

# TAX RETURN

# EOFY INFORMATION

## 2021 INDIVIDUAL TAX RETURN

1. Please **complete / confirm** your details below to the best of your knowledge
2. All information supplied should be for the period 1 July 2020 to 30 June 2021, unless stated otherwise
3. **Provide all supporting documents** where prompted and applicable.
4. **Sign** where indicated and submit to our office.
5. Once submitted, we will review and commence your Income Tax Return(s).

### GENERAL TAX INFORMATION

<b>NAME</b>	<b>D.O.B.</b>	<b>TFN</b>
<b>SPOUSE</b>	<b>D.O.B.</b>	<b>TFN</b>
<b>EMAIL</b>		
<b>WORK #</b>	<b>HOME #</b>	<b>MOBILE #</b>
<b>ADDRESS</b>		
<b>POSTAL</b>		

**Bank Details** (If you are expecting a refund, you MUST provide the ATO your EFT Bank Details)

<b>BANK NAME</b>	<b>BSB #</b>	<b>ACCOUNT #</b>	<b>ACCOUNT NAME</b>

### Children

<b>NAME</b>	<b>D.O.B.</b>

**PAYG Payment Summaries** (please attach all documents to the back of the form)

(If your employer is registered for STP (Single Touch Payroll) you will not receive a payment summary and you can access your income amounts via your myGov account)

EMPLOYER	OCCUPATION	GROSS	TAX
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

**Bank Interest**

BANK	AMOUNT	TFN CREDITS	BANK CHARGES
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

**Work & Other Expenses** (please attach your detailed listing to the back of the form)

EXPENSE TYPE	AMOUNT	EXPENSE TYPE	AMOUNT
Taxi Fares	\$	Reference Books	\$
Other Travel	\$	Stationery	\$
Uniform / Laundry	\$	Mobile Phone	\$
Sun Protection Items	\$	Internet	\$
Self-Education	\$	Memberships	\$
Union Fees	\$	Tools & Equipment	\$
Seminars / Prof Development	\$	Interest Expenses	\$
Gifts & Donations	\$	Income Protection Insurance	\$
Other Expenses	\$	<i>(please include in detailed listing)</i>	

**Private Health Insurance**

 Do you have private health insurance?  Y  N

**YES** - please provide your Private Health Statement (Your Private Health Insurer may not supply you with a summary statement in 2019 the ATO have advised these are no longer compulsory)

 Did you have any Out of Pocket Medical Expenses?  Y  N

**YES** - please provide details ONLY IF you made a claim in your 2016 & 2017 tax returns, unless they relate to disability aids, attendant/aged care

 Do you have any of these items?  
 Investment Income, Rental Properties, Investments Sold or Motor Vehicles used for Work  Y  N

**YES** - please complete relevant sections below  
**NO** - please proceed to the end of the form, provide supporting documents, sign and send back to us.

**INVESTMENT INFORMATION**
**Dividends**

COMPANY	DATE PAID	UNFRANKED	FRANKED	IMP. CREDITS	TFN CREDITS
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$

**Unit Trusts**

TRUST	TRUST INCOME	TFN CREDITS	IMP. CREDITS	CAPITAL GAINS	FOREIGN INCOME	FOREIGN TAX
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$

**Investments Sold / Disposed**

COMPANY / TRUST	DATE SOLD	NO. SOLD	AMOUNT RECEIVED	DATE PURCHASED	NO. PURCHASED	AMOUNT PAID
			\$			\$
			\$			\$
			\$			\$
			\$			\$
			\$			\$

## MOTOR VEHICLE INFORMATION

### Vehicle & Log Book

<b>LOGBOOK KEPT</b> <input type="checkbox"/> Y <input type="checkbox"/> N	<b>PERIOD COVERED BY LOGBOOK</b> <small>(within last 5 financial years)</small>	
<b>VEHICLE PLATE NO.</b>	<b>MAKE &amp; MODEL</b>	
<b>OWNER OF VEHICLE</b>	<b>DRIVE OF VEHICLE</b>	
<b>TOTAL KMs TRAVELLED IN YEAR</b>	<b>BUSINESS KMs IN LOGBOOK PERIOD</b>	
<b>DATE PURCHASED</b>	<b>PURCHASE PRICE</b>	\$
<b>HOW WAS VEHICLE FINANCED?</b> <input type="checkbox"/> Lease <input type="checkbox"/> Paid Cash <input type="checkbox"/> Chattel Mortgage <input type="checkbox"/> Hire Purchase		
<b>DATE SOLD</b> <small>(if in this tax year)</small>	<b>SALE PRICE</b>	\$

### Running Costs

COST TYPE	ANNUAL AMOUNT (inc. GST)	MONTHLY PAYMENTS
Fuel / Oil	\$	
Registration	\$	<i>Please provide a copy of your Hire Purchase / Lease / Chattel Mortgage Agreement when you reach the end of the form.</i>
Insurance	\$	<i>Please provide a copy of your Hire Purchase / Lease / Chattel Mortgage Agreement when you reach the end of the form.</i>
Repairs & Maintenance	\$	
Lease Payments	\$	\$
Hire Purchase / Chattel Mortgage Payments	\$	\$
Interest Paid	\$	\$
Services	\$	\$
Tyres / Battery	\$	\$
Membership Fees	\$	\$
Parking & Tolls	\$	\$

**RENTAL PROPERTY INFORMATION** *Please complete one of these schedules per Property.*
**Property Details**
**ADDRESS OF RENTAL PROPERTY**
**DATE PURCHASED**
**DATE RENTAL INCOME FIRST EARNT**
**NO. WEEKS AVAILABLE FOR RENT** *(this year)*
**DATE BUILT**
**OWNERSHIP DETAILS**
 In your name  In joint names *(please provide details)*

*Please provide the purchase settlement statement and other purchase costs, e.g. stamp duty, legal fees, renovations or initial repairs, and any loan application fees and/or mortgage discharge expenses when you reach the end of the form.*

**Income**

GROSS RENT	OTHER RENTAL INCOME
\$	\$

**Expenses**

EXPENSE TYPE	AMOUNT	EXPENSE TYPE	AMOUNT
Advertising for Tenants	\$	Stationery, Phone & Postage	\$
Borrowing Expenses	\$	Cleaning	\$
Council Rates	\$	Gardening / Lawn Mowing	\$
Insurance	\$	Interest on Loan(s)	\$
Land Tax	\$	Legal Fees	\$
Pest Control	\$	Property Management Fees	\$
Repairs & Maintenance	\$	Property Man. Commissions	\$
Body Corporate Fees	\$	Other Expenses	\$
Water Charges	\$		

**Depreciable Items**

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

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

**Improvements / Construction Costs** *Please provide a copy of your tax depreciation schedule prepared by third party below.*

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

**OTHER INFORMATION** *Please list any other information that you believe may assist us*

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**SUPPORTING DOCUMENT CHECKLIST**

- Payment Summaries/Income Statement from you myGov Account
- Detailed Work Expenses Listing
- Private Health Statement (Optional)
- Out of Pocket Medical Expense Claims
- Unit Trust Tax Year Summary
- Motor Vehicle Hire Purchase / Lease / Chattel Mortgage Agreement
- Rental Property Purchase Settlement Statement / Costs
- Rental Property Depreciation Schedule (as prepared by Third Party)
- Letter noting tax deductibility of Income Protection Premiums
- Confirmation letter from your superannuation fund noting intent to claim tax deduction for contributions

Please complete the Authorisation below as this allows us to contact necessary organisations, (e.g. your bank or insurance company) to obtain information that is required to complete your Financial Statements and Tax Returns.

## AUTHORISATION & PAYMENT TERMS

I/We authorise Zentveld & Lewis to complete the compilation of Tax Return(s) for me/us for the 2020 financial year.

I/We understand that a compilation is limited to the collection, classification and summarisation of financial information supplied by me/us and does not involve the verification of that information. I/We do not require Zentveld & Lewis to carry out an audit or a review assignment on the information provided.

I/We authorise Zentveld & Lewis to obtain whatever information is required from third parties to complete the preparation of my/our Financial Statements and Tax Returns.

I/We understand that payment of our tax invoice is strictly 7 days from the date of invoice. If the amount payable on the Invoice is not paid within 30 days of the date of that Invoice, then interest will be payable by you on the total unpaid amount calculated 30 days from the date of the Invoice until the actual date of payment at the rate of 24% per annum calculated daily. However, the overdue invoice may be referred to a debt collection agency and/or law firm for collection and we are charged commission and/or disbursements and/or legal fees, you agree that you will be liable to pay as a liquidated debt to us any commission, disbursements and legal fees payable by us.

**Payment in full must be made before we lodge your Tax Return(s) with the ATO.**

### AUTHORISED SIGNATURE(S)

\_\_\_\_\_

PRINT NAME \_\_\_\_\_

Date:

\_\_\_\_\_

PRINT NAME \_\_\_\_\_

Date: