

Personal Income Tax Return – Year End Questionnaire 2016

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. In particular, this applies to PAYG Payment Summary income, interest received and dividends.

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.

BSA Partnership Pty Ltd

I hereby instruct you to prepare my income tax return for the financial year ended 30 June 2016.

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.

Name:

Signature:

Date:

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: <i>(For our records only)</i>					
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 <input type="checkbox"/>	N <input type="checkbox"/>	
			Y <input type="checkbox"/>	N <input type="checkbox"/>	
			Y <input type="checkbox"/>	N <input type="checkbox"/>	
Medicare Number:					
Bank and Branch:					
Account name:					
BSB number:		Account number:			
The ATO now require tax refunds to be received via electronic funds transfer.					
<i>Please provide your spouse's tax file number and taxable income if we do not prepare his or her income tax return:</i>					
Spouse's Tax File No.:					
Spouse's Taxable Income:					

1. If we are preparing your return for the first time:		Yes	No	?
Please provide:				
1.1	A copy of your last income tax return, income tax assessment and PAYG instalment notices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2	Copies of any other correspondence with the Tax Office such as objections, penalties, Statement of Account, Garnishee Notice, Final Notice to Lodge.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Income				
2. Salary and Wages		Yes	No	?
2.1	Have you changed your occupation? <i>If yes, please provide details.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2	Have you received any PAYG Payment Summaries from employment? <i>If yes, please provide copies.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Allowances, Earnings, Tips, Director's Fees etc.		Yes	No	?
3.1	Have you received any allowances, or any benefits or other income from working not on a PAYG Payment Summary? <i>If yes, please provide statements, letters or other documentation relating to the allowance, benefit or other income.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.1.1	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).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Employer Lump Sum Payments		Yes	No	?
4.1	Have you received any PAYG Payment Summaries for lump sums A, B or E (e.g. pro rata annual Leave)? <i>If yes, please provide copies.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Employment Termination Payments		Yes	No	?
5.1	Have you received any PAYG Payment Summaries for Employment Termination Payments? <i>If yes, please provide copies.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Australian Government Pensions, Allowances and Payments		Yes	No	?
6.1	Have you received any PAYG Payment Summaries for Government pensions, allowances and payments? <i>If yes, please provide copies.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Australian Annuities and Superannuation Income Streams		Yes	No	?
7.1	Have you received any PAYG Payment Summaries for income from an Australian annuity or superannuation income stream? <i>If yes, please provide copies.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.1.1	Please provide details of your undeducted purchase price, if any.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Australian Superannuation Lump Sum Payments		Yes	No	?
8.1	Have you received any PAYG Payment Summaries for Australian superannuation lump sum payments? <i>If yes, please provide copies.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Personal Services Income		Yes	No	?
9.1	Have you received any income, excluding income earned as an employee, which was mainly a reward for your personal efforts or skills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.1.1	Have you received any PAYG Payment Summary – Business and Personal Services Income forms for that income? <i>If yes, please provide copies.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.1.2	Provide details of all income and expenditure related to these activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Other Employment Income		Yes	No	?
10.1	Have you been employed during the year and not received a PAYG Payment Summary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.1.1	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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Interest		Yes	No	?
11.1	Have you received or been credited with interest from any source within Australia? <i>If yes, please attach the following information:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.1.1	Name of the bank or financial institution that paid you the interest.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.1.2	The branch/address where the account is held.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.1.3	The account number.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.1.4	Name of the account (<i>i.e. held in your name only or joint names</i>).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.1.5	Details of any TFN tax withheld from your interest.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Note: TFN tax is withheld from your interest when your tax file number has not been provided to your financial institution.</i>				
11.1.6	Details of interest paid or credited to the above accounts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Dividends		Yes	No	?
12.1	Have you received or been credited with any dividends from companies in Australia, including dividends reinvested? <i>If yes, please provide dividend advice slips received during the financial year.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Employee Share Schemes		Yes	No	?
13.1	Have you received any Employee Share Scheme Statements for discounts on shares, rights or stapled securities acquired under an employee share scheme? <i>If yes, please provide copies.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Income from a Trust or Partnership		Yes	No	?
14.1	Have you received or are you entitled to receive a distribution of income or loss from a partnership or trust? <i>If yes, please attach the following information:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14.1.1	Tax file number of the partnership or trust. <i>If the trust is a managed fund, no TFN is needed.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.1.2	Statements detailing income distributed by the partnership or trust.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.1.3	Details of franking credits or TFN tax credits distributed by the partnership or trust.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.1.4	Details of any distributions of Capital Gains from trusts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.1.5	Details of tax free, tax deferred or non-taxable distributions from trusts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.1.6	Any deductions you can claim against this income.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	Business Income	Yes	No	?
