

† If you own a rental property, please refer to our **Rental Property Schedule**

PERSONAL DETAILS		
Name:	Financial Year:	
Phone No:	Occupation:	
Your Tax File Number:	Mobile:	
Email Address:	Your Date of Birth:	
Home Address:		
Postal Address:		
Full Name of Spouse:	Spouse's Date of Birth:	
Date of Marriage (if married during the year):	Spouse Taxable Income:	
If Velocity Accounting Group is not preparing your spouse's tax return, please provide us with their taxable income as their income may be required to be recorded in your tax return.	Number of dependent children:	
	Spouse's reportable superannuation contributions:	
	Spouse's reportable fringe benefits:	
Your Bank Account Details (to receive any tax refund electronically)		
BSB (Must be 6 digits)	Account Number	Account Name

INCOME DETAILS

1. **Payment Summaries** (Group Certificates) Yes No
Number of payment summaries attached: _____

2. **Other Salary Income** (includes any directors' fees, commissions, tips etc.)

3. **Termination Payments** (if you received a lump sum termination payment please provide the ETP Payment Summary)

4. **Interest** (money received on your bank accounts)

Name of Bank	Account No.	Total Interest Received	TFN Withholding	Joint Account?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

5. **Dividends**

Please provide copies of dividend statements

Name of Shares	No. Shares Held	Amount Received

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INCOME DETAILS

6. **Trust Distributions and Partnership Income:** Please provide documents including year end Tax Statements or a copy of the trust/partnership tax return.

7. **Capital Gain** – Did you sell any assets such as shares or property which were acquired after 20 September 1985? If yes, then please attach documentation for the original purchase and sale.

Applicable? Yes No

8. **Rental Income** – Please attach details of the rent received and all expenses in their separate categories. A Rental Property Schedule is available from our office for your convenience.

9. **Foreign Income**

Did you receive foreign income/salary? – please attach all relevant documentation. Yes No

Did you receive any Foreign Dividends? If yes, please provide statements. Yes No

10. **Any Other Income** (Any other income you received in the financial year which doesn't fit into any of the above categories.)

11. **Business Income** (If you operate a business as a sole trader, please supply details of your businesses income and expenses.)

DEDUCTION DETAILS

Please ensure you are able to substantiate all claims.

1. **Motor Vehicle** – Did you use your own car for business/work purposes during the year? Yes No

If yes, then please provide information for either (a) or (b) below.

- (a) **Log Book Method:** Please provide details of all expenses you incurred over the financial year under the following categories:

Expense Type	Amount
Fuel	
Insurance	
Registration	
Services/Repairs	
Loan Interest or lease payments (if applicable) – if you have hire purchase or lease please provide the paperwork	
Other – please specify:	
Log book %	
Cost of vehicle and date of purchase Date:	

- (b) **No Log Book:** Let us know how many business kilometres you travelled during the year (up to 5000 kms)

Kilometres: _____

DEDUCTION DETAILS

2. Work Uniform

Do you wear a uniform or protective clothing? Yes No

If yes, please provide the costs associated with purchasing and maintaining the uniform, e.g. laundry (up to \$150 without receipts), cost of protective clothing such as work boots, sunscreen, hats, eye protection

3. Donations to Deductible Gift Recipients

Yes No

Name of Body	Amount

4. Tax Agent Fees (from previous year): _____

5. Interest & Dividend Deductions

Description	Amount
Interest on loans to acquire shares	
Cost of investment advisor	
Reference Materials	
Other – please specify:	

6. Other Work Related Deductions – please provide details.

Description	Amount
Diary, stationery, work materials	
Union Fees / Professional Bodies	
Mobile phone	
Tools and equipment	
Income protection	
Subscriptions	
Other – please specify:	

7. Home Office Expenses – Do you work from home at any time?

Yes No

If yes, please complete the table below. We will include a portion of these expenses on your tax return based on your percentage work related use.

Number of hours per week spent on work related activities at home: _____

Internet: per month \$ _____ per annum \$ _____ work related use _____ %

Home telephone/fax: per month \$ _____ per annum \$ _____ work related use _____ %

Computer & office equipment purchased: _____

Furniture in home office: _____

Any other expenses that may be eligible? e.g. Files, cabinets, desk lamp, printing materials etc.

DEDUCTION DETAILS

8. Travel Expenses (Tolls, Parking, Meals/Accommodation for overnight work travel/Airfares/Vehicle Hire)

Description	Amount

9. Other (Any costs that were directly related to your employment please provide details)

Description	Amount

10. Self-education Expenses (includes seminar costs, text books, stationery, student union fees, course fees (except HECS/HELP), depreciable items used for self-education purposes e.g. Computer, Reference library)

Description	Amount

TAX OFFSETS & REBATES

1. Do you have private health insurance? Yes No

If yes, please provide us with a copy of the health fund statement.

2. Superannuation

(a) Are you self-employed, if yes please provide details of contributions you made to your superannuation for the financial year.

(b) Have you made any personal contributions to your superannuation fund? If so you may be entitled to super co-contributions (conditions apply). We do not require any information for your tax return as the process to claim this is automatic between the Australian Taxation Office and your superannuation fund upon lodgment of your tax return.

(c) Have you made superannuation contributions on behalf of your spouse? Yes No

3. Medical Expenses –You *may* be entitled to a tax offset if you have eligible expenses for disability aids, attendant care or aged care

Please provide a summarised total of your expenses (the out-of-pocket amounts only):
