TAX RETURN

**EOFY INFORMATION**

2020 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 2019 to 30 June 2020**, 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 book your end of financial year appointment with us

**GENERAL TAX INFORMATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **NAME** |  | **D.O.B.** |  | **TFN** |  |
| **SPOUSE** |  | **D.O.B.** |  | **TFN** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **EMAIL** |  |  |  |  |  |
| **WORK #** |  | **HOME #** |  | **MOBILE #** |  |
| **ADDRESS** |  |  |  |  |  |
| **POSTAL** |  |  |  |  |  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| BANK NAME | BSB # | ACCOUNT # | ACCOUNT NAME |
|  |  |  |  |

**Children**

|  |  |  |
| --- | --- | --- |
| NAME | D.O.B. | Income Earned in 2019/2020 Financial Year  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Income Statements / PAYG Payment Summaries** (We can access your PAYG Summaries from your ATO Pre-Fill Report – You do not need to attach these)

Did you receive income for formal employment in the 2019/20 tax year?

❑ Yes

❑ No

**Bank Interest** (We can access your Bank Interest from your ATO Pre-Fill Report – You do not need to attach documentation)

Did you receive interest payments on one or more bank accounts?

❑ Yes

❑ No

**Private Health Insurance** (We can retrieve this information from your ATO Pre-Fill Report – You do not need to attach documentation)

Do you have Private Health insurance?

❑ Yes

❑ No

**Work & Other Expenses** (Please attached receipts / written evidence of expense claims to the back of this form)

|  |  |  |  |
| --- | --- | --- | --- |
| EXPENSE TYPE | TICK IF CLAIMING | EXPENSE TYPE | TICK IF CLAIMING |
| 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 |  |  |
| Home Office Claim – COVID19 | Number of days working from home between 1 March 2020 and 30 June 2020:  |

**Motor Vehicle**  (Please attach logbook and receipts to the back of this form)

Did you use a motor vehicle for work purposes?

❑ Yes

❑ No

Number of kilometres travelled: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Do you have any of these items?Investment Income, Rental Properties, Investments Sold  | [ ]  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 Income***(Please attach annual statements / documentation to the back of this form)*

Did you receive investment income for any of the following?

❑ Dividends

❑ Unit Trusts

❑ Investments Sold/Disposed

**Rental Property Information** *(If you sold / purchased any rental properties in the 2019/20 tax year, please attach purchase/sale documentation to the back of this form)*

**Expenses** *(Please attach receipts/written evidence and rental property depreciation schedule to the back of this form)*

|  |  |  |  |
| --- | --- | --- | --- |
| EXPENSE TYPE | TICK IF CLAIMING | EXPENSE TYPE | TICK IF CLAIMING |
| 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 |  |  |  |

**ADDITIONAL DOCUMENTATION YOU MAY WISH TO PROVIDE:**

□ 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**

I/We authorise Smith Shearer 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 Smith Shearer to carry out an audit or a review assignment on the information provided.

I/we authorise Smith Shearer to obtain whatever information is required from third parties to complete the preparation of my/our Financial Statements and Tax Returns.

AUTHORISED SIGNATURE(S)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: Date: