

SCHEDULE OF PARTICULARS FOR 2019/2020 INCOME TAX RETURN PREPARATION

Please note you can download this form from our website www.jmhtax.com.au and email the completed form.

NAME:

Please complete items 1 – 7 for our records. If you are an existing client, please advise any changes to your details.

1. RESIDENTIAL ADDRESS:

2. POSTAL ADDRESS:

3. TELEPHONE:

BUS		MOBILE	
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4. OCCUPATION:

5. DATE OF BIRTH:

6. FULL NAME OF SPOUSE:

7. EMAIL ADDRESS:

8. BANKING DETAILS: Please note, the Australian Taxation Office will no longer issue refund cheques. Banking details to be provided for direct payment of your refund.

NAME OF ACCOUNT:			
BSB:		ACCOUNT NO:	

9. DO YOU AND ALL FAMILY MEMBERS HOLD PRIVATE HEALTH INSURANCE? YES: NO:

(IF YES) NAME OF FUND: MEMBERSHIP NO:

Rebate claimable (attach a copy of Health Fund Statement) \$

10 DETAILS OF INCOME:

PAYG Payment Summaries, including Commonwealth Government payments for pension, unemployment, etc.
 *These details will generally be available to our office via the Tax Office.

- a) **BANK INTEREST**
Please attach a detailed list of bank interest earned and withholding tax paid.
- b) **INVESTMENTS – SHARES & MANAGED FUNDS**
 SHARES Attach a list with full details of dividends received, including imputation credits.
 MANAGED FUNDS Attach annual tax summary.
- c) **RENTAL PROPERTY:** Please provide details of annual real estate agent’s summary, interest paid on loan to purchase investment property, land tax, council rates, water rates, body corporate fees and insurance. **Travel costs are no longer claimable.**
- d) **SALE OF ASSET:** i.e. property, shares or managed funds etc. (please attach details of original purchase contract and sale contract).

11 DEDUCTIONS

a) **MOTOR VEHICLE EXPENSES**

Make & Model of Vehicle	<input style="width: 100%;" type="text"/>	Registration No	<input style="width: 100%;" type="text"/>
Business Kilometres	<input style="width: 100%;" type="text"/>	Log Book % (if applicable)	%

b) **WORK RELATED TRAVEL**

Did you stay away overnight for work related purposes during the year? If yes, for how many nights?

Location	<input style="width: 100%;" type="text"/>	Travel Allowance Received?	\$ <input style="width: 100px;" type="text"/>
Public Transport, Taxi, Parking and other work related travel expenses			\$ <input style="width: 100px;" type="text"/>

c) **UNIFORMS/PROTECTIVE CLOTHING**

Laundering of protective clothing / uniforms	\$ <input style="width: 100px;" type="text"/>
Dry cleaning of protective clothing / uniforms	\$ <input style="width: 100px;" type="text"/>

11. DEDUCTIONS (cont.)

d) SELF EDUCATION EXPENSES

Course fees - for courses relevant to employment	\$
Reference Books	\$
Applications/Software	\$

e) OTHER WORK RELATED EXPENSES

Trade Union Subscriptions (specify)	\$	
Professional Subscriptions (specify)	\$	
Professional Insurance	\$	
Conferences, Professional Development (specify)	\$	
Replacement of tools / equipment (specify)	\$	
Stationery, Postage and Supplies	\$	
Reference Journals and Periodicals	\$	
Reference Books (Professional Library)	\$	
Telephone (Business only)	\$	
Mobile Phone (Business only)	\$	
Internet (Business only)	\$	
Home Office	Hours worked at home	Hours
Other (please specify)		\$
Other (please specify)		\$
Other (please specify)		\$

f) DONATIONS

Institution		\$
Institution		\$
Institution		\$
Institution		\$

g) PRIVATE SUPERANNUATION

SELF EMPLOYED / PERSONAL DEDUCTIBLE CONTRIBUTION* - Claimable on tax return

Institution		Policy No.		\$
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* Need to lodge a notice of intent to claim a deduction for personal super contributions with your superannuation fund.

SPOUSE CONTRIBUTION (Non working spouse only)

Institution		Policy No.		\$
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Employees eligible for the co-contribution will automatically have the amount deposited into their superannuation account after their tax return has been processed and the superannuation fund has provided the tax office with the required details.

h) INCOME PROTECTION INSURANCE – Annual Premium (Provide annual tax statement)	\$
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i) MEDICAL EXPENSES - Not Claimable

I declare that the above information is true and correct and that this schedule and supporting documentation will form part of my Taxation Return. Further, I confirm I have in my possession receipts / documentary evidence where required to support the above claim.

SIGNED:

DATE: