

FMW ACCOUNTANTS PTY LIMITED

INCOME TAX RETURN DATA COLLECTION SHEET
YEAR ENDED 30 JUNE 2024



Title _____
SURNAME: _____
First Name: _____ Date: _____
Middle Name[s]: _____
Date of Birth: _____
Tax File Number: _____
Address [Street]: _____
_____ State Postcode

Do you own this property? If so: Market Value: \$ _____ Loan: \$ _____
Are you thinking of purchasing another property for rental or owner occupied or renovating?
Is your interest rate the best available?
Have you considered fixing your loan?
Are you sure your loan structure is correct and you are claiming the maximum interest deductions?
****Would you like our Mortgage Consultant to contact you for a FREE review of your loans?**

Address [Postal]: _____
_____ State Postcode

Mobile: _____

E-mail: _____
we will send you an invitation to join the FMW Document Hub – please look out for this email to set up

Is this your first year as a client of FMW Accountants?
If YES - Please advise us on how you heard about us. _____

Occupation: _____

Do you have a copy of last year's tax return [For new clients only]
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 your Bank Account Details [ATO does not send out cheques anymore]

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?
Please provide Income Statement [they should be in your mygov] & ETP Statements for each as well as Employee Share Scheme summaries/statements if applicable

21 Do you have a Rental Property?

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?

Rental Property 1

Address of Property:

Postcode:

Cost of property: \$

Date of purchase:

Date first became available for rent:

Year property built:

Percentage owned:

Is this property registered for Land Tax

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:

Is this property registered for Land Tax

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:

Is this property registered for Land Tax

If NO - Please provide Approximate LAND VALUE ONLY

Amount outstanding on bank loan

Approximate market value of the property

\$

\$

\$

Can you claim depreciation on your rental properties?

NOTE: Income tax deductions for the decline in value of previously used plant and equipment in rental premises used for residential accommodation are no longer allowed.

The changes apply from 1 July 2017 to:

=> Previously used plant and equipment acquired at or after 7.30 pm on 9 May 2017 unless it was acquired under a contract entered into before this time

=> Plant and equipment acquired before 1 July 2017 but not used to earn income in either the current or previous year.

[Rental expenses you cannot claim](#)

[Rental Expenses you can claim](#)

[Property Depreciation Link](#)

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

If YES - Provide details [Car Expenses Link](#)

Make of Motor Vehicle: _____

Model of Motor Vehicle: _____

Registration Number: _____

Set Rate for 5000KM [max]: 0.85c

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?

TRAVEL BETWEEN HOME AND WORK IS GENERALLY NON-DEDUCTIBLE [THIS MUST BE COMPLETED]

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

If YES - Please provide BUSINESS USE %

Business %: _____

AND please provide FULL amount and we will adjust for the business %

Fuel \$ _____

Repairs & maintenance \$ _____

Registration \$ _____

Insurance \$ _____

Lease/Hire purchase [please provide documents for his claim] \$ _____

Car Wash \$ _____

Interest on loan [please provide loan statements] \$ _____

If NO LOGBOOK, but use your car for work purposes, please provide

NO. OF KM's TRAVELLED (max of 5,000 k's)

Km's Travelled: _____

******Do not enter any business related expenses under section D2 - D15******

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

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] _____

NOTE: TRAVEL BETWEEN HOME AND WORK IS NON-DEDUCTIBLE

Exceptions: Travelling between home and work in certain cases to be claimed as a tax deductions, where the travel is attributable to the transportation of "heavy or bulky goods/equipment", or where a taxpayer's home qualifies as a "place of business".

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

If YES - Please provide details

Explain how these expenses relate to your income _____

MUST BE PROTECTIVE/OCCUPATION-SPECIFIC/ATO REGISTERED

Clothing/Uniform \$ _____

Laundry of uniform/protective clothing \$ _____

What evidence do you have? [invoice, g/cert, diary etc] _____

D4 Did you have expenses for Work Related Self-Education/ Training/ Conference/ Seminars during the year?

If YES - provide details - Click Link for info

[Self Education Expenses Link](#)

Explain how these expenses relate to your income _____

Course: _____ Institution: _____

Expenses: \$ _____

What evidence do you have? [invoice, g/cert, diary etc] _____

* **Note: self-education expenses will not be deductible if the activity is designed to enable to obtain new employment or to open up a new income-earning activity.**

D5 Did you have Other Work Related Expenses as an EMPLOYEE during the year?
If YES - Please provide details - show 100% of expense we will adjust for private use

Briefcase	\$ _____	
Computer supplies	\$ _____	
Professional Association fees/Union fees	\$ _____	
Tools	\$ _____	
Newspapers/Magazines/Journals/Books	\$ _____	
Stationery	\$ _____	
Software [if <\$300, otherwise depreciated, list asset below]	\$ _____	
Other - _____	\$ _____	
Other - _____	\$ _____	
Other - _____	\$ _____	

New: Please note the ATO has introduced a new "safe harbour" for a maximum claim of \$50 for phone expenses. If you use phone for your work and the expense is "incidental", the ATO will allow a claim based on the following rates:

Home office - running expenses

[home office link](#)

*** Revised fixed rate at \$0.67 per hour (includes phone, mobile, internet, electricity, gas and stationery)**

Number of hours worked from Home _____ hrs

NOTE: Home office hours RECORD SHOULD BE BASED on actual total number of hours worked from home

**** Actual cost method - you must incur additional running expenses and have kept a records or written evidence**

NOTE: You don't incur additional running expenses if other members of your household (who are not working from home) are in the same room as you while you are working from home.

[ATO apportionment guidelines](#)

	Enter work related %	Enter full amount
Internet	_____ %	\$ _____
Mobile	_____ %	\$ _____
Telephone	_____ %	\$ _____
Electricity	_____ %	\$ _____
Computer consumables (i.e. ink, printer)	_____ %	\$ _____
Stationery	_____ %	\$ _____

Depreciation of fixed assets [computers etc] - Cost and date of purchase required

Home office - occupancy expenses

*** Generally, an employee is not eligible to claim occupancy expenses**

**** To be eligible, a.) the area is clearly identifiable as a PLACE OF BUSINESS, b.) exclusively used for business c.) area is not readily capable of being used for private purpose d.) area is used regularly for client visits.**

[ATO guidelines](#)

	Enter work related % based on floor area	Enter full amount
Mortgage interest	_____ %	\$ _____
Rent	_____ %	\$ _____
Council rates	_____ %	\$ _____
Water rates	_____ %	\$ _____
Land Tax	_____ %	\$ _____
House insurance	_____ %	\$ _____

What evidence do you have? [invoice, g/cert, diary etc]

***** WARNING : claiming occupancy expenses on your main residence, your main residence exemption will be affected**

D7/D8 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]

D9 Did you make any Donations during the year?

If YES - Please provide details [NOTE: cannot claim if you stand to benefit e.g. Raffle tickets, dinners etc]
Must be a registered charity to claim a tax deduction

Charity Name	Amount
School Building Fund	
School Library Fund	

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 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 fund a notice of intent to claim as deduction and receive an acknowledgement from the Fund?

If YES - Please provide amount and copy of acknowledgement from the Fund Amount \$ _____

For Div 293 estimate, how much superannuation paid for the year

Please provide amount Amount \$ _____

D15 Other deductions - Income protection insurance

If YES - Please provide amount Amount \$ _____

WARNING : income protection inside your superannation fund is not deductible

M2 Did you have Private Health Insurance Hospital Cover 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: _____

Do you have any adult dependants?

Do you have dependant child/children?

Are you a dependant child covered on a parents policy?

Do you or your spouse pay Child Support?

If Yes, please provide amount paid in Tax Year.

If no private health insurance [hospital cover], then surcharge will apply depends on your income and age.

Rebate for Health Insurance is income tested against the MLS income tier thresholds, please see following links for more information:

[Private health insurance link](#)

M1 Are you entitled to a Medicare Levy Exemption?

If YES - Please provide reasons. For example: Defence Force Worker