15.1	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 Preparation – Year End Questionnaire.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	Farm Management Deposits or Repayments	Yes	No	?
16.1	Have you made any deposits to a Farm Management Deposit? <i>If yes, please provide documentation.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.2	Did you receive any repayments from a Farm Management Deposit (including early repayments due to natural disaster)? <i>If yes, please provide documentation.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	Capital Gains or Losses	Yes	No	?
17.1	Have you sold or disposed of any assets?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Note: The description of assets is very broad and is not limited to the following:</i>			
17.1.1	Shares, options, futures, units.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.1.2	Real estate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.1.3	Shares in a company or units in a unit trust.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.1.4	Your share of a business (including a share in a private company or partnership etc).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.1.5	Currency of a foreign country.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.1.6	Collectables, such as artwork, jewellery, rare manuscripts or books, stamps, coins, medallions, antiques.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.1.7	Other personal use assets that have been sold for more than \$10,000.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.1.8	Plant and equipment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Note: Motor vehicles are exempt from CGT, but may be subject to a balancing adjustment, so the information below will still be required.</i>			
17.2	If you have sold or disposed of any of the assets above, please provide the following information for each, including copies of any documentation:			
17.2.1	Identify the asset.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.2.2	Date of purchase (<i>date the contract was signed</i>).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.2.3	Costs of purchase (<i>purchase price, legal expenses, stamp duty etc</i>).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17.2.4	Details of any additions to that investment (<i>additional costs incurred</i>).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.2.5	Date of sale (<i>date the contract was signed</i>).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.2.6	Sale proceeds and selling costs (<i>include legal expenses, advertising etc</i>).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.3	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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>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.</i></p>				
18.	Foreign Income	Yes	No	?
18.1	Have you received income from a foreign pension or annuity? <i>If yes, please provide details of the income received (in Australian dollars, if known).</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.2	Have you received any PAYG Payment Summary – Foreign Employment forms for foreign employment? <i>If yes, please provide copies.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.3	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? <i>If yes, please provide pay slips or foreign tax assessments and the period you were employed in the foreign country.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.4	Have you received or been credited (reinvested) with any of the following types of foreign income:			
18.4.1	Interest.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.4.2	Royalties, dividends and/or rent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.4.3	Any other foreign income.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.4.4	Money from the sale of foreign assets (such as property or shares) <i>Note: If you have received money from the sale of foreign assets please provide information as detailed in the Capital Gains or Losses section.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.5	If you have answered yes to any of the above, please provide the following information:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.5.1	Details of the income and related expenditure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.5.2	Details of any tax paid on the foreign income.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.5.3	Is this income deposited in a foreign bank account?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.5.4	Is this income remitted back to you in Australia?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. Rental Income		Yes	No	?
19.1	Have you received rental income or made your property available for rental? <i>If yes, please provide the following information for each rental property:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.1.1	Is the property owned jointly with another party?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.1.2	How many weeks was the property available for rent during the year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.1.3	Date the property was first available for rent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.1.4	Rent received during the year, including rent received and held by your agent at 30 June.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.1.5	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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.1.6	Details of interest paid on money borrowed to purchase the property.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.1.7	Details of all other expenses relating to your rental property.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>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, depreciation of furniture and fittings, travelling to inspect the property.</i></p>				
20. Bonuses from Life Insurance Companies or Friendly Societies		Yes	No	?
20.1	Have you received a bonus or surrendered, terminated or forfeited a life insurance or friendly society policy? <i>If yes, please provide details of your policy and/or the bonus advice.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Forestry Managed Investment Scheme Income		Yes	No	?
21.1	Have you received income from a forestry managed investment scheme?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.1.1	Did you receive the income as an initial participant in the scheme? <i>You are an initial participant if you obtained your forestry interest from the forestry manager and your payment resulted in the establishment of trees.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.2	Did you receive the income as a subsequent participant in the scheme? <i>You are a subsequent participant if you are not an initial participant.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Other Income		Yes	No	?
22.1	Have you received any other income? <i>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.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22.2	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? <i>If yes, provide copies of the documentation.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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23. Please provide details of any other income you have received:				

Work Related Expenses				
24.	Motor Vehicle Expenses	Yes	No	?

24.1	Have you incurred any motor vehicle expenses relating to your work or other income producing activity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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24.2	Please provide a description of each motor vehicle for which you are claiming expenses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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24.3	Please advise the income producing activity for which each vehicle was used (<i>e.g. employment, business or rental property inspections</i>). If a vehicle was used in multiple activities, please provide an estimated percentage of use for each separate activity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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24.4	Do you have a current logbook for any vehicles (i.e. kept for 12 continuous weeks during the past four years)? <i>If yes, please provide the business percentage ascertained from your logbook for each vehicle.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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24.4.1	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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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.

24.5	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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.6	If you have a current logbook for any vehicle, please provide the following information to support a claim for vehicle depreciation:			
24.6.1	Date the motor vehicle was purchased.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.6.2	Details of purchase costs and additional items excluding GST.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.6.3	GST paid.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<p><i>Note: From 1 July 2015 the one-third of actual car expenses and the 12% of original value method have been removed. 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 66 cents per kilometre can be claimed.</i></p> <p><i>Please contact our office if you would like to know more about making a claim for motor vehicle expenses.</i></p>			
25.	Travel Expenses	Yes	No	?
25.1	Did you undertake travel in relation to your employment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.2	Did you receive a travel allowance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.2.1	If yes, are your claims limited to the reasonable allowance amount?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.2.2	Have you maintained written evidence of all travel costs claimed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.2.3	Did you maintain a diary of your travel activities where domestic or overseas travel was for 6 or more nights in a row?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<p><i>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.</i></p>			
25.3	Please provide the following details in relation to your travel:			
25.3.1	Costs associated with the travel (air fares, transport, accommodation etc.). <i>Please provide the receipts.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.3.2	Details of any person(s) who accompanied you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.3.3	Details regarding the purpose of the travel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26. Work Related Clothing		Yes	No	?
26.1	A claim can be made for the cost of buying, renting, repairing or cleaning the following types of clothing:			
26.1.1	Occupation specific clothing - does your clothing make it easy for the public to recognise your profession? <i>If yes, please provide details of your purchases.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26.1.2	Protective clothing - does your clothing protect you from potential injury (e.g. safety boots, gloves)? <i>If yes, please provide details of your purchases.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26.2	Do you wear a work uniform?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26.2.1	If yes, is the policy that wearing the uniform is compulsory while at work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26.2.2	Is your work uniform distinctive to your organisation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26.2.3	Are shoes, socks and/or stockings an essential part of this uniform? <i>If yes to both of the above, please provide details of your purchases.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26.3	Do you wear a non-compulsory work uniform?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26.3.1	If yes, has your employer registered the design? <i>Note: shoes, stockings and socks cannot be claimed for a non-compulsory work uniform.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Laundry Expenses		Yes	No	?
27.1	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).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>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.</i>				
28. Self-Education Expenses		Yes	No	?
28.1	Did you complete any self-education courses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28.1.1	Will this course help you to obtain a formal qualification?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28.1.2	Is there a direct connection between your self-education and your current work activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28.1.3	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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Note: Payment of HELP, SFSS, Open Learning fees or AUSTUDY loan repayments are not tax deductions.</i>				

29. Other Work Related Expenses		Yes	No	?
29.1	Have you paid union fees? <i>Please supply details if they are not already detailed on your PAYG Payment Summary.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29.2	Have you purchased, insured or repaired equipment used for work related purposes? <i>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.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29.3	Have you paid for meals when working overtime? <i>Note: You can only claim these expenses if you received an overtime meal allowance.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29.4	Have you paid sickness and accident or income protection insurance premiums?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29.5	Have you incurred work related telephone or internet expenses? If yes, what is the business use percentage and amount?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29.6	Have you used your computer and purchased computer software for work related purposes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29.7	Have you purchased books, journals and professional libraries?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29.8	Have you attended and paid for any professional seminars, courses, conferences or other training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29.9	Does the nature of your employment require you to work in an environment that exposes you to sun and ultra violet radiation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>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.</i>			
29.10	Do you wish to claim a percentage of use of home office expenses for income producing activities (<i>i.e. heating, cooling, lighting, leasing, repairs or depreciation</i>)? Note that a diary of usage should be kept for a minimum of 4 weeks each year for substantiation requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29.11	If you wish to claim home office expenses using a fixed rate, please provide the number of hours.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29.12	Have you paid any subscriptions to professional bodies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29.13	Have you paid for any formal education provided by a professional organisation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29.14	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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Deductions				
30.	Dividend and Interest Deductions	Yes	No	?
30.1	Have you incurred any expenses relating to dividends or interest income? <i>The expenses include but are not limited to the following:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30.1.1	Account keeping fees.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30.1.2	Management fees.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30.1.3	Interest charged on money borrowed to purchase shares or units.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31.	Gifts or Donations	Yes	No	?
31.1	Have you made any gifts or donations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31.1.1	If yes, please provide details of dollar amounts and recipients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32.	Managing Your Tax Affairs	Yes	No	?
32.1	Have you incurred any expenses relating to preparing and lodging your previous year's tax return?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32.2	Have you incurred any expenses relating to advice from a registered tax agent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32.3	Have you incurred costs of travel in obtaining tax advice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32.4	Have you paid any interest to the Australian Taxation Office for late payment of income tax or other taxes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32.5	Have you incurred any expenses for advice relating to managing your legal obligation in relation to another person's tax affairs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33.	Forestry Managed Investment Scheme Deductions			
33.1	Have you made any payments to the forestry manager of a forestry managed investment scheme? <i>If yes, please provide details.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34.	Personal Superannuation Contributions	Yes	No	?
34.1	Have you made personal contributions to a complying superannuation fund? <i>If yes, please answer the following:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34.1.1	Were you fully self-employed during the financial year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34.1.2	Were you partly self-employed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34.1.3	Were you partly self-employed and worked for an employer who provided no superannuation cover?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34.2	What was the total amount of personal superannuation contributions made for the year?			
34.3	What is the full name of the fund(s) you contributed to and their respective policy numbers?			

34.4 Please supply a copy of the Section 290-170 notice from your superannuation fund acknowledging your intention to claim a tax deduction.

35. Please provide details of any other expenses you have incurred:

Tax Offsets			
Your answers to the following questions will help us determine if you are eligible for any tax offsets.			
36.	Seniors and Pensioners Tax Offset	Yes	No ?
36.1	Are you eligible for a Seniors and Pensioners Tax Offset? <i>Check with us if you are unsure about the eligibility criteria.</i>	<input type="checkbox"/>	<input type="checkbox"/>
37.	Private Health Insurance	Yes	No ?
37.1	Were you a member of a private health fund(s)?	<input type="checkbox"/>	<input type="checkbox"/>
37.1.1	If yes, please provide a copy of the Private Health Insurance Statement provided by the health fund(s) at the end of the year.	<input type="checkbox"/>	<input type="checkbox"/>
38.	Superannuation Contributions On Behalf Of Your Spouse	Yes	No ?
38.1	Have you contributed any superannuation on behalf of your spouse?	<input type="checkbox"/>	<input type="checkbox"/>
38.2	Did your spouse receive any employment income?	<input type="checkbox"/>	<input type="checkbox"/>
38.3	If yes was your spouse's gross income (including reportable fringe benefits) less than \$13,800?	<input type="checkbox"/>	<input type="checkbox"/>
38.4	Did you make the contributions to a complying superannuation fund or a retirement savings account on behalf of your spouse?	<input type="checkbox"/>	<input type="checkbox"/>
39.	Zone or Overseas Forces	Yes	No ?
39.1	Is your normal residence in a remote or isolated area of Australia? <i>From 1 July 2015, the eligibility requirements have changed. You are no longer entitled to the offset if the remote or isolated area was not your normal residence (e.g. fly-in fly-out and drive-in drive-out arrangements).</i>	<input type="checkbox"/>	<input type="checkbox"/>
39.2	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?	<input type="checkbox"/>	<input type="checkbox"/>
39.3	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?		
40.	Net Medical Expenses for Disability Aids, Attendant Care or Aged Care	Yes	No ?
Please note that eligibility for this offset has changed. You can now only claim for disability aids, attendant care or aged care.			
40.1	Did you incur any of the following medical expenses:		
40.1.1	Disability aids – items of property manufactured as, or generally recognised to be, an aid to the functional capacity of a person with a disability.	<input type="checkbox"/>	<input type="checkbox"/>

40.1.2	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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40.1.3	Aged care expenses –services and accommodation provided by an approved aged care provider to a person who is a care recipient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>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.</i>				
41.	Invalid and Invalid Carer	Yes	No	?
41.1	Did you maintain any of the following:			
41.1.1	Your spouse who was an invalid or cared for an invalid?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41.1.2	Your or your spouse’s parent, who lived in Australia and who was an invalid or cared for an invalid?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41.1.3	Your or your spouse’s invalid child, brother or sister, aged 16 years or older?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42.	Medicare Levy Reduction or Exemption	Yes	No	?
42.1	Are you exempt from paying the Medicare Levy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42.1.1	If yes, do you receive a full exemption?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42.1.2	Do you receive a partial exemption?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Items				
43.	HELP, TSL and SFSS Debt and Others	Yes	No	?
43.1	Do you have a HELP/TSL or SFSS debt? <i>If yes, please provide a copy of your HELP/TSL or SFSS statement.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44.	Adjusted Tax Free Threshold and Under 18s	Yes	No	?
44.1	Have you become or ceased to be a resident of Australia during this financial year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44.1.1	If yes, what date did you become or cease to be a resident of Australia?			
44.2	Were you under the age of 18 years on 30 June and received income from investments or from a trust?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45.	Income Tests	Yes	No	?
45.1	Have you received any PAYG Payment Summaries with amounts for reportable fringe benefits and/or employer superannuation contributions? <i>If yes, please provide copies.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45.2	Did you pay or receive any child support? If yes, please provide details.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45.3	If you have received any tax-free government pension or benefit, please provide details.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

45.4	If you have received any target foreign income, please provide details.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Examples include:</i></p> <ul style="list-style-type: none"> ▪ <i>regular receipts of money and gifts from relatives living overseas which are exempt from Australian tax,</i> ▪ <i>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,</i> ▪ <i>foreign source income received while you were a temporary resident that is exempt from Australian tax.</i> 				
46. Spouse's Income		Yes	No	?
46.1	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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most Overlooked Items				
		Yes	No	?
Capital works deduction on income producing buildings.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depreciation of fittings for rental properties.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Income protection insurance.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business travel diary and parking and tolls.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Donations and gifts to eligible recipients.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile phone and computer used for work.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Borrowing costs for negative gearing.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-education expenses including travel between work and study place.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel to investment seminars for investors.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please note below any items that may require further information or explanation. We also value your feedback. Please provide your comments below.

Thank you for completing this questionnaire.

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