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## 2017 Personal Tax Return Questionnaire

<b>Last Name</b>		
<b>Given Names</b>		
<b>Postal Address</b>		
<b>Residential Address</b> (if different to postal address)		
<b>Occupation</b>		
<b>Tax File Number</b>		
<b>Date of Birth</b>		
<b>Contact No</b>		
<b>Email Address</b>		
<b>Bank Account Details – for your refund</b>	BSB:	Acct No:
	Account Name:	
<b>Spouse Surname</b>		
<b>Spouse Given Names</b>		
<b>Did You Have a Spouse for the Full Year?</b>		
<b>If no, period you had a spouse</b>	From _____ To _____	
<b>Spouse Date of Birth</b>	____ - ____ - ____	
<b>Number of dependent children</b>		
<b>Spouse Income</b> <span style="float: right;"><b>Any other information</b></span>		
<b>Taxable Income</b>	\$	
<b>Govt Pensions</b>	\$	
<b>Exempt Pension Income</b>	\$	
<b>Reportable Fringe Benefits</b>	\$	
<b>Reportable Super Contributions</b>	\$	
<b>Net Investment Loss</b>	\$	
<b>Child Support</b> (paid by spouse)	\$	

## Income

1. Payment Summaries					
2. Interest received					
Name of Institution	Account No	<b>Total</b> Interest		Tax Withheld	No of Holders
		\$		\$	
		\$		\$	
		\$		\$	
		\$		\$	
		\$		\$	
3. Dividends from Shares owned					
Company	Unfranked	Franked	Imp Credit	Tax Withheld	No of Holders
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
4. Distributions from Managed Funds					
5. Sale of any Assets					
<p>If you sold assets such as shares, units in trusts or property which were acquired after 20 September 1985, you may have to pay capital gains tax (CGT). Your main residence is exempt from CGT providing it was never used to produce income.</p> <p>Please provide documents which show dates and amounts for purchase, sale and incidental costs. For managed funds, we need the Tax Statement from the fund manager or documents showing cost and sale amounts for all units sold.</p>					
6. Investment Property Income				See website for schedule	
<p>Please provide a summary of income and expenses for each rented property <b>or</b> the agent's annual statements and a summary of any expenses paid by yourself, amount of interest paid on any loan for each property.</p> <p>If the property was purchased during the year, please provide contract of purchase, settlement page from your solicitor and a depreciation report.</p>					
7 Any Other Income including business income and expenses				For businesses, provide summaries ie spreadsheet, XERO, MYOB etc	
8 Are you an Australian Resident for tax purposes - Yes/No (please circle)					
<p>If no, please provide copy of VISA details ie 417 (working holiday) or 462 (working <b>and</b> holiday)</p>					

## Deductions

If your total work-related expenses exceed \$300.00 you must have receipts to prove the total amount

1. Did you use your Car for work and keep a Log Book?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
	<b>Make:</b>			<b>Model:</b>	
	Date Purchased		Business Use This Year	%	
	Cost	\$	Year Log Book Kept		
	Petrol & Oil	\$	Interest Paid	\$	
	Registration	\$	<b>Send loan or lease agreement if this is the first year of your claim or you are a new client</b>		
	Comp Insurance	\$	Services	\$	
	Green Slip	\$	Tyres & Batteries	\$	
	Pink Slip	\$		\$	
	Repairs	\$		\$	
Lease Payments	\$		\$		
2. Did you use your Car for work and NOT keep a log book?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Note:</b> You must exclude trips between home and your normal place of work (some exceptions do apply to this rule – contact our office for more details)	<b>Make:</b>			<b>Model:</b>	
	<b>Engine Capacity:</b>		Litre	<b>Cost of Car:</b>	\$
	<b>Business Kms:</b>			<b>Expenses This Year</b>	\$
You are entitled to claim the cost of using your car for work based on a <u>reasonable estimate</u> of the kilometres travelled up to a maximum of 5,000 kms per car.					
3. Tell Us How You Used Your Car for Work Here:					
4. Work-related Travel Expenses					
<b>PLEASE MAKE SURE YOU HAVE A TRAVEL DIARY FOR OVERNIGHT CLAIMS</b>	Taxis	\$	Accommodation	\$	
	Buses	\$	Other	\$	
	Trains	\$		\$	
	Parking	\$		\$	
	Car Hire	\$		\$	
	Airfares	\$		\$	
5. Work-related Clothing Expenses					
Please advise amounts	Compulsory Uniform	\$	Dry Clean Uniforms	\$	
	Non-Compulsory Uniform	\$	Home Laundry	washes/wk	
	Occupation Specific	\$	<b>Home laundry of uniforms or protective clothing only. Not conventional nor everyday clothing</b>		
	Protective Clothing	\$	Sun Hats	\$	
	Work Boots	\$	Other	\$	

6. Self-Education Expenses				
<p>You can claim a deduction for self-education expenses if the course is directly related in you earning assessable income. You must also have been an employee at the time of you studying</p>	Course Description			
	Name of School, College or University			
	Date Commenced			
	Date Finished			
	Fees (not HELP)	\$	Home Office Hours	Hrs/Week
	Text Books	\$	Home Office Weeks	Weeks
	Stationery	\$	Kilometres Travelled*	
	Photocopying	\$	Description of Car	
	Student Union	\$	Engine Capacity	Litre
	<p>* You can claim the <b>kilometres travelled</b> directly between home or work and your place of education and return. If you travelled from home to your place of education and on to work or from work to your place of education and home, only claim the first leg of each trip.</p>			

7. Tell Us How Your Course is Work-Related Here:	

8. Work-Related expenses					
<p>Enter total expenses (before private use if any) on the right and indicate below the proportion of work use of those items also used for private purposes. Also, enter below that, equipment costing more than \$300 per item.</p>	Computer Software (total)		\$	Safety Equipment	\$
	Computer Supplies (total)		\$	Stationery	\$
	Conferences/Seminars		\$	Subscriptions	\$
	Home Office		hours/week	Sun Screen/Glasses	\$
	Internet Access (total)		\$	Telephone - home	calls/wk
	Meal allowance rec'd		\$ /meal	Telephone – mobile (tot)	\$
	Meal allowance spent		\$ /meal	Tools (<\$300/item)	\$
<b>Work &amp; Private Use Items</b>		Office Equip (<\$300/item)	\$	Union Fees	\$
<i>Item</i>	<i>Work %</i>	Postage	\$		\$
Computer	%	Professional Fees	\$		\$
Internet Access	%	Reference Books/Journals	\$		\$
Mobile Phone	%	Repairs	\$		\$
<b>Work-Related Equipment Purchased Costing More than \$300</b>					\$
<b>Description</b>	<b>Cost</b>	<b>Date of Purchase</b>	<b>Bus Use</b>		\$
	\$	___/___/___	%		\$
	\$	___/___/___	%		\$
	\$	___/___/___	%		\$

9. Charities or School Building Funds		
Please advise details		\$
		\$
		\$

10. Other Deductions		
Please advise details	Income Protection Insurance	\$
	Tax Return Fee Last Year (if not prepared by us)	\$
	Personal (deductible) Superannuation Contributions	\$
		\$
		\$
		\$

## Tax Offsets

1. Private Health Insurance			
Please supply your private health insurance statement from your fund			
2. If you have Private Health Insurance, were all of your Dependants (including your Spouse if applicable) covered for the whole of the year			
Medicare levy surcharge may be payable if you or your dependants (incl your spouse) do not have an appropriate level of private patient hospital cover for the whole year			
3. Superannuation Contributions for your Spouse			
Please provide amount paid		Amount Contributed \$	
4. Remote Area of Australia or Serve Overseas			
Please provide details	Location	Period From	Period To
5. Superannuation			
<p>From 1<sup>st</sup> July 2017, please be aware that the maximum concessional contributions are now \$25,000.00 for all ages.</p> <p>Please note from 1<sup>st</sup> July 2017, the threshold for Division 293 tax has been reduced to \$250,000.00. Division 293 tax is an additional 15% tax on an individual's taxable concessional contributions above the threshold.</p>			

## Other

<b>1. HELP/HECS or SFSS Debt</b>	
Please provide balance	HELP balance at 30/6    \$ HECS balance at 30/6    \$ SFSS balance at 30/6    \$ TSL balance at 30/6    \$
	Total:
<b>3. Other amounts required for Income Test purposes</b>	
Tax free government pensions received by you	\$
Child support payments made by you	\$
<b>4. New Clients to our Practice</b>	
Please send us a copy of your return for the previous financial year.	
<b>5. If there is anything else we should know, please let us know here</b>	
<b>Please sign and date below.</b>	
	____/____/____ Date
Signature	