

2020 INCOME TAX QUESTIONNAIRE

NEW CLIENT REQUIREMENTS

Are you a new client?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, please provide a copy of your Drivers Licence and the first page of your bank statement
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TAXPAYER DETAILS

Title		Tax File Number	
Surname		Date of Birth	
First Name		Best Contact Number	()
Other Name/s		How do you want to pay your fee?	Upfront <input type="checkbox"/> Fee From Refund <input type="checkbox"/>
Occupation			
Residential Address			Postal Address
Suburb			Suburb
State		Postcode	
E-mail Address			
Spouse (Full Name)	Sex	Date of Birth	Tax File Number

(Note: If you remarried during the year, then please provide as much specific relevant information as possible.)

Dependent Children (Full Name) under 25 years during 2019/20	Date of Birth	Tax File Number	Taxable Income

TAX REFUND BY ELECTRONIC FUNDS TRANSFER (EFT) – MUST BE COMPLETED!!! (NO CHEQUES WILL BE ISSUED)

BSB Number (6 digits)	-	Account Number:
Account Name		

AUTHORITY / PRIVACY DECLARATION & TERMS OF ENGAGEMENT

Please note: We are unable to prepare income tax returns for clients who have not completed this authority.

I hereby authorise Tenth Avenue Accounting Pty Ltd to prepare my income tax return for the year ended 30 June 2020 from the information that I have supplied and in accordance with my instructions.

For this engagement I agree to the basis of your fees as set out in the Terms of Engagement provided to me as an attachment with this questionnaire. You are encouraged to read this before signing.

I confirm that I agree with the Terms of Engagement as outlined in the Tenth Avenue Accountants Terms of Engagement

Signature: _____

Date: _____

INCOME

If you received any income as a sole trader or under your ABN, please provide details of income and expenses separately. Please request a copy of our business worksheet if required.

SALARIES & WAGES (including ETP payments)

Received from	Gross Earnings	Tax Deducted

We need a copy of your PAYG payment summary or statement of income including ETP statements.

ALLOWANCES / GIFTS / HONORARIUMS / DIRECTORS FEES / CASUAL EARNINGS

Received from	Gross Earnings	Tax Deducted

We need a copy of your payment summary or statement of allowances.

GOVERNMENT PENSIONS & ALLOWANCES (e.g. Age Pension, Newstart, Austudy, Youth Allowance, etc.)

Received from	Gross Earnings	Tax Deducted

We need a copy of your payment summary or statement of allowances.

OTHER AUSTRALIAN PENSIONS & ANNUITIES (incl. Superannuation Pensions)

Received from	Gross Earnings	Tax Deducted

We need a copy of your payment summary or statement of allowances, including details of tax offsets / UPP amounts.

INTEREST INCOME

Name of Financial Institution	Account Number	Your Share of Interest	Your Share of TFN Tax Deducted

Please ensure you include all interest credited to your account for the 2019/20 year.

DIVIDENDS

Name of Company	Date Received	Your Share of Unfranked Dividends	Your Share of Franked Dividends	Your Share of Imputation Credits	Your Share of TFN Tax Deducted

Please ensure you include all dividends including dividend re-investment. Most companies pay two dividends each year.

Email: info@taafa.com.au

68 Tenth Avenue Budgewoi NSW 2262

Phone: 02 4399 1551

Based on worksheet located at

<http://www.kmsfinancial.com.au/images/KMS-files/2015-Income-Tax-Worksheet.pdf>

Did you own or have an interest in assets located outside Australia that had a total value of

AUD\$50,000 or more at any time during 2019/20?

YES ☐ NO ☐

OTHER INVESTMENT INCOME – Trusts, Stapled Securities, Managed Funds (e.g. BT, Colonial, IOOF, MLC, Skandia, etc.)

1. Provide copies of your Annual Tax Statements (for the year ending 30 June 2018) from public fund investments.
2. If you are a beneficiary of a private trust, provide a copy of the distribution statement from the trust tax return.

CAPITAL GAINS TAX EVENTS – This question must be answered

Did you dispose of any assets, including shares and property, during the 2019/20 tax year?

YES ☐ NO ☐

INVESTMENTS SOLD / DISPOSED

Name of Property/Company /Trust	Date Sold	Number Sold	Amount Received	Date Purchased	Number Purchased	Amount Paid
			\$			\$
			\$			\$
			\$			\$
			\$			\$

WORK RELATED TAX DEDUCTIONS

EQUIPMENT PURCHASES (i.e. items costing more than \$300 e.g. Computer Hardware & Computer Software)

Date Purchased	Description	Total Price	Business Usage %	Self Education	Work Related
			%	<input type="checkbox"/>	<input type="checkbox"/>
			%	<input type="checkbox"/>	<input type="checkbox"/>

GIFTS TO CHARITIES, etc. (Joint donations must be apportioned. Receipts must be marked "tax deductible" & include your name/s)

Name of Charity, Aid or Cultural Fund	Date Paid	Donation Amount	Your Claim

TAX AGENT FEES (for tax agent fees actually paid during 2019/20 - you can include postage & travel costs)

Name of Tax Agent	Amount

PRIVATE HEALTH INSURANCE DETAILS – Please provide a copy of your annual statement from your private health fund.

CHILD SUPPORT PAID (For government data matching purposes only).

Description and date	Amount

Please note, Tenth Avenue Accountants relies on the information you provide us to prepare your tax return.
It is the responsibility of the taxpayer to ensure that all deductions can be substantiated if requested by the ATO.

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Based on worksheet located at

<http://www.kmsfinancial.com.au/images/KMS-files/2015-Income-Tax-Worksheet.pdf>

WORK RELATED TAX DEDUCTIONS

Generally, no tax deduction is allowed in respect of work related expenses unless the claim can be substantiated by documentary evidence such as receipts and invoices, or diary evidence (1 month) to show your usage percentage (e.g. phone, internet, home office).

It is necessary to make an apportionment between work and private use for expenses. You should only claim the work-related component. Please show below the total amount of expense and then the percentage of work-related use.

**Given that circumstances change we require an amount to be specified for any expenses you wish to claim.
Unfortunately we cannot use previous year's figures as the ATO may request receipts if audited.**

MOTOR VEHICLE EXPENSES	Did you keep a logbook for your Motor Vehicle for work related kilometres travelled? <input type="checkbox"/> Yes - Please use our Motor Vehicle Worksheet attached <input type="checkbox"/> No - Cents per Kilometre Method (Max 5,000kms) _____ Work kms travelled _____	
TRAVEL EXPENSES	Amount	Description
Road Tolls		
Car Hire / Taxis		
Airfares		
Meals		
Accommodation		
Parking		
Public Transport		
Number of Days Living Away From Home		Location(s):
- Any Allowances Received (LAFHA)?		
Other Travel		
CLOTHING & UNIFORMS	Amount	Description
Purchases		
Dry Cleaning		
Home Laundry		
Repairs & Alterations		
Other Expenses		
SELF-EDUCATION EXPENSES	Amount	Description
Course Fees (but not HECS)		
Textbooks & Course Notes		
Travel expenses		
OTHER WORK RELATED EXPENSES	Amount	Description
Union Fees		
Seminars & Conferences		
Books & Journals		
Postage & Stationery		
Income Protection Insurance		
Protective Equipment		
Tools & Equipment		
Telephone	\$ _____ per month	Percentage used for work: _____
Internet	\$ _____ per month	Percentage used for work: _____
Computer / Software Items		
Other Expenses		
Home Office Expenses	1/7/2019 – 28/02/2020	Non Covid period
Estimate of hours spent at home doing work related tasks at home	1/3/2020 – 30/06/2020	Covid period

MOTOR VEHICLE EXPENSES - LOGBOOK

Where travel has exceeded 5,000kms please include details of all motor vehicles expenses incurred and your business usage percentage (determined via the use of a log book over a continuous period of 12 weeks). If this is applicable to you, please fill out work sheet below.

Please note that if you do not have a log book only the maximum 5,000kms can be claimed.

Period Covered:	
Registration No:	
Vehicle Make & Model:	
Owner of Vehicle:	
Driver of Vehicle:	
Total Km Travelled in Financial Year:	
Business Km in Log Book Period:	
Total Km in Log Book Period:	
Your Calculation of Business Use %:	
Date Purchased:	
<input type="checkbox"/> Leased <input type="checkbox"/> Hire Purchase <input type="checkbox"/> Paid Cash	

RUNNING COSTS		TOTAL FOR YEAR	MONTHLY PAYMENTS
Fuel:	\$		Please e-mail, fax or post to our office a copy of your Hire Purchase / Lease Agreement (if you haven't already).
Registration:	\$		
Insurance:	\$		
Repairs & Maintenance:	\$		
Lease Payments:	\$		\$
HP Payments:	\$		\$
Interest Paid:	\$		
RACV / NRMA Fees:	\$		
Parking:	\$		
Tolls:	\$		

RENTAL PROPERTY INFORMATION

PROPERTY DETAILS

Address of Rental Property:			
Date Property Purchased:		Date Property First Earned Rental Income:	
Number of Weeks Available For Rent:		Date Property Built:	
Ownership Details: <input type="checkbox"/> In Your Name <input type="checkbox"/> In Joint Names (please supply details):			

INCOME

Gross Rent:	\$
Other Rental Income:	\$

EXPENSES

Advertising for Tenants:	\$	Body Corporate Fees:	\$
Borrowing Expenses:	\$	Cleaning:	\$
Council Rates:	\$	Gardening / Lawn mowing:	\$
Insurance:	\$	Interest:	\$
Land Tax:	\$	Legal Fees:	\$
Pest Control:	\$	Property Management Fees/Commission:	\$
Repairs & Maintenance:	\$	Stationery, Telephone & Postage:	\$
Water Charges:	\$	Other: _____	\$

DEPRECIABLE ITEMS

ITEM	DATE PURCHASED	COST
		\$
		\$
		\$
		\$

PROPERTY PURCHASE/IMPROVEMENTS

ITEM	DATE	COST
		\$
		\$