

Tax Return Information Form

1. Please **complete** / confirm your details below, to the best of your knowledge
2. All information supplied should be **for the period 1 July to 30 June**, unless stated otherwise
3. **Provide all supporting documents** where prompted and applicable.
4. **Sign** where indicated and submit to our office.

Please return this Form to our office **PRIOR** to your appointment by:

E-MAIL: info@taxblock.com.au or **Secure Upload** of your records via: <http://taxblock.com.au/file-upload>

GENERAL TAX INFORMATION

Information for 201..... Tax Return	
Name:	Spouse Name:
DOB:	Spouse DOB:
TFN:	TFN:
Residential Address:	Postal Address:
Email:	Email:
Phone:	
W	W
H	H
M	M

Bank Details (as of 1 July 2013, if you are expecting a refund, you MUST provide the ATO your EFT Bank Details)	
Account Name:	Bank Name:
BSB:	Account No.:

Children	
Name:	Name:
DOB:	DOB:
Name:	Name:
DOB:	DOB:

PAYG Payment Summaries (please provide ALL payment summaries when you reach the end of the form)			
Employer:	Occupation:	Gross:	Tax:
		\$	\$
		\$	\$
		\$	\$

Bank Interest			
Bank:	Amount:	TFN Credits:	Bank Charges:
	\$	\$	\$
	\$	\$	\$

Work & Other Expenses (please provide your detailed listing when you reach the end of the form)			
Motor Vehicle Type:	\$	Reference Books:	\$
Engine Size (liters):	\$	Stationery:	\$
Work Kilometers:	\$	Mobile Phone:	\$
Taxi Fares:	\$	Internet:	\$
Other Travel:	\$	Memberships:	\$
Uniform/Laundry:	\$	Tools & Equipment:	\$
Sun Protection Items:	\$	Interest expenses:	\$
Self-Education:	\$	Gifts & Donations:	\$

Union Fees:	\$	Seminars/Prof \$
Income Protection Insurance	\$	Development: \$
Insurance:	\$	Other Expenses: <i>please include in provided listing</i>

Private Health Insurance	
Do you have Private Health Insurance?	YES NO
<i>If yes - please provide your Private Health Statement</i>	
Did you have any Out of Pocket Medical Expenses?	YES NO
<i>If yes - please provide details ONLY IF you made a claim in your 2014 & 2015 tax returns, unless they relate to disability aids, attendant/aged care</i>	

<p>Do You Have Any of These Items?</p> <ul style="list-style-type: none"> • Investment Income • Rental Properties • Investments Sold or Motor Vehicles used for Work <p><i>If yes - please complete relevant sections below</i> <i>If no - please proceed to the end of the form, provide supporting documents, sign and send back to us.</i></p>

INVESTMENT INFORMATION

Dividends					
Company Name	Date Paid	Unfranked	Franked	Imputation Credits	TFN Credits
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$

Unit Trusts <i>(Please provide your Trust Tax Year Summary when you reach the end of the form - you may not receive this until September)</i>						
Trust Name	Trust Income	TFN Credits	Imputation Credits	Capital Gains	Foreign Income	Foreign Tax

Investments Sold / Disposed						
Company/Trust Name	Date Sold	No. Sold	Amount Received	Date Purchased	No. Purchased	Amount Paid

MOTOR VEHICLE INFORMATION

Log Book Kept: YES NO		Period Covered by the Log Book: (within last financial year)	
Vehicle Registration No.:		Make & Model:	
Owner/s of Vehicle: YOU SPOUSE		Driver of Vehicle: YOU SPOUSE	
Total Km Travelled in Financial Year:		Business Km in Log Book Period:	
Log Book calculation of Business Use %:		Total Km in Log Book Period:	
Motor Vehicle Engine Size			
Up to 1.6 litres	1.601 to 2.6 litres	Over 2.6 litres	
Date Purchased:		Purchase Price \$	
How was the vehicle financed?			
Lease	Paid Cash	Chattel Mortgage	Hire Purchase Date sold (if applicable in this tax year?)
Date sold (if applicable in this tax year?)		Sale Price: \$	
<i>Please provide a copy of your Hire Purchase / Lease / Chattel Mortgage Agreement when you reach the end of the form.</i>			
Running Costs	Total For Year (Including gst)	Monthly Payments	
Fuel/Oil:	\$		
Registration:	\$		
Tyres/Battery:	\$		
Repairs & Maintenance:	\$		
Lease Payments:	\$	\$	
Hire Purchase / Chattel Mortgage	\$	\$	
Interest Paid:	\$	\$	
Services:	\$	\$	
Insurance:	\$	\$	
Membership Fees:	\$	\$	
Parking & Tolls:	\$	\$	

RENTAL PROPERTY INFORMATION

Property Details	
Address of Rental Property:	
Date Property Purchased:	Date Property First Earned Rental Income:
No. of Weeks Available for Rent this year:	Date Property Built:
Ownership Details	
In Your Name	In Joint Names <i>(please provide details)</i>
<i>Please provide the purchase settlement statement and other purchase costs, e.g. stamp duty, legal fees, renovations or initial repairs, and any loan application fees and/or mortgage discharge expenses when you reach the end of the form.</i>	

Income			
Gross Rent:		\$	
Other Rental Income:		\$	
Property Details			
Advertising for Tenants:	\$	Body Corporate Fees:	\$
Borrowing Expenses:	\$	Cleaning:	\$
Council Rates:	\$	Gardening / Lawn mowing:	\$
Insurance:	\$	Interest on Loan/s:	\$
Land Tax:	\$	Legal Fees:	\$
Pest Control:	\$	Property Management Fees/Commission:	\$
Repairs & Maintenance:	\$	Stationery, Telephone & Postage:	\$
Travel:	\$	Water Charges:	\$
Other:	\$	Other:	\$

Depreciable Items		
Item	Date Purchased	Cost

Improvements / Construction Costs <i>Please provide a copy of your tax depreciation schedule prepared by third party below.</i>		
Item	Date	Cost

ADDITIONAL INFORMATION

Additional Information / Notes

Please note below any additional information we may need to know to complete your tax returns, that has not been covered in the above questions.

SUPPORTING DOCUMENT CHECKLIST

- Payment Summaries
- Detailed Work Expenses Listing
- Private Health Statement
- Out of Pocket Medical Expense Claims
- Unit Trust Tax Year Summary
- Motor Vehicle Hire Purchase / Lease / Chattel Mortgage Agreement
- Rental Property Purchase Settlement Statement / Costs
- Rental Property Depreciation Schedule (as prepared by Third Party)

Client Signature:

Date: