yes | No | ? |
| Have you changed your occupation? *If yes, please provide details.* |  |  |  |
| Have you received any PAYG Payment Summaries from employment? *If yes, please provide copies.* |  |  |  |
| If you were on a 417 or 462 working holiday visa, please provide details of your income and deductions |  |  |  |
| Allowances, Earnings, Tips, Director’s Fees etc. | Yes | No | ? |
| Have you received any allowances, or any benefits or other income from working not on a PAYG Payment Summary? *If yes, please provide statements, letters or other documentation relating to the allowance, benefit or other income.* |  |  |  |
| Have you expended the allowance in full? Please provide details of the expenditure at either Item 25.2 (Travel) or 29.13 (Other Work Related Expenses). |  |  |  |
| Employer Lump Sum Payments | Yes | No | ? |
| Have you received any PAYG Payment Summaries for lump sums A, B or E (e.g. pro rata annual Leave)? *If yes, please provide copies.* |  |  |  |
| Employment Termination Payments | Yes | No | ? |
| Have you received any PAYG Payment Summaries for Employment Termination Payments? *If yes, please provide copies.* |  |  |  |
| Australian Government Pensions, Allowances and Payments | Yes | No | ? |
| Have you received any PAYG Payment Summaries for Government pensions, allowances and payments? *If yes, please provide copies.* |  |  |  |
| Australian Annuities and Superannuation Income Streams | Yes | No | ? |
| Have you received any PAYG Payment Summaries for income from an Australian annuity or superannuation income stream (including a defined benefit income stream)? *If yes, please provide copies.* |  |  |  |
| Please provide details of your undeducted purchase price, if any. |  |  |  |
| Australian Superannuation Lump Sum Payments | Yes | No | ? |
| Have you received any PAYG Payment Summaries for Australian superannuation lump sum payments? *If yes, please provide copies*. |  |  |  |
| Personal Services Income | Yes | No | ? |
| Have you received any income, excluding income earned as an employee, which was mainly a reward for your personal efforts or skills? |  |  |  |
| Have you received any PAYG Payment Summary – Business and Personal Services Income forms for that income? *If yes, please provide copies*. |  |  |  |
| Provide details of all income and expenditure related to these activities. |  |  |  |
| Other Employment Income | Yes | No | ? |
| Have you been employed during the year and not received a PAYG Payment Summary? |  |  |  |
| If yes please attach details of each employer’s name, address, telephone number(s), address where work completed (if different to address of the employer), period(s) of employment, gross earnings, allowances, PAYG withheld, reportable fringe benefits and reportable employer superannuation contributions. |  |  |  |
| Interest | Yes | No | ? |
| Have you received or been credited with interest from any source within Australia? *If yes, please attach the following information:* |  |  |  |
| Name of the bank or financial institution that paid you the interest. |  |  |  |
| The branch/address where the account is held. |  |  |  |
| The account number. |  |  |  |
| Name of the account *(i.e. held in your name only or joint names)*. |  |  |  |
| Details of any TFN tax withheld from your interest. |  |  |  |
| Note: TFN tax is withheld from your interest when your tax file number has not been provided to your financial institution. | | | |
| Details of interest paid or credited to the above accounts. |  |  |  |
| Dividends | Yes | No | ? |
| Have you received or been credited with any dividends from companies in Australia, including dividends reinvested? *If yes, please provide dividend advice slips received during the financial year.* |  |  |  |
| Employee Share Schemes | Yes | No | ? |
| Have you received any Employee Share Scheme Statements for discounts on shares, rights or stapled securities acquired under an employee share scheme? *If yes, please provide copies.* |  |  |  |
| Income from a Trust or Partnership | Yes | No | ? |
| Have you received or are you entitled to receive a distribution of income or loss from a partnership or trust? *If yes, please attach the following information:* |  |  |  |
| Tax file number of the partnership or trust. *If the trust is a managed fund, no TFN is needed.* |  |  |  |
| Statements detailing income distributed by the partnership or trust. |  |  |  |
| Details of franking credits or TFN tax credits distributed by the partnership or trust. |  |  |  |
| Details of any distributions of Capital Gains from trusts. |  |  |  |
| Details of tax free, tax deferred or non-taxable distributions from trusts. |  |  |  |
| Any deductions you can claim against this income. |  |  |  |
| Business Income | Yes | No | ? |
| If you have carried on a business during the year, please provide details of income and expenditure relating to your business activity. Please ask us if you would like us to provide you with an Accounts and Tax – Year End Questionnaire. |  |  |  |
| Farm Management Deposits or Repayments | Yes | No | ? |
| Have you made any deposits to a Farm Management Deposit? *If yes, please provide documentation*. |  |  |  |
| Did you receive any repayments from a Farm Management Deposit (including early repayments due to natural disaster)? *If yes, please provide documentation*. |  |  |  |
| Capital Gains or Losses | Yes | No | ? |
| Have you sold or disposed of any assets? |  |  |  |
| Note: The description of assets is very broad and is not limited to the following: | | | |
| Shares, options, futures, units. |  |  |  |
| Real estate. |  |  |  |
| Shares in a company or units in a unit trust. |  |  |  |
| Your share of a business (including a share in a private company or partnership etc.). |  |  |  |
| Currency of a foreign country. |  |  |  |
| Collectables, such as artwork, jewellery, rare manuscripts or books, stamps, coins, medallions, antiques. |  |  |  |
| Other personal use assets that have been sold for more than $10,000. |  |  |  |
| Plant and equipment. |  |  |  |
| Note: Motor vehicles are exempt from CGT, but may be subject to a balancing adjustment, so the information below will still be required. | | | |
| If you have sold or disposed of any of the assets above, please provide the following information for each, including copies of any documentation: |  |  |  |
| Identify the asset. |  |  |  |
| Date of purchase *(date the contract was signed)*. |  |  |  |
| Costs of purchase *(purchase price, legal expenses, stamp duty etc.)*. |  |  |  |
| Details of any additions to that investment *(additional costs incurred)*. |  |  |  |
| Date of sale *(date the contract was signed)*. |  |  |  |
| Sale proceeds and selling costs *(include legal expenses, advertising etc.)*. |  |  |  |
| If you were not an Australian resident for the whole period you owned the asset, provide details of your residency status during the period of ownership. |  |  |  |
| If you disposed of Australian property with a market value of $750,000 or more and an amount has been withheld from the sale proceeds, please provide documentation. |  |  |  |
| Note: Capital gains tax records must be kept for a period of 5 years from the date of disposal of the asset, or longer if the disposal gave rise to a capital loss. | | | |
| Foreign Income | Yes | No | ? |
| Have you received income from a foreign pension or annuity? *If yes, please provide details of the income received (in Australian dollars, if known).* |  |  |  |
| Have you received any PAYG Payment Summary – Foreign Employment forms for foreign employment? *If yes, please provide copies*. |  |  |  |
| 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? *If yes, please provide pay slips or foreign tax assessments and the period you were employed in the foreign country.* |  |  |  |
| Have you received or been credited (reinvested) with any of the following types of foreign income: |  |  |  |
| Interest. |  |  |  |
| Royalties, dividends and/or rent. |  |  |  |
| Any other foreign income. |  |  |  |
| 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 in the Capital Gains or Losses section*. |  |  |  |
| If you have answered yes to any of the above, please provide the following information: |  |  |  |
| Details of the income and related expenditure. |  |  |  |
| Details of any tax paid on the foreign income. |  |  |  |
| Is this income deposited in a foreign bank account? |  |  |  |
| Is this income remitted back to you in Australia? |  |  |  |
| Rental Income | Yes | No | ? |
| Have you received rental income or made your property available for rental? *If yes, please provide the following information for each rental property:* |  |  |  |
| Is the property owned jointly with another party? |  |  |  |
| How many weeks was the property available for rent during the year? |  |  |  |
| Date the property was first available for rent. |  |  |  |
| Rent received during the year, including rent received and held by your agent at 30 June. |  |  |  |
| 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. |  |  |  |
| Details of interest paid on money borrowed to purchase the property. |  |  |  |
| Details of all other expenses relating to your rental property. |  |  |  |
| 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 expenses, land tax, cleaning, gardening and lawn mowing, pest control, water charges.  Travel expenses relating to inspecting, maintaining, or collecting rent for a residential property cannot be claimed as deductions.  Deductions for the decline in value of previously used plant and equipment in rental premises used for residential accommodation are no longer allowed. Investors who purchase new plant and equipment will continue to be able to claim a deduction over the effective life of the asset.  Exceptions to the above apply if the rental income is incurred in carrying on a business or the taxpayer is an excluded entity. | | | |
| Bonuses from Life Insurance Companies or Friendly Societies | Yes | No | ? |
| Have you received a bonus or surrendered, terminated or forfeited a life insurance or friendly society policy? *If yes, please provide details of your policy and/or the bonus advice.* |  |  |  |
| Forestry Managed Investment Scheme Income | Yes | No | ? |
| Have you received income from a forestry managed investment scheme? |  |  |  |
| Did you receive the income as an initial participant in the scheme? *You are an initial participant if you obtained your forestry interest from the forestry manager and your payment resulted in the establishment of trees.* |  |  |  |
| Did you receive the income as a subsequent participant in the scheme? *You are a subsequent participant if you are not an initial participant.* |  |  |  |
| Other Income | Yes | No | ? |
| Have you received any other income? *Examples of other income include: 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 accident policies; allowances as a member of a local council; and other allowances from Centrelink not disclosed elsewhere.* |  |  |  |
| Did you have an amount released to you by a superannuation fund during the year, because you made excess superannuation contributions in an earlier year? *If yes, provide copies of the documentation.* |  |  |  |
| Please provide details of any other income you have received: | | | |
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| Work Related Expenses | | | |
| Motor Vehicle Expenses | Yes | No | ? |
| Have you incurred any motor vehicle expenses relating to your work or other income producing activity? |  |  |  |
| Please provide a description of each motor vehicle for which you are claiming expenses. |  |  |  |
|  | | | |
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|  | | | |
| Please advise the income producing activity for which each vehicle was used *(e.g. employment, business or rental property inspections)*. If a vehicle was used in multiple activities, please provide an estimated percentage of use for each separate activity. |  |  |  |
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| Do you have a current logbook for any vehicles (i.e. kept for 12 continuous weeks during the past four years)? *If yes, please provide the business percentage ascertained from your logbook for each vehicle*. |  |  |  |
| 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. |  |  |  |
| Note: Business kilometres are kilometres travelled in relation to earning income but 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 your base of employment. Please contact us to discuss if you have any queries regarding this claim. | | | |
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| If you have a current logbook for any vehicle, please provide the total expenses for fuel and oil, interest, leasing, registration, insurance, repairs and maintenance. |  |  |  |
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| If you have a current logbook for any vehicle, please provide the following information to support a claim for vehicle depreciation: |  |  |  |
| Date the motor vehicle was purchased. |  |  |  |
| Details of purchase costs and additional items excluding GST. |  |  |  |
| GST paid. |  |  |  |
| Note: For travel more than 5,000 business kilometres, you are required to keep a log book. For travel up to 5,000 business kilometres, a cents per kilometre claim at the rate of 68 cents per kilometre can be claimed.  Please contact our office if you would like to know more about making a claim for motor vehicle expenses. | | | |
| Travel Expenses | Yes | No | ? |
| Did you undertake travel in relation to your employment? |  |  |  |
| Did you receive a travel allowance? |  |  |  |
| If yes, are your claims limited to the reasonable allowance amount? |  |  |  |
| Have you maintained written evidence of all travel costs claimed? |  |  |  |
| Did you maintain a diary of your travel activities where domestic or overseas travel was for 6 or more nights in a row? |  |  |  |
| Note: The following details are required to be kept: nature of the 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. | | | |
| Please provide the following details in relation to your travel: |  |  |  |
| Costs associated with the travel (air fares, transport, accommodation etc.). *Please provide the receipts.* |  |  |  |
| Details of any person(s) who accompanied you. |  |  |  |
| Details regarding the purpose of the travel. |  |  |  |
| Work Related Clothing | Yes | No | ? |
| A claim can be made for the cost of buying, renting, repairing or cleaning the following types of clothing: |  |  |  |
| Occupation specific clothing - does your clothing make it easy for the public to recognise your profession? *If yes, please provide details of your purchases.* |  |  |  |
| Protective clothing - does your clothing protect you from potential injury (e.g. safety boots, gloves)? *If yes, please provide details of your purchases.* |  |  |  |
| Do you wear a work uniform? |  |  |  |
| If yes, is the policy that wearing the uniform is compulsory while at work? |  |  |  |
| Is your work uniform distinctive to your organisation? |  |  |  |
| Are shoes, socks and/or stockings an essential part of this uniform? *If yes to both of the above, please provide details of your purchases.* |  |  |  |
| Do you wear a non-compulsory work uniform? |  |  |  |
| If yes, has your employer registered the design? *Note: shoes, stockings and socks cannot be claimed for a non-compulsory work uniform.* |  |  |  |
| Laundry Expenses | Yes | No | ? |
| If you answered yes to any of the questions in section 26 above, you may be able to claim the cost of laundering your clothes *(e.g. washing, drying and ironing work clothes)*. |  |  |  |
| Note: The reasonable basis to determine laundry expenses is $1 per load of washing including drying and ironing. If your total laundry expense claim exceeds $150 and the claim for your other work expenses exceeds $300 then you will need to provide written evidence (receipts) of your claim. | | | |
| Self-Education Expenses | Yes | No | ? |
| Did you complete any self-education courses? |  |  |  |
| Will this course help you to obtain a formal qualification? |  |  |  |
| Is there a direct connection between your self-education and your current work activities? |  |  |  |
| If you answered yes to 28.1 and 28.1.2, the expenses that may be claimed include textbooks, stationery, student union fees, travel and depreciation (e.g. computer, home office furniture etc.). Also provide details of travel expenses from university to home. |  |  |  |
| Note: Payment of HELP, SFSS, Open Learning fees or AUSTUDY loan repayments are not tax deductions. | | | |
| Other Work Related Expenses | Yes | No | ? |
| Have you paid union fees? *Please supply details if they are not already detailed on your PAYG Payment Summary.* |  |  |  |
| Have you purchased, insured or repaired equipment used for work related purposes? *If yes, please provide additional details such as date, cost and business use percentage. Depreciation may be claimed on the business portion of purchased equipment.* |  |  |  |
| Have you paid for meals when working overtime? *Note: You can only claim these expenses if you received an overtime meal allowance.* |  |  |  |
| Have you paid sickness and accident or income protection insurance premiums? |  |  |  |
| Have you incurred work related telephone or internet expenses? If yes, what is the business use percentage and amount? |  |  |  |
| Have you used your computer and purchased computer software for work related purposes? |  |  |  |
| Have you purchased books, journals and professional libraries? |  |  |  |
| Have you attended and paid for any professional seminars, courses, conferences or other training? |  |  |  |
| Does the nature of your employment require you to work in an environment that exposes you to sun and ultra violet radiation? |  |  |  |
| 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. | | | |
| Do you wish to claim a percentage of use of home office expenses for income producing activities (*i.e. heating, cooling, lighting, leasing, repairs or depreciation)*? Note that a diary of usage should be kept for a minimum of 4 weeks each year for substantiation requirements. |  |  |  |
| If you wish to claim home office expenses using a fixed rate, please provide the number of hours. |  |  |  |
| Have you paid any subscriptions to professional bodies? |  |  |  |
| Have you paid for any formal education provided by a professional organisation? |  |  |  |
| 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 is limited to the allowance received. |  |  |  |
| Other Deductions | | | |
| Dividend and Interest Deductions | Yes | No | ? |
| Have you incurred any expenses relating to dividends or interest income? *The expenses include but are not limited to the following:* |  |  |  |
| Account keeping fees. |  |  |  |
| Management fees. |  |  |  |
| Interest charged on money borrowed to purchase shares or units. |  |  |  |
| Gifts or Donations | Yes | No | ? |
| Have you made any gifts or donations? |  |  |  |
| If yes, please provide details of dollar amounts and recipients. |  |  |  |
| Managing Your Tax Affairs | Yes | No | ? |
| Have you incurred any expenses relating to preparing and lodging your previous year’s tax return? |  |  |  |
| Have you incurred any expenses relating to advice from a registered tax agent? |  |  |  |
| Have you incurred costs of travel in obtaining tax advice? |  |  |  |
| Have you paid any interest to the Australian Taxation Office for late payment of income tax or other taxes? |  |  |  |
| Have you incurred any litigation costs *(including court and Administrative Appeals Tribunal fees, solicitor, barrister and other legal costs incurred in managing your tax affairs)*? |  |  |  |
| Forestry Managed Investment Scheme Deductions |  |  |  |
| Have you made any payments to the forestry manager of a forestry managed investment scheme? *If yes, please provide details.* |  |  |  |
| Personal Superannuation Contributions | Yes | No | ? |
| Have you made personal contributions to a complying superannuation fund? *If yes, please answer the following:* |  |  |  |
| What was the total amount of personal superannuation contributions made for the year? |  | | |
| What is the full name of the fund(s) you contributed to and their respective policy numbers? |  | | |
| Please supply a copy of the Section 290-170 notice from your superannuation fund acknowledging your intention to claim a tax deduction. |  |  |  |
| Please provide details of any other expenses you have incurred: | | | |
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| Tax Offsets | | | | |
| Your answers to the following questions will help us determine if you are eligible for any tax offsets. | | | | |
| Seniors and Pensioners Tax Offset | Yes | | No | ? |
| Are you eligible for a Seniors and Pensioners Tax Offset? *Check with us if you are unsure about the eligibility criteria.* |  | |  |  |
| Private Health Insurance | Yes | | No | ? |
| Were you a member of a private health fund(s)? |  | |  |  |
| If yes, please provide a copy of the Private Health Insurance Statement provided by the health fund(s) at the end of the year. |  | |  |  |
| Superannuation Contributions on Behalf Of Your Spouse | Yes | | No | ? |
| Have you contributed $3,000 or more to your spouse’s superannuation account? |  | |  |  |
| If your spouse received any employment income, was your spouse’s gross income (including reportable fringe benefits) less than $40,000? |  | |  |  |
| Please provide details of your spouse’s Total Superannuation Balance (TSB) at the end of the previous financial year (30 June 2018), which can be obtained from your spouse’s MyGov Account. |  | |  |  |
| Please provide details of your spouse’s total non-concessional contributions for the current financial year. |  | |  |  |
| Did you make the contributions to a complying superannuation fund or a retirement savings account on behalf of your spouse? |  | |  |  |
| Zone or Overseas Forces | Yes | | No | ? |
| Is your normal residence in a remote or isolated area of Australia? |  | |  |  |
| Did you serve in a specified overseas locality as a member of the Australian Defence Force or a United Nations armed force during the year and income relating to that service was not exempt from tax? |  | |  |  |
| If yes to either one of the above questions, please provide the name of the area, its location and the number of days that you lived there? |  | | | |
| Net Medical Expenses for Disability Aids, Attendant Care or Aged Care | Yes | | No | ? |
