

## Personal Income Tax Return – Year End Questionnaire 2010

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 considerable time and effort however your efforts 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.

**Marzol Holloway & Associates**  
**PO Box 848**  
**ROBINA DC QLD 4226**

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**Fax: (07) 5593 2255**  
**E-mail: [info@marzoholloway.com.au](mailto:info@marzoholloway.com.au)**

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*I hereby instruct you to prepare my Taxation Return for the financial year ended 30 June 2010.*

*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 such information as you require to enable you to carry out the above assignment.*

Name:

Signature:

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Date:

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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: \_\_\_\_\_  
*(For our records)*

Your occupation: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Spouse's name: \_\_\_\_\_

Spouse's date of birth: \_\_\_\_\_

Period that you had a spouse during the year: \_\_\_\_\_ to \_\_\_\_\_

Name Date of birth

Please list names and dates of birth of children \_\_\_\_\_

Do you wish to use electronic funds transfer?\*

Yes  No

*\*If yes, we will then require the following information*

Bank and Branch:

Account name:

BSB number:

Account number:

**Tax refunds can be made via electronic funds transfer. It should be noted that this electronic funds transfer authority can be cancelled for future years.**

*Please provide your spouse's tax file number and taxable income if we do not prepare his or her income tax return:*

Spouse's Tax File No.: \_\_\_\_\_

Spouse's Taxable Income: \_\_\_\_\_

1. If we are preparing your return for the first time:		Yes	No	?
<b>Please provide:</b>				
1.1	A copy of your last tax return, taxation 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"/>
<b>Income</b>				
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	Do you have PAYG Payment Summaries from employment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Allowances, Benefits and Other Salary and Wages Income		Yes	No	?
3.1	Have you received any allowances, benefits and other earnings not on your PAYG Payment Summary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2	If yes, please provide any statements, letters or other documentation relating to the allowance, benefit or other income.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2.1	Have you expended the allowance in full? <i>Please provide details of the expenditure at either Item 24.2 (Travel) or 28.12 (Other Work Related Expenses).</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Lump Sum Payments		Yes	No	?
4.1	Have you received any lump sum payments? <i>e.g. Pro Rata Annual Leave.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Employment Termination Payments		Yes	No	?
5.1	Have you any ETP Payment Summary Statements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Australian Government Pensions and Allowances		Yes	No	?
6.1	Have you any PAYG Payment Summaries detailing Government pensions, allowances and payments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Australian Annuity or Superannuation Pension		Yes	No	?
7.1	Have you received any income from an Australian Annuity or Superannuation Pension? <i>If yes, please provide the following information:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.1.1	PAYG Payment Summary statement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.1.2	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	Did you receive an Australian Superannuation Lump Sum Payment? <i>If yes, please provide your PAYG Payment Summary.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Personal Services Income		Yes	No	?
9.1	Have you entered into any Voluntary Withholding Agreements? <i>If yes, then please provide Payment Summaries.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.1.1	Was the agreement made in relation to labour hire or other specified payments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.1.2	Has any tax been withheld from that income?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.1.3	Provide details of income and expenditure related to your business activity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Reportable Fringe Benefits		Yes	No	?
10.1	Have you received any reportable fringe benefits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Other Employment Income		Yes	No	?
11.1	Have you been employed during the year and not received a PAYG Payment Summary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.1.1	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 and Reportable Fringe Benefits amount.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Interest		Yes	No	?
12.1	Have you received or been credited with interest from any source within Australia? If yes, please attach the following information:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.1.1	Name of the bank or financial institution that paid you the interest.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.1.2	The branch/address where the account is held.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.1.3	The account number.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.1.4	Details of any TFN tax deducted from your interest.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Note: TFN tax is deducted from your interest when your tax file number has not been provided to your financial institution.</i>				
12.2	Details of interest paid or credited to the above accounts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.3	Name of the account, (i.e. held in your name only or joint names).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Dividends		Yes	No	?
13.1	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"/>
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 trust or partnership? <i>If yes, please provide the following information:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.1.1	Details of any Primary Production income.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.1.2	Statements detailing income distributed from the partnership or trust.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.1.3	Any deductions you can claim against this income.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.1.4	Imputation credits, TFN tax credits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14.1.5	Tax file number of the partnership or trust. If the trust is a public trust e.g. BT Trust, no TFN is needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.1.6	Details of any distributions of Capital Gains from the partnership or trust.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.1.7	Details of tax free, tax deferred or non taxable distributions from trusts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>15. Other Business Income</b>		<b>Yes</b>	<b>No</b>	<b>?</b>
15.1	Have you carried on a business during the year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.1.1	If yes, please provide details of income and expenditure relating to your business activity. <i>Please ask us if you would like us to provide you with an Accounts Preparation – Year End Questionnaire.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>16. Farm Management Deposits</b>		<b>Yes</b>	<b>No</b>	<b>?</b>
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	Have you made any withdrawals from a Farm Management Deposit? <i>If yes, please provide documentation.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>17. Capital Gains or Losses</b>		<b>Yes</b>	<b>No</b>	<b>?</b>
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	Property.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.1.3	Currency of a foreign country.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.1.4	Artwork, jewellery, rare manuscripts or books, stamps, coins, medallions, antiques.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.1.5	Other personal assets that have been sold for more than \$10,000.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.1.6	Equipment or plant owned personally.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.1.7	Goodwill on the sale of a business (including a share in company, partnership interest etc).	<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	Have you have sold or disposed of any of the assets above? <i>Please provide the following information for each:</i>			
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	Cost of purchase (purchase price, legal expenses, stamp duty etc).	<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 details (include costs of sale, legal expenses, advertising etc).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Note: Capital gains tax records must be kept for a period of 5 years from the date of disposal of the asset.</i>				

18. Foreign Income		Yes	No	?
18.1	Do you receive income from a foreign pension or annuity? If yes, please provide details of the income received ( <i>in Australian dollars, if known</i> ).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.2	Have you received any income resulting from foreign employment (salary, wages, commission and/or bonus)? <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"/>
18.2.1	If yes, were you employed as an aid or charitable worker, a government aid worker, or a government employee deployed as a member of a disciplined force?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.3	Have you received or been credited (reinvested) with any of the following type of income:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.3.1	Interest.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.3.2	Royalties, dividends and/or rent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.3.3	Any other foreign income.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.3.4	Money from the sale of foreign assets (such as property or shares) Note: If you have received money from the sale of foreign assets please provide information as detailed in Item 17 - Capital Gains/Losses section.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.4	If you have answered yes to any of the questions 18.3.1 to 0, please provide the following information:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.4.1	Details of the income and related expenditure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.4.2	Details of any tax credits paid on the foreign income.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.4.3	Is this income deposited in a foreign bank account?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.4.4	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	Date the property was first available for rent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.1.3	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"/>
19.1.4	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"/>
19.1.5	Details of interest paid on money borrowed to purchase the property.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.1.6	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>				



23.5.2	Details of purchase costs and additional items excluding GST.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.5.3	GST paid.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Note: Please contact us if you would like to know more about making a claim for motor vehicle expenses</i>				
<b>24. Travel Expenses</b>		<b>Yes</b>	<b>No</b>	<b>?</b>
24.1	Do you undertake travel in relation to your employment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.2	Did you receive a travel allowance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.2.1	If yes, are your claims limited to the reasonable allowance amount?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.2.2	Have you maintained written evidence of all travel costs claimed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.2.3	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"/>
<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>				
24.3	Please provide the following details in relation to your travel:			
24.3.1	Costs associated with the travel (air fares, transport, accommodation etc.). <i>Please provide us with the receipts.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.3.2	Details of any person(s) who accompanied you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.3.3	Details regarding the purpose of the travel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>25. Work Related Clothing</b>		<b>Yes</b>	<b>No</b>	<b>?</b>
25.1	A claim can be made for the cost of buying, renting, repairing or cleaning the following types of clothing:			
25.1.1	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"/>
25.1.2	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"/>
25.2	Do you wear a work uniform?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.2.1	If yes, is the policy that wearing the uniform is compulsory while at work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.2.2	Is your work uniform distinctive to your organisation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.2.3	Are shoes, socks and/or stockings an essential part of this uniform? <i>If yes to 25.2.1, please provide details of your purchases.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.3	Do you wear a non-compulsory work uniform?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.3.1	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"/>

26. Laundry Expenses		Yes	No	?
26.1	If you answered yes to any of the questions in section 25 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 laundering 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>				
27. Self Education Expenses		Yes	No	?
27.1	Did you complete any self-education courses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27.1.1	If yes, will this course help you into a new field or help you to obtain a new type of job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Note: If you answered yes to 27.1.1, you may be able to claim for self-education expenses, depending on the result of a court decision to be handed down later in 2010. Please retain all records of these expenses.</i>				
27.1.2	Will this course help you to obtain a formal qualification?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27.1.3	Is there a direct connection between your self-education and your current work activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27.1.4	If you answered yes to 27.1 and 27.1.3, 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, HECS, SFSS, Open Learning fees or AUSTUDY loan repayments are not tax deductions.</i>				
28. Other Work Related Expenses		Yes	No	?
28.1	Have you paid Union Fees? Please supply details if they're not already detailed on your PAYG Payment Summary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28.2	Have you purchased, insured or repaired equipment used for work related purposes? Depreciation may be claimed on purchased equipment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28.3	Have you paid for meals when working overtime? Note: You can only claim these expenses if you received an overtime meal allowance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28.4	Have you paid Sickness and Accident or Income Protection Insurance premiums?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28.5	Have you incurred telephone expenses for work related telephone calls?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28.6	Do you use your computer and purchased computer software for work related purposes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28.7	Have you purchased books, journals and professional libraries?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28.8	Have you attended and paid for seminars, conferences and other training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

28.9	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>				
28.10	Do you wish to claim a percentage of use of home office expenses for income producing activities? i.e. heating, cooling, lighting, leasing, repairs, depreciation. 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"/>
28.11	Have you paid any subscriptions to professional bodies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28.12	Have you paid for any formal education provided by a professional organisation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28.13	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

29. Dividend and Interest Deductions	Yes	No	?
29.1 Have you received any dividends or interest? Expenses incurred can be claimed against that income. <i>The expenses would include but are not limited to the following:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29.1.1 Account keeping fees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29.1.2 Management fees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29.1.3 Interest charged on money borrowed to purchase shares or units?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Gifts or Donations	Yes	No	?
30.1 Have you made any gifts or donations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30.1.1 If yes, please provide details of dollar amounts and recipients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Managing Your Tax Affairs	Yes	No	?
31.1 Have you any expenses relating to preparing and lodging your previous year's tax return?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31.2 Have you any expenses relating to advice from a registered tax agent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31.3 Have you incurred costs of travel in obtaining tax advice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31.4 Have you paid any interest to the Australian Taxation Office for late payment of income tax?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31.5 Have you 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"/>



## Tax Offsets

Your answers to the following questions will help us determine if you are eligible for any tax offsets.

35. Spouse		Yes	No	?
35.1	Do you have a spouse (married or de facto)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35.1.1	Has your spouse received the basic parenting allowance or additional parenting allowance from Centrelink?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35.1.1.1	If yes, please enclose the Centrelink group certificate received by your spouse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35.1.1.2	If no, in order for us to calculate the separate net income of your spouse, please provide the following details:			
35.1.1.2.1	All income including salaries and wages, pensions, business income, rental income etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35.1.1.2.2	Franking credits attached to franked dividends received by your spouse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35.1.1.2.3	Lump sum severance or retirement payments or amounts paid as compensation for losing a job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35.1.1.2.4	Net child care expenses incurred from 1/7/2009 to 30/6/2010 because your spouse was working.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35.1.1.3	All expenses related to earning the income in question 35.1.1.2.1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35.1.1.4	Expenses for travel to and from work for the year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35.1.1.5	Expenses incurred in conducting a business activity that resulted in a deferred non-commercial business loss.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Senior Tax Offset		Yes	No	?
36.1	Are you eligible for a Senior Tax Offset? <i>Check with us if you're unsure about the eligibility criteria.</i>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
37.1.1	If yes, please provide the name of the fund(s), type of cover, membership number and 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"/>	<input type="checkbox"/>
38. Education Tax Refund		Yes	No	?
38.1	Did you care for a child or children registered or enrolled in a primary or secondary school course provided at an educational institution such as a school or TAFE (secondary school study only)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38.2	Did you care for a child or children registered or enrolled with the education authority of their state or territory as a home schooled student?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38.3	Did you care for a child or children registered or enrolled in a course of study or instruction which the Minister administering the Student Assistance Act 1973 determines that the ETR applies for?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

38.3.1	If yes to any of the above questions, did the child or children attend the course of study or instruction, or receive home schooling for at least one day in a six-month period, commencing from 1 July 2009 or 1 January 2010?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38.3.2	Did you receive Family Tax Benefit (FTB) Part A for the child or children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38.3.3	Did you receive a payment for the child or children that prevented you from receiving FTB Part A?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38.3.4	Did your child or children stop full-time school during the year and received income over the cut-out amount which prevented you from receiving FTB Part A for the child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38.4	If you are a student, did you receive a social security pension or benefit, a labour market program payment or a prescribed educational scheme payment such as:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38.4.1	Youth Allowance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38.4.2	ABSTUDY Living Allowance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38.4.3	Veterans' Children Education Scheme and payments under the scheme to provide education and training under section 258 of the Military Rehabilitation and Compensation Act 2004?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38.4.4	A disability support pension?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38.5	If you received one of the payments in questions 38.4.1, 38.4.2, 38.4.3 or 38.4.4 were you an independent person for the purpose of the payment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38.5.1	Did you meet the schooling requirements outlined in 38.1, to 38.3.4?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38.5.2	Were you under 25 years of age?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38.5.3	Did you incur any of the following expenses:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38.5.3.1	Laptop computer or home computer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38.5.3.2	Computer-related equipment such as printers, USB flash drives, as well as disability aids to assist in the use of computer equipment for students with special needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38.5.3.3	Computer repairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38.5.3.4	Home internet connections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38.5.3.5	Computer software for educational use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38.5.3.6	School textbooks and other printed learning material, including prescribed textbooks, associated learning materials, study guides and stationery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38.5.3.7	Prescribed trade tools for secondary school trade courses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

39. Superannuation Contributions On Behalf Of Your Spouse		Yes	No	?
39.1	Have you contributed any superannuation on behalf of your spouse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39.2	Did your spouse receive any employment income?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39.3	If yes was your spouse's gross income (including reportable fringe benefits) less than \$13,800?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39.4	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"/>	<input type="checkbox"/>
40. Zone Allowance		Yes	No	?
40.1	Have you lived in a remote or isolated area of Australia (e.g. North QLD)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40.1.1	If yes, please provide the name of the area, its location and the number of days that you lived there?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Net Medical Expenses		Yes	No	?
41.1	Medical expenses paid by you for yourself, your spouse, child under 21, child housekeeper or invalid relative, dependant student under 25, can be claimed by you as a rebate. Medical Expenses include:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41.1.1	Medical expenses paid whilst travelling overseas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41.1.2	Expenses paid to legally qualified doctors, chemists, public or private hospitals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41.1.3	Dentists, orthodontists, opticians and optometrists.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41.1.4	Prescribed medical aids.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41.1.5	Certain aged nursing homes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>You cannot claim contributions to a private health fund.</i>				
<i>You cannot claim travel or accommodation expenses in relation to medical treatment.</i>				
41.2	Deduct from medical expenses refunds received from Medicare and health funds.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41.3	If the medical expenses less all Medicare and private health fund refunds are greater than \$1,500 a medical expenses tax offset of 20% of every \$1 over \$1,500 can be claimed. <i>Please provide statements from your health fund and Medicare showing net expenses paid.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Parent, Spouse's Parent or Invalid Relative		Yes	No	?
42.1	Did you maintain your parent, your spouse's parent or an invalid relative during the year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

43. Child Housekeeper		Yes	No	?
43.1	Has your child, adopted child or stepchild kept house for you on a full-time basis? <i>You cannot claim this offset for any period you lived with a spouse.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Mature Worker Tax Offset		Yes	No	?
44.1	Are you over 55 years of age and received net salary income between \$10,000 and \$63,000 for the year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Entrepreneurs' Tax Offset		Yes	No	?
45.1	Did you carry on a business during the year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45.1.1	If yes, have you accessed the Small Business Concessions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45.2	Did you receive a distribution from a partnership or trust that accessed the Small Business Concessions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45.3	Was the group annual turnover (whether your own business or the business was run by a partnership or trust) less than \$75,000?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45.3.1	If yes, did your total non-business income exceed \$70,000 (for singles) or \$120,000 (combined income for couples)? Total non-business income for this purpose includes taxable income, reportable fringe benefits, reportable superannuation contributions and net investment losses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>The entrepreneurs' tax offset may reduce your tax payable by up to 25% where your business has a turnover less than \$75,000.</i>				
46. Medicare Levy Exemptions		Yes	No	?
46.1	Are you exempt from paying the Medicare Levy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46.1.1	If yes do you receive a full exemption?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46.1.2	Do you receive a partial exemption?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Higher Education Contribution Scheme and Others		Yes	No	?
47.1	Do you have a HECS/HELP debt? <i>If yes, please provide a copy of your HECS/HELP statement.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Adjusted Tax Free Threshold		Yes	No	?
48.1	Have you become or ceased to be a resident of Australia during this financial year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48.1.1	If yes, what date did you become or cease to be a resident of Australia?			
48.2	Were you under the age of 18 years on 30 June 2010 and received income from investments or from a trust?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

49. Child Care		Yes	No	?
<p><i>The Child Care Rebate is no longer paid through the Tax Office. Payment will be made directly into your bank account by the Family Assistance Office from September, after lodgment of your income tax return. If you would like us to estimate the amount you can expect to receive, please complete the following.</i></p>				
<p><i>The 50% child care tax rebate will cover 50% of out-of-pocket child care expenses incurred, up to a maximum rebate of \$7,778 per child (indexed per year).</i></p>				
<p><i>To be eligible for the rebate you must have:</i></p>				
<ul style="list-style-type: none"> <li>• <i>Used approved child care; and</i></li> <li>• <i>Received the Child Care Benefit; and</i></li> <li>• <i>Passed the Child Care Benefit work/training/study test.</i></li> </ul>				
<p><i>To be ready to claim the rebate you should keep your receipts or similar records of your child care expenses.</i></p>				
49.1	Did you have a child or children in Child Care between 01/07/2009 and 30/06/2010?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49.2	Did you use approved child care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49.3	Did you receive the Child Care Benefit for the 2009/2010 year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49.4	Have you lodged a Child Care Benefit claim with the Family Assistance Office?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49.5	Have you received your Child Care Benefit letter sent to you by the Family Assistance Office?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49.6	Have you passed the Child Care Benefit work/training/study test?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

