

30 JUNE 2011 INDIVIDUAL TAX QUESTIONNAIRE

Once you have completed the **"2011 Tax Questionnaire"** please mail it with your PAYG Payment Summaries and other relevant documents to:

BSA Partnership Pty Ltd Level 15, 461 Bourke Street Melbourne, Victoria 3000

Contact Details:

Phone: (03) 9604 8400 <u>www.bsapartnership.com.au</u>

Fax: (03) 9604 8484 Email <u>bsa@bsapartnership.com.au</u>

2011 Resident Individual Tax Rates Threshold Rate (%) (excluding Medicare levy)

\$0 - \$6,000	0%
\$6,001 - \$37,000	15%
\$37,001 - \$80,000	30%
\$80.001 - \$180.000	37%

\$180,001 & Above 45%

Government Super Co-Contributions

The ATO will automatically calculate the cocontribution you are eligible for, if you have un deducted contributions and fall within the relevant income ranges. They will automatically pay this amount into your superannuation fund.

Child Care Rebates

The Child Care Rebate will now be available as a direct payment from the Government rather than parents having to wait until tax time to claim the rebate.

Mature Age Worker Tax Offset

The Government will continue to provide a tax offset of \$500 for people over the age of 55 who choose to stay in the workforce. The offset will gradually phase out once taxable income reaches \$53,001.

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<u>IMPORTANT NOTE – WORKFLOW MANAGEMENT</u>

a) Is your Return week turnarou		(in peak period Au	gust / December the	ere is a six to eight
Yes No	refer B)			
b) Otherwise, pl	ease Indicate your c	desired turnaround	period:	
9 – 15 wee	eks 🗌 16 –	24 weeks	Anytime before D	ue Date 🗌
NAME:				
PHONE BUSINESS	5 :			
PHONE HOME:				
PHONE MOBILE:				
EMAIL ADDRESS:				
NAME OF SPOUS	E:	D.	ATE OF BIRTH:	
NAMES OF DEPEN	NDANT CHILDREN:			
			in the past and are p tement dated 30/06	
How would you li	ke your refund paid	to you (if you get o	one)?	
Method of Payment	BSB Number	Account Number	Account Name	Please tick preferred option
Cheque	N/A	N/A	N/A	

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Direct Deposit



INCOME:

1.	PAYG Payment Sun (Including pensions)						Yes [No 🗌
	Number of certifica Occupation	tes attached							
2.	Other Salary incom (Includes any direct		mmissions, (Centrelink b	enefit 	s etc.)			
3.	Termination Payme (If you received a I ETP Statement)		ermination p	llease provi	de Eli	gible Te	erminatio	on S	tatement –
	Applicable						Yes [No 🗌
4.	Interest (money received on	your bank a	accounts)						
	Name of Bank	Account	: Number	Total Inte		Withh	FN olding \$		nt Account - Yes/No
5.	Dividends Please provide cop of a dividend reinv your bank account, still income and mu	estment pla this means	n (DRP), whi the fund use	ich means y	ou do	n't phy	sically re	ceiv	e money in
Co	mpany Name		# of Shares Held	Franked Amount		utation edit	Unfran Amou		Tax Withheld

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6. Employee Share Schemes:

Did you receive any shares through an employee share scheme for the 2011 financial year (i.e. shares as part of your employment package)? If so, please attach the Employee share scheme: employee summary to this checklist.

7. Trusts and Partnerships:

If income is received from a private Trust or Partnership, please provide the associated income tax return detailing the distributions received.

If the Trust income is received from a public or listed entity, please provide a copy of the 30 June 2011 tax summary.

	Please list the fu	nds below:				
N	lame of Trust or P	artnership:				
-						
8.	Capital Gain: Did you sell any 1985?	assets such as	shares or prope	erty which were	acquired after	20 September
	Applicable				Yes	No 🗌
	If yes then pleas and complete th	=	umentation (i.e	e. purchase and	l sale settleme	nt statements)
	<u>Shares:</u>					
	O No	# . f.Cl	Date of	Total	Data of Cala	Proceeds

Company Name	# of Shares	Date of purchase	Total Purchase Price	Date of Sale	Proceeds from Sale
		-			·
					·

Rental Property:

Address of Property	Date of Purchase	Total Price	Date of Sale	Proceeds from Sale

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9. Rental Income:

Please attach details of the rent received and all expenses in their separate categories. Please supply settlement sheets and purchase documents for property acquired after 1 July 2010.

Should you require the services of a Quantity Surveyor for a depreciation report please contact your client manager for a referral/form of the firm we use.

Rental Property Address	Rental Schedule Attached? Y/N	Expense Documents Attached? Y/N	Repairs & Maintenance Documents Attached? Y/N	Capital Items Purchased Documents Attached? Y/N
				·

10. Foreign source income:

Did you receive any income from a non Australian source after 1 July 2010? Some examples include; receiving a foreign pension or annuity, receiving income from foreign employment or foreign salary and wages. Please provide details of the amounts received and country the income was received from.

Fund Name	Country	Income Type i.e. Shares	Gross Foreign Income	Tax Credits

11. Any other income:

Any income you received in the financial year which does not fit into any of the above categories please provide details.

Payment Type	Gross Benefit	Tax Deducted	Supporting Documentation Attached? Y/N

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DEDUCTIONS:

Please ensure you are able to substantiate all claims, even if less than \$300.

1. Motor Vehicle:			
Did you use your own car for business /	work purpose	s through the year:	
		.,	
		Yes	∐ No ∐
If yes then please provide one of the following	owing:		
Log Book Method – Business % use:			
(please ensure you keep a log book for a	continuous pe	eriod of 12 weeks)	
Expenses Incurred		Amount \$	Documentation Attached? Y/N
Petrol & Oil			
Registration			
Insurance			
Repairs & Services			
Lease Payments (Documentation Required)			
Tyres & Wheels			
Parking			
Other Expenses:			
If you have a loan for the vehicle please pand the cost of the car, if you have a hir Hire Purchase contract.			=
Kilometres Method: You haven't kept a log book but use you you would have travelled for work. The this method is 5,000 kilometres.			
Car Make & Model	Year	Car Engine Size (Litres)	Kilometres Travelled

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2.	Work Uniform:						
	Do you have to v		orm with a l	ogo, clothing	specific to	o your oc	cupation or
	protective clothing	•				Yes 🗌	No 🗌
	If yes were you out	=		=		iew items	(if so please
	Details	Compulsory or Non- compulsory Uniform	Specific	Protective Clothing Y/N	Dry Cleaning Y/N	Laundry Y/N	Sun/Cold Protection Y/N
<u> </u>							
<i>3.</i>	 number of loads were the clothes Work Related Deduction	s of laundry of seither wash	during the yea	or together v	vith conve	ntional clo	
	Eg – diary, statione	ry, work mat	erials, union f	ees, professio	nal memb	ership fees	
	Work Related Dedu	ıctions	Amount \$	Documentat Attached? Y		Comme	ents
4.	Donations						
	Donations		Amount \$	Documentat Attached? Y		Comme	ents
5.	Other Deductions Eg – Professional Fe	ees, Income I	Protection Ins	urance, Semir	nar Costs, S	elf Educati	on Costs
	Other Deductio	ns	Amount \$	Documentat Attached? Y		Comme	nts

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ne Office: ou perform some of your work from your home luction for the costs you incur in running your home	
ou perform some of your work from your home uction for the costs you incur in running your home	•
ne office including: floor space it takes up compare ce is used for etc). Also please provide details of ectricity, gas etc).	ed to the rest of the house, what
<i>er</i> : costs you incurred that was directly related to your jo	bb). Please provide details.
Other Expenses	Amount \$
	er: costs you incurred that was directly related to your jo

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REBATES:

1.	Private Health Do you (and yo		ate health insurance	? Yes	□ No □			
		• •	of the health fund sta s if you are entitled t	•	you after the end			
I	Provider Name	Health Fund ID	Membership Number	Type of Cover, eg - Combined, Hospital	Dates of Membership			
2.	<i>Spouse</i> Did you have a	spouse for the full f	inancial year?	Yes	□ No □			
Is your spouse dependant (earns less than \$9,426)?					□ No □			
	Does your spou	? Yes	□ No □					
	Details of benefits:							
3.	Child Support: Did you make any child support payments for the 2010/11 financial year?							
4.	Medical Expenses: You may be entitled to a rebate if your out of pocket expenses on medical exceeds \$2,000 (This means if you are in a private health fund, the portion of which you don't get money back.) (Medical Expenses cannot include any cosmetics or non prescription medication). If the total medical expenses exceed \$2,000 you are entitled to a 20% rebate on the amount							
	over the \$2,000 threshold.							
	Please note – you can access this information online – go to www.medicareaustralia.gov.au/online							
	Please provide a summarised total of your expenses (the out of pocket amounts only).							
		Medical Expense		Amount	Documentation Provided? Y/N			

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5. Education Tax Refund

Your eligibility for the Education Tax Refund is dependent on you first being eligible for Family Tax Benefit Part A.

Did you have any expenses relating to primary or secondary school education for your children or yourself during the year? These expenses include items like computers, educational software, textbooks and stationery. (Please provide/attach details including any receipts)

Education Expenses	Child Name	Documentation Provided? Y/N	Amount \$	Primary or Secondary School
		_		
		_		

6. Other:

Any other information which you are unsure of category and would like us to be aware of:

Detail	Amount \$	Documentation Provided? Y/N

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