

CLIENT Details – 2024 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 - 2024 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> |
|-----------------------|----------------------|------------------------------|------------------|--------------------------------|----------------------------|---------------------|
| Eg: ANZ Shares | 1.1.1996 | 200 @ 4.10 = \$820.00 | 20.3.24 | 200 @ 19.95 = \$3990.00 | Nil | \$3170.00 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

EXPENSES - 2024 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 1/7/22. 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 – 1/7/23– 30/6/24: _____
Work related kilometers traveled – 1/7/23 – 30/6/24: _____

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 2023: _____

- **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 67 cents per hour. You need to keep a one month log to verify your claim.

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: 01/07/23 to 31/03/24

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: 01/04/24 to 30/06/24

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.