| Did you incur any of the following medical expenses: |  | |  |  |
| **Disability aids** – items of property manufactured as, or generally recognised to be, an aid to the functional capacity of a person with a disability. |  | |  |  |
| **Attendant care** –services and care provided to a person with a disability to assist with everyday living, such as the provision of personal assistance, home nursing, home maintenance, and domestic services. |  | |  |  |
| **Aged care expenses** –services and accommodation provided by an approved aged care provider to a person who is a care recipient. |  | |  |  |
| This tax offset is means tested. The rate may be either 10% or 20% depending on your income and the total amount of medical expenses. |  | |  |  |
| Invalid and Invalid Carer | Yes | | No | ? |
| Did you maintain any of the following: |  | |  |  |
| Your spouse who was an invalid or cared for an invalid? |  | |  |  |
| Your or your spouse’s parent, who lived in Australia and who was an invalid or cared for an invalid? |  | |  |  |
| Your or your spouse’s invalid child, brother or sister, aged 16 years or older? |  | |  |  |
| Medicare Levy Reduction or Exemption | Yes | | No | ? |
| Are you exempt from paying the Medicare Levy? |  | |  |  |
| If yes, do you receive a full exemption? |  | |  |  |
| Do you receive a partial exemption? |  | |  |  |
| Early Stage Investors and Early Stage Venture Capital Limited Partnerships | Yes | | No | ? |
| Did you make any investment in an early stage entity? If yes, please provide details and documentation. |  | |  |  |
| Small Business Income Tax Offset | Yes | | No | ? |
| If you have you received any income from a small business entity other than a company, please provide details. |  | |  |  |
| Other Items | | | | |
| HELP, TSL and SFSS Debt and Others | Yes | | No | ? |
| Do you have a HELP/TSL or SFSS debt? *If yes, please provide details of the amount outstanding..* |  | |  |  |
| Adjusted Tax Free Threshold and Under 18s | Yes | | No | ? |
| Have you become or ceased to be a resident of Australia during this financial year? |  | |  |  |
| If yes, what date did you become or cease to be a resident of Australia? |  | | | |
| Were you under the age of 18 years on 30 June and received income from investments or from a trust? |  | |  |  |
| Income Tests | Yes | | No | ? |
| Have you received any PAYG Payment Summaries with amounts for reportable fringe benefits and/or employer superannuation contributions? *If yes, please provide copies*. |  | |  |  |
| Did you pay or receive any child support? If yes, please provide details. |  | |  |  |
| If you have received any tax-free government pension or benefit, please provide details. |  | |  |  |
| If you have received any target foreign income, please provide details. |  | |  |  |
| *Examples include:*  * *regular receipts of money and gifts from relatives living overseas which are exempt from Australian tax,* * *income from foreign business interests and investments, which are exempt from Australian tax, including income received by migrants with business interests on their country of origin,* * *foreign source income received while you were a temporary resident that is exempt from Australian tax.* |  | |  |  |
| Spouse’s Income | Yes | | No | ? |
| Please provide details of all income earned by your spouse, including salaries and wages, reportable fringe benefits, reportable superannuation contributions, pensions, business income, rental income etc., and related expenses. We may need to contact you for further information. |  | |  |  |
| Most Overlooked Items | | | | |
|  | | Yes | No | ? |
| Capital works deduction on income producing buildings. | |  |  |  |
| Depreciation of fittings for rental properties. | |  |  |  |
| Income protection insurance. | |  |  |  |
| Business travel diary and parking and tolls. | |  |  |  |
| Donations and gifts to eligible recipients. | |  |  |  |
| Mobile phone and computer used for work. | |  |  |  |
| Borrowing costs for rental property loans. | |  |  |  |
| Self-education expenses including travel between work and study place. | |  |  |  |
| Travel to investment seminars for investors. | |  |  |  |
| Please note below any items that may require further information or explanation. We also value your feedback. Please provide your comments below. | | | | |
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Thank you for completing this questionnaire.

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