

FINANCIAL MANAGEMENT WORKS PTY LIMITED

INCOME TAX RETURN DATA COLLECTION SHEET
YEAR ENDED 30 JUNE 2008



Mr/Mrs/Ms/Miss _____
SURNAME: _____ (last updated: 6/4/09)
First Name: _____ Date: _____
Middle Name(s): _____
Date of Birth: _____
Tax File Number: _____

Address (Street): _____ Postcode: _____
Do you own this property? If so: Market Value: \$ _____ Loan: \$ _____
Would you like our Mortgage Consultant to contact you for a review of your loans? Yes/No
Address (Postal): _____ Postcode: _____

Contact Numbers:
Work: () _____ Home: () _____
Mobile: _____
E-mail: _____ (we will send your return by email (pdf))

Is this your first year as a Financial Management Works client? YES NO
If YES - Please advise us on how you heard about us. _____

Please Note: Minimum fee for individual tax return is \$250 + gst (and will increase depending on the complexity of the tax return)
 YES NO

Occupation: _____
Do you have a copy of last year tax return (For new clients only) YES NO
If YES - Please provide _____

We are required to write an Ethical letter to your previous accountant -
Please provide previous Accountants Name & Address -
Accountant: _____
Address: _____
Postcode: _____

Please provide Bank Account Details as you will get your tax refund quicker
Account Name: _____
BSB: (6 Digits) _____ A/c No: _____

1 How many Jobs have you had during the year? _____ Please write no.
Did you receive Centrelink Payments during the year? YES NO
Please provide Group Certificates/PAYG Payment Summary & ETP Statements for each

10 Have you received any Interest income during the year? _____ →

Please Circle
YES NO

If YES - Please provide details (if joint show 100% of interest, and mark accordingly, we will adjust)

	Account 1	Account 2	Account 3	Account 4	Account 5
Bank:					
Account:					
Branch:					
Amount: \$					
Joint Y/N					

11 Have you received any Dividends during the year? _____ →

Please Circle
YES NO

If YES - Please provide details (if joint show 100% of dividend, and mark accordingly, we will adjust)

Company Name	Date Paid	Unfranked Amount	Franked Amount	Imputation Credit

12 Have you received any Distributions from a Partnership and/or Managed Funds? _____ →

Please Circle
YES NO

If YES - Please provide details (if joint show 100% of distribution, and mark accordingly)

Tax Distribution statements from Partnership / Trust Distributions / Managed Funds - please provide

Other: _____

Have you had any Expenses related to these investments during the year? _____ →

Please Circle
YES NO

If YES - Please provide details (if joint show 100% of expense, and mark accordingly)

Expenses

Amount

Interest \$ _____

Financial Planning Fees \$ _____

Investment Courses \$ _____

Travel to see planner KM: _____ Car engine size: _____

Other \$ _____

17 Have you sold any Shares and/or Property during the year? _____ →

Please Circle
YES NO

(You may have a Capital Gain or Loss)

Do you have a carry forward capital loss from previous year? Y/N if Yes write amount

\$ _____

If YES - Please provide details

Asset	Purchase Date	Purchase Price	Sale Date	Sale Price

20 Do you have a Rental Property? Please Circle YES NO

If YES - Please provide details (if joint show 100% of rent & expenses, and mark accordingly)

Would you like our Mortgage Consultant to contact you for a review of your loans? Please Circle YES NO

Rental Property 1

Address of Property: _____ Postcode: _____

Cost of property: \$ _____ Date of purchase: _____

Date first became available for rent: _____

Year property built: _____ Percentage owned: _____

Number of weeks during the year property was rented out: _____

Is this property registered for Land Tax Please circle YES NO

If NO - Please provide Approximate LAND VALUE ONLY \$ _____

Amount outstanding on bank loan \$ _____

Approximate market value of the property \$ _____

Rental Property 2

Address of Property: _____ Postcode: _____

Cost of property: \$ _____ Date of purchase: _____

Date first became available for rent: _____

Year property built: _____ Percentage owned: _____

Number of weeks during the year property was rented out: _____

Is this property registered for Land Tax Please circle YES NO

If NO - Please provide Approximate LAND VALUE ONLY \$ _____

Amount outstanding on bank loan \$ _____

Approximate market value of the property \$ _____

Rental Property 3

Address of Property: _____ Postcode: _____

Cost of property: \$ _____ Date of purchase: _____

Date first became available for rent: _____

Year property built: _____ Percentage owned: _____

Number of weeks during the year property was rented out: _____

Is this property registered for Land Tax Please circle YES NO

If NO - Please provide Approximate LAND VALUE ONLY \$ _____

Amount outstanding on bank loan \$ _____

Approximate market value of the property \$ _____

	Property 1	Property 2	Property 3
Rent Received for the year (Gross)	\$		
Expenses:			
Interest	\$		
Bank fees	\$		
Council Rates	\$		
Water Rates	\$		
Agents Commission	\$		
Strata levies	\$		
Repairs & maintenance	\$		
Travel expenses - to inspect	\$		
Insurance	\$		
Borrowing costs	\$		
Other:	\$		
Other:	\$		

Assets Purchased (Greater than \$300):

Please provide Asset(s) Description Cost & Date of Purchase

D1 Did you use your car for work during the year?

**Please Circle
YES NO**

If YES - Please provide details

Make of Motor Vehicle: _____

Model of Motor Vehicle: _____

Registration Number: _____

Engine capacity (cc) _____

Cost of Car \$ _____ Date of purchase / /

If traded in for new car: Trade in amount : \$ _____

What is the reason for your Motor Vehicle claim? / Why you need Motor Vehicle for work?

You cannot claim for travel between home & work (THIS MUST BE COMPLETED)

Did you Keep a log book for the year? (Must have been kept for a 12 week period)

**Please Circle
YES NO**

If YES - Please provide BUSINESS USE %

Business %'age: _____

Did you travel less than 5,000 km's for the year?

**Please Circle
YES NO**

If YES - Please provide NO. OF KM's TRAVELLED

Km's Travelled: _____

Fuel \$ _____

Repairs & maintenance \$ _____

Registration \$ _____

Insurance \$ _____

Lease \$ _____

Hire purchase (please provide documents for his claim) \$ _____

Interest on loan (please provide loan statements) \$ _____

Car Wash \$ _____

D2 Did you incur any Work Related Travel Expenses during the year?

**Please Circle
YES NO**

If YES - Please provide details

Explain how these expenses relate to your income

Taxi \$ _____

Tolls \$ _____

Car Parking \$ _____

Other \$ _____

What evidence do you have? (invoice, g/cert, diary etc)

D3 Did you have expenses for Work Related Uniforms/Laundry during the year?

**Please Circle
YES NO**

If YES - Please provide details

Explain how these expenses relate to your income

Clothing/Uniform \$ _____

Laundry of uniform/protective clothing \$ _____

What evidence do you have? (invoice, g/cert, diary etc)

Please Circle
YES NO

D4 Did you have expenses for Work Related Self-Education during the year?

If YES - Please provide details

Explain how these expenses relate to your income

Course: _____ Institution: _____

Expenses: _____

What evidence do you have? (invoice, g/cert, diary etc) _____

Please Circle
YES NO

D5 Did you have Other Work Related Expenses during the year?

If YES - Please provide details - show 100% of expense we will adjust for private use

Briefcase \$ _____
 Computer supplies \$ _____
 Internet Fees _____ % \$ _____
 Mobile (Please provide business use %'age) _____ % \$ _____
 Telephone (Please provide business use %'age) _____ % \$ _____
 Professional Association fees/Union fees \$ _____
 Tools \$ _____
 Newspapers/Magazines/Journals/Books \$ _____
 Home office (21c per hour) Hours worked @ home: _____ hrs \$ _____
 Stationery \$ _____
 Light & power (need basis of calculation) \$ _____
 Software (if >\$300, otherwise depreciate, list as asset below) \$ _____
 Other - _____ \$ _____
 Other - _____ \$ _____
 Other - _____ \$ _____
 Other - _____ \$ _____
 Other - _____ \$ _____

Depreciation of fixed assets (computers etc) - Cost and date of purchase required

What evidence do you have? (invoice, g/cert, diary etc) _____

Please Circle
YES NO

D7 Did you have expenses relating to Interest and Dividends received during the year?

If YES - Please provide details

Interest re: borrowings for shares etc \$ _____
 Other - _____ \$ _____

What evidence do you have? (invoice, g/cert, diary etc) _____

Please Circle
YES NO

D8 Did you make any Donations during the year?

If YES - Please provide details (NOTE: cannot claim if you stand to benefit eg raffle, dinners etc)

Must be a registered charity claim a deduction

Charity Name	Amount
School Building Fund	
School Library Fund	

D10 Did you have expenses for Tax Agent/Tax Lodgement Fees during the year? Please Circle
YES NO

If YES - Please provide amount Amount \$ _____

Travel to see accountant KM: _____ Car engine size: _____

Please note our tax return fees begin at \$250 +gst per person and increase depending on complexity of return

D12 Other deductions - Income protection insurance Please Circle
YES NO

If YES - Please provide amount Amount \$ _____

R1 You may be entitled to a spouse rebate (we will calculate/determine entitlements).

If you had a spouse during the year please provide the following information:

Spouse's name: _____

Spouse's DOB: _____

Spouse's income: Amount \$ _____

Parenting payment rec'd: Amount \$ _____

R2 Did you have Private Health Insurance during the year? Please Circle
YES NO

If YES - Please provide details and Tax Statement from Health Fund

Name of Fund & ID: _____

Membership No.: _____

Type of Cover: (Hospital, Ancillary or Combined) _____

Number of Days in year Covered by Insurance: _____

Spouse's Income: Amount \$ _____

Number of Children: _____

If no private health insurance (hospital cover), then 1% surcharge will apply if:

(1) Single - taxable income greater than \$50,000 or

(2) Family taxable income greater than \$100,000

R3 Did you have medical expenses of more than \$1,500 during the year? Please Circle
YES NO

If YES - Please provide details

Medical Expenses incurred during the year	_____	
Doctor/Hospital	\$ _____	
Dental	\$ _____	
Optical	\$ _____	
Chemist	\$ _____	
Physio etc must be doctor referral	\$ _____	
Less: Amount claimed from your private health fund	Less \$ _____	
Less: Amount claimed from Medicare during the year	Less \$ _____	
Net Medical Expenses for the year (out of pocket)	Total \$ _____	

R4 Are you entitled to a Medicare Levy Exemption? Please Circle
YES NO

If YES - Please provide reasons

R5 If you are entitled to a Part year income threshold please provide details?

R6 Family Tax Benefit (to be claimed through Family Assistance Office - 13 6150)
Located within Centrelink and Medicare Offices

R7 Do you have a Hecs Debt? Please Circle
YES NO

Do you have a Supplement Loan Scheme? YES NO

If YES - Please provide amounts outstanding at 30 June

HECS DEBT Amount \$ _____
Supplement Loan Amount \$ _____

One Life Courses paid 1 July 2007 to 30 June 2008

Abundance Amount \$ _____ Date: _____
IPW Amount \$ _____ Date: _____
Mentoring Amount \$ _____ Date: _____
Other - Amount \$ _____ Date: _____
Other - Amount \$ _____ Date: _____

Family Details

Name of Child: _____
DOB: _____

Name of Child: _____
DOB: _____

Name of Child: _____
DOB: _____

Name of Child: _____
DOB: _____

Childcare Tax Rebate

Note: to claim childcare fees for approved childcare between 1 July 2007 and 30 June 2008 you will need to contact the Family Assistance Office on 1800 670 305 or the website site:

http://www.familyassist.gov.au/Internet/FAO/fao1.nsf/content/faq-child_care_rebate.htm

FMW Contact Details

Phone: 02 8425 7888
Fax: 02 8425 7806
Email: admin@fmw.com.au
Web: www.fmw.com.au
Postal: PO Box 82, St Leonards NSW 1590
Street: Level 1, 174 Willoughby Road, Crows Nest NSW 2065

Notes/Other relevant information:
