FMW ACCOUNTANTS PTY LIMITED



INCOME TAX RETURN DATA COLLECTION SHEET YEAR ENDED 30 JUNE 2021

Mr/Mrs/Ms/Miss				
SURNAME:				
First Name:			8	UhY.
Middle Name[s]:				
• •	-			
Date of Birth:				
Tax File Number:				
Address [Street]:			04-4-	Destrode
			State	Postcode
Do you own this property? If so:	Market	Value: \$	Lo	an: \$
Are you thinking of purchasing ano				απ. ψ
Is your interest rate the best availa		when occupied or removating:		
Have you considered fixing your lo				
Are you sure your loan structure is		ng the maximum interest deduct	tions?	
**Would you like our Mortgage Cor	· ·	=	Alono.	
	culture to contact you lot a			
Address [Postal]:				
			State	Postcode
Contact Details:				
Mobile:				
E-mail:			[we will send your	return by email [pdf]
Is this your first year as a client of I	EMW Accountants?			
If YES - Please advise us on how				
·				
Occupation:				
Do you have a copy of last year's to	ax return [For new clients of	only]		
Do you have a copy of last year's to	ax return [For new clients o	only]		
	ax return [For new clients o	only]		
	ax return [For new clients o	only]		
If YES - Please provide We are required to write an Ethical	letter to your previous according			
If YES - Please provide	letter to your previous according			
If YES - Please provide We are required to write an Ethical	letter to your previous according			
If YES - Please provide We are required to write an Ethical Please provide previous Accountant	letter to your previous according			
If YES - Please provide We are required to write an Ethical Please provide previous Accountant Accountant:	letter to your previous acco		le:	
If YES - Please provide We are required to write an Ethical Please provide previous Accountant Accountant:	letter to your previous acco	ountant	le:	
If YES - Please provide We are required to write an Ethical Please provide previous Accountant: Address: Please provide your Bank Account	letter to your previous accordis Name & Address -	puntant Postcode d out cheques anymore]	e:	
We are required to write an Ethical Please provide previous Accountant: Address: Please provide your Bank Account Account Name:	letter to your previous accords Name & Address - Details [ATO does not send	puntant Postcode d out cheques anymore]		
We are required to write an Ethical Please provide previous Accountant: Address: Please provide your Bank Account Account Name:	letter to your previous accordis Name & Address -	puntant Postcode d out cheques anymore]	de:	
We are required to write an Ethical Please provide previous Accountant: Address: Please provide your Bank Account Account Name: BSB: [6 Digits]	letter to your previous accords Name & Address - Details [ATO does not send	Postcode d out cheques anymore] A/c No:		
We are required to write an Ethical Please provide previous Accountant: Address: Please provide your Bank Account Account Name:	letter to your previous accords Name & Address - Details [ATO does not send	puntant Postcode d out cheques anymore]		

as well as Employee Share Scheme summaries/statements if applicable

	If YES - Please provide details [7 3 7, 1 1 1, 1 1, 1	<u> </u>	1
		Account 1	Account 2	Account 3	Account 4	Account 5
	Bank:					
	BSB:					
	Account Number:					
	Interest Amount: \$					
	Joint Y/N					
	John Titt					
11	Have you received any Dividence	ds during the year?				
• •	If YES - Please provide details a		o mo o m to			
	·					
	[if joint show 100% of dividend, a	and mark accordingly,	we will adjust]		T	
	O No	ODN / LUN	Data Data	Hafarah ad Assault	Food of Associate	1
	Company Name	SRN / HIN	Date Paid	Unfranked Amount	Franked Amount	Imputation Credit
40	Have very season and any Distribute	liana forma a Danta anab	:	Franka O		
13	Have you received any Distribut		-			
	If YES - Please provide details [•		•		
	Please provide Tax Distribution	statements from Mana	iged Funds / Partne	ership / Trust Distributions	3	
	Other:					
	Other.					
	Have you had any Expenses rel	ated to the above inve	stments during the	year?		
	If YES - Please provide details [if joint show 100% of e	expense, and mark	accordingly]		
	Expenses			Amount		
	Interest			\$		
	Financial Planning Fees			\$	_	
	Investment Courses Other			\$		
				\$	_	
				Ψ	_	
18	Have you sold any Shares and/o	or Property during the	vear?			
18	Have you sold any Shares and/o		year?			
18	[You may have a Capital Gain o	r Loss]		vrite amount		
18	[You may have a Capital Gain o Do you have a carry forward cap	r Loss] pital loss from previous	s year? Y/N if Yes v	vrite amount		\$
18	[You may have a Capital Gain o	r Loss] pital loss from previous	s year? Y/N if Yes v	vrite amount		\$
18	[You may have a Capital Gain o Do you have a carry forward cap	r Loss] pital loss from previous	s year? Y/N if Yes v	vrite amount Purchase	Sale	\$ Sale
18	[You may have a Capital Gain o Do you have a carry forward cap If YES - Please provide details a	r Loss] pital loss from previous	s year? Y/N if Yes v cuments	Purchase	Sale Date	·
18	[You may have a Capital Gain o Do you have a carry forward cap If YES - Please provide details a	r Loss] pital loss from previous	s year? Y/N if Yes v cuments	Т		Sale
18	[You may have a Capital Gain o Do you have a carry forward cap If YES - Please provide details a	r Loss] pital loss from previous	s year? Y/N if Yes v cuments	Purchase		Sale
18	[You may have a Capital Gain o Do you have a carry forward cap If YES - Please provide details a	r Loss] pital loss from previous	s year? Y/N if Yes v cuments	Purchase		Sale
18	[You may have a Capital Gain o Do you have a carry forward cap If YES - Please provide details a	r Loss] pital loss from previous	s year? Y/N if Yes v cuments	Purchase		Sale
18	[You may have a Capital Gain o Do you have a carry forward cap If YES - Please provide details a	r Loss] pital loss from previous	s year? Y/N if Yes v cuments	Purchase		Sale
18	[You may have a Capital Gain o Do you have a carry forward cap If YES - Please provide details a	r Loss] pital loss from previous	s year? Y/N if Yes v cuments	Purchase		Sale
18	[You may have a Capital Gain o Do you have a carry forward cap If YES - Please provide details a	r Loss] pital loss from previous	s year? Y/N if Yes v cuments	Purchase		Sale
18	[You may have a Capital Gain o Do you have a carry forward cap If YES - Please provide details a	r Loss] pital loss from previous	s year? Y/N if Yes v cuments	Purchase		Sale

10 Have you received any Interest income during the year?

Do you have a Rental Property?

Property Depreciation Link

, , , , , , , , , , , , , , , , , , , ,		Property 1 \$	Property 2 \$	Property 3 \$
Rent I	 Received for the year [Gross]			
	Evnances			
	Expenses: Interest		T	T
	Bank fees			
	Council Rates			
	Water Rates			
	Agents Commission			
	Strata levies			
(*Please provide breakdown below)				
,	Insurance			
	Borrowing costs			
	Land Tax			
	Gardening/Lawn Mowing			
Other: Please detail				
Other: Please detail				
Other: Please detail				
Assets Purchased [Greater than \$300]:	Data of Durchase			
Please provide Asset[s] Description Cost & D	Date of Purchase		-	
Date	Asset Des	scription		Cost
Repairs & maintenance				
Please provide a break down of repairs and i	maintenance evnence items:			
	паппенаное ехрензе пеніз.			
Date		em		Cost
Date		em		Cost
Date		em		Cost

Date	item	0031

^{*} Note: if the repairs were done before the property rented out, it cannot claim as deduction. TR 97/23

	Did you use your car for worl					
	If YES - Provide details	Car Expenses Link				
	Make of Motor Vehicle:					
	Model of Motor Vehicle:	-				
	Registration Number:	-				
	Set Rate for 5000KM [max]: 7		_			
	Cost of Car	\$	Date of purchase		<u> </u>	
	If traded in for new car: Trade		9		_	
	What is the reason for your N				COMPLETED!	
	TRAVEL BETWEEN HOME	AND WORK IS GENERA	ALLY NON-DEDUCTIB	LE [THIS MOST BE C	OMPLETED	
	Did you travel less than 5,000	0 km's for the year?				
	If YES - Please provide NO.	OF KM's TRAVELLED		Km's Travelled:		
	If NO - Please provide logboo	ok and expense details b	pelow;			
	5					
	Did you Keep a log book for t	· ·	een kept for a 12 week	=		
	If YES - Please provide BUS			Business %:	-	
	Please provide full amount ar	nd we will adjust for the b	business %		Φ	
	Fuel				\$	
	Repairs & maintenance				Ф	
	Registration				\$	<u></u>
	Insurance				\$	
	Lease/Hire purchase [please	provide decuments for h	nie claim1		\$	
	· -	provide documents for i	iis ciairij		\$	
	Car Wash				\$	
	Interest on loan [please provi	ide loan statements]			\$	
DO 1	NOT Enter any Busine	ess Related Expe	nses under Sec	tion D2 - D15 *	***	
DO N	Did you incur any Work Relat	ted Travel Expenses dur		tion D2 - D15 * [*]	***	
	Did you incur any Work Relat	ted Travel Expenses dur		tion D2 - D15 **	***	
	Did you incur any Work Relat If YES - Please provide detai Explain how these expenses	ted Travel Expenses dur				
	Did you incur any Work Relat If YES - Please provide detai Explain how these expenses	ted Travel Expenses dur			\$ 	
	Did you incur any Work Relat If YES - Please provide detai Explain how these expenses Taxi Tolls	ted Travel Expenses dur				
	Did you incur any Work Relat If YES - Please provide detai Explain how these expenses Taxi Tolls Car Parking	ted Travel Expenses dur				
	Did you incur any Work Relat If YES - Please provide detai Explain how these expenses Taxi Tolls Car Parking Other	ted Travel Expenses dur ils relate to your income	ing the year?			
	Did you incur any Work Relat If YES - Please provide detai Explain how these expenses Taxi Tolls Car Parking Other What evidence do you have?	ted Travel Expenses durils relate to your income	ing the year? -			
	Did you incur any Work Relat If YES - Please provide detai Explain how these expenses Taxi Tolls Car Parking Other What evidence do you have? NOTE: TRAVEL BETWEEN	ted Travel Expenses durils relate to your income [Page 1] Finvoice, g/cert, diary etc	ing the year? - c] ION-DEDUCTIBLE		\$\$ \$\$ \$	
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D2	Did you incur any Work Relat If YES - Please provide detai Explain how these expenses Taxi Tolls Car Parking Other What evidence do you have? NOTE: TRAVEL BETWEEN Exceptions: Travelling between transportation of "heavy or but Did you have expenses for W If YES - Please provide detail	ted Travel Expenses durils relate to your income [P [invoice, g/cert, diary etc.] HOME AND WORK IS Noten home and work in cerulky goods/equipment", covork Related Uniforms/Latils	c] ION-DEDUCTIBLE tain cases to be claime or where a taxpayer's h	d as a tax deductions ome qualifies as a "pla	\$\$ \$\$ \$, where the travel is	s attributable to the
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D2	Did you incur any Work Relat If YES - Please provide detail Explain how these expenses Taxi Tolls Car Parking Other What evidence do you have? NOTE: TRAVEL BETWEEN I Exceptions: Travelling betweet ransportation of "heavy or but of you have expenses for Wif YES - Please provide detail Explain how these expenses MUST BE PROTECTIVE/OC Clothing/Uniform Laundry of uniform/protective What evidence do you have? Did you have expenses for Wif YES - provide details - Click Self-Education Expenses Link	ted Travel Expenses durities relate to your income ccupation-specific// related Self-Educat relate Self-Educat related Self-Educat	c] ION-DEDUCTIBLE Itain cases to be claime or where a taxpayer's heaundry during the year's	d as a tax deductions ome qualifies as a "pla	\$\$ \$, where the travel is ace of business".	

income-earning activity.

D5	Did you have Other Work Relate If YES - Please provide details -	•		• ,	se		
	Briefcase			,		\$	
						· ·	
	Computer supplies	-: f				\$	New: Please note the ATO
	Professional Association fees/Ur	lion tees				\$	has introduced a new "safe
	Tools					\$	harbour" for a maximum claim
	Newspapers/Magazines/Journals	s/Books				\$	of \$50 for phone expenses. if you use phone for your work
	Stationery					\$	and the expense is
	Software [if <\$300, otherwise de	preciated, list asset bel	low]			\$	"incidental", the ATO will allow
	Other -					\$	a claim based on the following
	Other					\$	rates: \$0.25 for work calls from landline, \$0.75 for work calls
	Other					\$	from mobile and \$0.10 for text
						Φ	messages. If you want to claim
							work related percentage for
							phone and internet, then you
							will need to keep a diary
							records covering a four-week representative period.
							representative period.
D	ue to the complex nature of work	from home claims this	financial p	lease see below:			
1	Number of hours worked from Hor	me	%	\$			
,	variable of flours worked from Flor		_ ''				
I	nternet -		_ %	\$			
	Mobile -		%	\$			
			_				
7	Гelephone -		%	\$			
li li	f the above percentages increase	d due to Lockdown or e	extended v	work from home d	irectives then	olease increase the percen	tage and advise how long
	his was in place. Eg. Number of d					•	<u> </u>
_	Number of hours worked from U	omo	0/.	¢.			
	Number of hours worked from H	ome	%				
	Internet -		%	\$			
	Mobile -		%	¢			
	Wobile -						
	Telephone -		<u></u> %	\$			
	Depreciation of fixed assets [con	nputers etc] - Cost and	date of pr	urchase required			
	What evidence do you have? [inv	voice, g/cert, diary etc]					
*	Note: if taypayer merely uses a h	nome office as a matte	r of conve	nience (e.a. an er	nnlovee arrano	nes to work from home two	days per week or takes
	Note: if taxpayer merely uses a h work home at nights and/or of	n weekends). In this	case, no	deductions can	be claimed for	or occupancy expenses.	Example of occupancy
	expenses are interest, rent, ra electricity, gas, depreciation of control of the					ed for home office running	ng expenses, such as
	37 0 7 1	mice furniture/equipme	int and ter	epriorie experises	•		
**	NOTE: shortcut method only av	ailable from 1st March	2020 up	to 30th June 202	21. The shortci	ut method INCLUDE	S electricity, cleaning.
	decline in value of capital items,	phone and internet cos	st.				3,
	Working from home during COVI	D-10 link					
	Working from Home during COVI	D-13 IIIK					
D7/D8	Did you have expenses relating	to Interest and Divider	nds receiv	ed during the vea	r?		
	If YES - Please provide details						
	·					•	
	Interest re: borrowings for shares	s etc				\$	
	Other -		_			\$	
	What evidence do you have? [in	voice, g/cert, diary etcl					
	mat emacines as year nate: [70.00, g. 00.1, a.a. y 0.0]				-	
D9	Did you make any Donations du	ring the year?					
	If YES - Please provide details [N	NOTE: cannot claim if \	ou stand	to benefit e.g. Ra	ffle tickets, din	ners etc]	
	·	Charity Name			Amount	¬ ·	
		•			. arreatit		
	Must be a registered	School Building Fund					
	charity claim a	School Library Fund					
	deduction						
						I	

D10	Did you have expenses for Tax Agent/Tax Lodgement Fees during the year?		
	If YES - Please provide amount	Amount \$	
	New: for taxpayers claimed motor vehicle expenses by the cents per kilometre	e method, these kilometres should be	
	included in the 5,000 business kilometre limit already.		
D12	Did you make any Personal Superannuation Contribution and provide your further to claim as deduction and receive an acknowledgement from the Fund?		
	If YES - Please provide amount and copy of	Amount \$	
	acknowledgement from the Fund		
	For Div 293 estimate, how much superannuation paid for the year Please provide amount	Amount \$	
		Amount	
D45	Other deductions because materials in comme		
D15	Other deductions - Income protection insurance If YES - Please provide amount	Amount \$	
	II 123 - Flease provide amount	Amount \$	
M2	Did you have Private Health Insurance during the year?		
	If YES - Please provide your Annual Private Health Insurance Tax Statement	from Health Fund	
	[You are not covered if only have Ancillary cover]		
	Spouse's Full Name:		
	Spouse Date of Birth: Spouse's Income:		
	Spouse's income.		
	Do you have any dependants?		
	Do you have dependant child/children? If Yes, how many?		
	Are you a dependant child covered on a parents policy?		
	0.1110		
	Do you or your spouse pay Child Support? If Yes, please provide amount paid in Tax Year.		
	Too, produce provide difficulty paid in Tax Todi.		
	If no private health insurance [hospital cover], then surcharge will apply depe	nds on your income and age.	
	Rebate for Health Insurance is income tested against the MLS income tier thi	· ·	
	Private health insurance link	consider, produce deer to now mig miner for more information.	
	Tivate nearth insurance link		
M1	Are you entitled to a Medicare Levy Exemption? See link below for more info		
	, ,		
	If YES - Please provide reasons. For example: Defence Force Worker		
۸۵	If you are entitled to a Part year income threshold please provide details? E.	a come back or left for evergoes	
A2	if you are entitled to a Part year income timeshold please provide details? E.t	g. come back of left for overseas	
R7	Do you have a HELP Debt/Supplement Loan Scheme?		
	If VEC. Please provide emounts autotablished to Co. L. autotablished	*	
	If YES - Please provide amounts outstanding at 30 June or enclose statemer HELP/HECS Debt Amount \$	u.	
	Supplement Loan Amount \$		

One Life Courses paid 1	July 2020 to 30 June 202	1			
Quantum Property	Amount	\$Date	:		
Quantum Business	Amount	\$ Date	:		
Mentoring	Amount	\$ Date	e:		
Life Magic	Amount	\$ Date			
Other -	Amount	\$ Date			
	7 tillount				
Please explain how the a	bove One Life expenses	are DIRECTLY related to you	r PRESENT incor	me producing activities in order to be	
claimed:	bove one life expenses	are Birthorn Friedled to you	TT RECEIVE IIICOI	the producing delivities in order to be	
oldimod.					
EMW Contact Details - N	ew South Wales Office [F	lead Officel			
	02 8425 7888	iead Onicej			
Phone:		74 Willoughby Road, Crows	Nost NSW 2065		
Street/Postal:	Level 1, Suite 3, 1	74 Willoughby Road, Crows	Nest NSW 2003		
FMW Contact Details - V	ictoria Office				
Phone:	03 9490 5666				
Street/Postal:	Level 1. Suite 6A.	50 Upper Heidelberg Road,	vanhoe VIC. 3079		
	, - ,				
FMW Contact Details - Q	ueensland Office				
Phone:	07 5531 4009	stralia Fair, QLD 4215			
Postal:					
Street:		tre, Level 1, Suite 106, 89			
	Scarborough Stree	et, Southport QLD 4215			
Email:	admin@fmw.com.		::	www.fmw.com.au	
	admin@fmw.com.		ı:	www.fmw.com.au	
Email: Notes/Other Relevant Info	admin@fmw.com.		t.	www.fmw.com.au	
	admin@fmw.com.		:	www.fmw.com.au	
	admin@fmw.com.		:	www.fmw.com.au	
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	admin@fmw.com.			www.fmw.com.au	

Did you operate a business activity during the year as a SOLE TRADER/CONTRACTOR?

If YES - Please DO NOT COMP Number of Busin Business Name	LETE IF A COMPANY/TRUST/PARTNERSHIP - conness Activities	atact us for more information	n required	
ABN:				
Business Activit	y 1:			
Business Activit	y 2:			
Business Activit	y 3:			
DO NOT INCLU	DE GST IN THESE AMOUNTS IF YOU HAVE LODG	GED A BAS CLAIMING GS	T PAID/RECEIVED	
Income:		Business 1	Business 2	Business 3
Sales/Fees etc.		\$	\$	\$
JobKeeper payr	ment received:	\$	\$	\$
Cash boost rece		\$	\$	\$
	nt business grant received	\$	\$	\$
Other	3	\$	\$	\$
		\$	\$	\$
		\$	\$	\$
	Norman Mark Harris at and an Albert Sec.	\$	\$	\$
Expenses: I	Please provide full amount and we will adjust for ousiness %:	\$	\$	\$
Accounting fees	i	\$	\$	\$
Advertising		\$	\$	\$
Bank fees		\$	\$	\$
Computer suppl	ies	\$	\$	\$
Home Office Ru	nning Expenses	\$	\$	\$
Internet fees		\$	\$	\$
Motor vehicle [re	efer to Motor Vehicle Above- D1]	\$	\$	\$
Printing & statio		\$	\$	\$
Rent		\$	\$	\$
Subscriptions		\$	\$	\$
Telephone - hor	me	\$	\$	\$
Telephone - mo	bile	\$	\$	\$
Training Course		\$	\$	\$
Travel & accom	modation	\$	\$	\$
Superannuation		\$	\$	\$
Other		\$	\$	\$
Other		\$	\$	\$
Other		*	\$	\$
Other		\$ \$	\$	\$
Other		\$	\$	\$
Stock on hand a	at 30 June:	\$	\$	\$
	siness Assets purchased THIS FINANCIAL YEAR	L*		1*
Item:	Date:		\$	
Item:	Date:		\$	
Item:	Date:		\$	



^{*}Please note* - This sheet is intended to act as a guide and to prompt you to provide additional information where required to assist us in preparing your tax return. It is NOT intended to actually calculate your estimated income tax payable/[refund]. Completion of this sheet does not reduce your usual substantiation and record-keeping requirements.