

**CLIENT Details – 2021 Individual Income Tax Return**

CLIENT NAME: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_  
POSTAL ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
POSTCODE: \_\_\_\_\_  
PREVIOUS POSTAL ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
POSTCODE: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_ (A.H.) \_\_\_\_\_ (B.H.)  
MOBILE: \_\_\_\_\_  
FAX NO: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
TAX FILE NO: \_\_\_\_\_  
OCCUPATION: \_\_\_\_\_  
BANK DETAILS: ACC NAME: \_\_\_\_\_ BSB: \_\_\_\_\_ NO.: \_\_\_\_\_

**PLEASE COMPLETE THE FOLLOWING DETAILS WHERE APPLICABLE**

Full Description Of the Work You Have Undertaken During The Year: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## INCOME - 2021 TAX YEAR

- **DETAILS OF INCOME FROM SOCIAL SECURITY INCLUDING PENSIONS** (attach Statement of Benefit) e.g.: Newstart, Austudy, Parenting Payment, JobSeeker and Sickness:

\_\_\_\_\_

\_\_\_\_\_

- **DETAILS OF INCOME FROM SALARIES AND WAGES** (Attach PAYG summary) (group certificates or tax stamp sheets covering salary, fees, commissions, etc.) (If sending electronically, please detail the employer's ABN & NAME and tax instalments paid):

ABN: \_\_\_\_\_

GROSS: \_\_\_\_\_

TAX: \_\_\_\_\_

EMPLOYER NAME \_\_\_\_\_

- **REPORTABLE FRINGE BENEFITS AMOUNT** (From PAYG summary):

\_\_\_\_\_

\_\_\_\_\_

- **REPORTABLE SUPERANNUATION CONTRIBUTIONS** (From PAYG summary):

\_\_\_\_\_

\_\_\_\_\_

- **ALLOWANCES OR BENEFITS** (from PAYG Summary):

\_\_\_\_\_

\_\_\_\_\_

- **SUPERANNUATION LUMP SUMS & PENSION PAYMENTS:**

\_\_\_\_\_

\_\_\_\_\_

- **INCOME FROM PARTNERSHIP, TRUST AND/OR DECEASED ESTATE:**

Partnership/Trust Name: \_\_\_\_\_

Partnership/Trust File Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

- **LUMP SUM PAYMENTS** (Please attach your statements of super / termination payments):

- **INTEREST RECEIVED:**

<i>Name of Bank, Building Society etc.</i>	<i>Account Number</i>	<i>Amount \$</i>

• **DIVIDENDS RECEIVED:**

<i>Name of Company</i>	<i>Unfranked</i> \$	<i>Franked</i> \$	<i>Imp. Credit</i> \$	<i>Tax Withheld</i> \$

(If you require more space go to the last column and press TAB or attach another page.)

• **INTEREST AND DIVIDEND DEDUCTIONS:**

Bank Charges & Govt. Taxes: \_\_\_\_\_ \$

Brokerage & Stamp Duty: \_\_\_\_\_ \$

• **CAPITAL GAINS/LOSS:**

<i>Item</i>	<i>Date Acquired</i>	<i>Cost Price</i>	<i>Date Sold</i>	<i>Sale Price</i>	<i>Capital Expenditure</i>	<i>Net Proceeds</i>
<b>Eg: ANZ Shares</b>	<b>1.1.1996</b>	<b>200 @ 4.10 = \$820.00</b>	<b>20.3.21</b>	<b>200 @ 19.95 = \$3990.00</b>	<b>Nil</b>	<b>\$3170.00</b>

## EXPENSES - 2021 TAX YEAR

- **GIFTS AND DONATIONS:** Amounts paid to Public Institutions, Approved Overseas Funds and/or Approved School Building Funds.

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_

- **MOTOR VEHICLE EXPENSES:** Please state the make, model, year and current market value of your car as at 1/7/20. List the total number kilometers you have traveled in your car during the financial year and also the number of kilometers traveled in relation to work. If the total number of kilometers is greater than 5000, please list all your motor vehicle expenses.

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_  
CC'S: \_\_\_\_\_ Registration Number: \_\_\_\_\_  
Current Market Value or Written Down Value: \_\_\_\_\_  
Total Number of kilometers traveled – 1/7/20– 30/6/21: \_\_\_\_\_  
Work related kilometers traveled – 1/7/20 – 30/6/21: \_\_\_\_\_

### Running Expenses:

Registration	\$ _____
Insurance	\$ _____
Fuel	\$ _____
Repairs	\$ _____
Tyres	\$ _____
Services	\$ _____
Other	\$ _____

- **BUSINESS OR PROFESSIONAL SUBSCRIPTIONS:** Eg: Trade Unions etc.

- **SUPERANNUATION:** (Only if contributing to a non-employer sponsored fund)

Notice of Intention to claim confirmed in writing by your superfund.

Name of Fund: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Amount paid after 1 July 2020: \_\_\_\_\_

- **HOME OFFICE EXPENSES:** Please provide details to the size of your office e.g.: one room in seven or three squares in a twenty-one square home. You may also claim at a rate of 52 cents per hour. You need to keep a one month log to verify your claim.

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Total electricity: \$ \_\_\_\_\_  
Total gas: \$ \_\_\_\_\_

# Julie Sanders

CPA & Registered Tax Agent

• **TELEPHONE:** Work related calls only: \$ \_\_\_\_\_

• **TAX AGENT FEES:** \$ \_\_\_\_\_

• **ALL OTHER WORK RELATED EXPENSES:** Eg.: Clothing, Protective Footwear, Laundry, Dry cleaning, Technical Magazines, Journals, Stationery, Self Education Expenses, Other Travel, etc (Purchases of assets over \$300 please list the date of purchase as well as the amount)

- \_\_\_\_\_  
- \_\_\_\_\_  
- \_\_\_\_\_  
- \_\_\_\_\_  
- \_\_\_\_\_  
- \_\_\_\_\_  
- \_\_\_\_\_  
- \_\_\_\_\_  
- \_\_\_\_\_  
- \_\_\_\_\_

• **DEPENDENT DETAILS:**

Full Name of Dependent Child:	DOB	Separate Net Income
		\$
		\$

**SPOUSE DETAILS:**

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Adjusted Taxable Income: \_\_\_\_\_

**NB: Refer to questionnaire under "documents and form" on webpage**

Tax File Number: \_\_\_\_\_

Were you together for the full financial Year ?                      Yes                      No

If not together for the full financial year how many days e.g. Date of Marriage/Divorce. \_\_\_\_\_

• **HELP (HECS) DEBTS:**

1. Higher Education Loan Programme \$ \_\_\_\_\_

2. Student Financial Supplement Scheme \$ \_\_\_\_\_

• **PRIVATE HEALTH INSURANCE:**

Name of Fund: \_\_\_\_\_

Type of Cover: (Ancillary, Hospital or Combined) \_\_\_\_\_

Dates Premiums Paid from: 01/07/20 to 31/03/21

Membership Number: \_\_\_\_\_

Your share of premiums paid in the financial year (Label J): \$\_\_\_\_\_

Your share of Aust. Govt. Rebate received (Label K): \$\_\_\_\_\_

Benefit code (Label L): \_\_\_\_\_

Other adult beneficiaries on the policy: \_\_\_\_\_

• **PRIVATE HEALTH INSURANCE:**

Name of Fund: \_\_\_\_\_

Type of Cover: (Ancillary, Hospital or Combined) \_\_\_\_\_

Dates Premiums Paid from: 01/04/21 to 30/06/21

Membership Number: \_\_\_\_\_

Your share of premiums paid in the financial year (Label J): \$\_\_\_\_\_

Your share of Aust. Govt. Rebate received (Label K): \$\_\_\_\_\_

Benefit code (Label L): \_\_\_\_\_

Other adult beneficiaries on the policy: \_\_\_\_\_

*Thanks for using this pro forma and we hope you found it easy and convenient. Please make sure you have all the necessary documentation to back up your claims in the case of an ATO audit.*

*Worksheets for ascertaining the percentage claim for home office expenses, eg. Telephone and Home Office Running Expenses, can be found on the website.*

**You MUST fill out and return with your tax return, the Engagement Letter found on our website. Once you have signed the Engagement Letter you do not need to sign another while I am your accountant.**

*Limited liability by a scheme approved under Professional Standards Legislation.*