

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 send your tax return to sign electronically

GENERAL TAX INFORMATION

NAME	D.O.B.	TFN
SPOUSE	D.O.B.	TFN
EMAIL		
WORK #	HOME #	MOBILE #
ADDRESS		
POSTAL		

Bank Details (As of 1 July 2013, if you are expecting a refund, you MUST provide the ATO your EFT Bank Details)

BANK NAME	BSB #	ACCOUNT #	ACCOUNT NAME

Spouse

Did you have a spouse for the full financial year? Y N not full year _____ days

If YES, what was your spouse's taxable income for the 2020 financial year? \$ _____

Number of Dependent Children (if any) _____

Work & Other Expenses (please attach your detailed listing)

EXPENSE TYPE	AMOUNT	EXPENSE TYPE	AMOUNT
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	\$	(please include in detailed listing)	

VEHICLE MAKE	MODEL	WORK KM'S
--------------	-------	-----------

Working from home Expenses (please attach your detailed listing)

Did you have a designated work-space? Y N (NOTE: if you did not have a dedicated work space you can only claim the ATO shortcut method of \$0.80cents per hour and detail of all expense costs are not required. If you did have a dedicated work space and would like us to calculate the most tax beneficial method please complete the table below with the individual costs)

Do you want to claim the ATO shortcut method of 80cents per hour from 1/3/19 – 30/6/20 Y N

Period of time worked from home: _____ weeks / _____ hours per week

EXPENSE TYPE	AMOUNT	EXPENSE TYPE	AMOUNT
Electricity	\$	Computer Consumables	\$
Gas	\$	Stationery	\$
Cleaning	\$	Mobile Phone	\$
Telephone	\$	Home Office Equipment (please include detailed listing)	\$
Internet	\$	Other	\$

Private Health Insurance

Do you have private health insurance? Y N **YES - please provide your Private Health Statement**

Do you have any of these items?
Investment Income, Rental Properties, Investments Sold or Motor Vehicles used for Work 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 INFORMATION

Investments Sold / Disposed

COMPANY / TRUST	DATE SOLD	NO. SOLD	AMOUNT RECEIVED	DATE PURCHASED	NO. PURCHASED	AMOUNT PAID
			\$			\$
			\$			\$
			\$			\$
			\$			\$
			\$			\$

MOTOR VEHICLE INFORMATION

Vehicle & Log Book

LOGBOOK KEPT Y N PERIOD COVERED BY LOGBOOK *(within last 5 financial years)*

VEHICLE PLATE NO. MAKE & MODEL

OWNER OF VEHICLE DRIVE OF VEHICLE

TOTAL KMs TRAVELLED IN YEAR BUSINESS KMs IN LOGBOOK PERIOD

DATE PURCHASED PURCHASE PRICE \$

HOW WAS VEHICLE FINANCED? Lease Paid Cash Chattel Mortgage Hire Purchase

DATE SOLD *(if in this tax year)* SALE PRICE \$

Running Costs

COST TYPE	ANNUAL AMOUNT (inc. GST)	MONTHLY PAYMENTS
Fuel / Oil	\$	<i>Please provide a copy of your Hire Purchase / Lease / Chattel Mortgage Agreement when you reach the end of the form.</i>
Registration	\$	
Insurance	\$	

Repairs & Maintenance	\$	
Lease Payments	\$	\$
Hire Purchase / Chattel Mortgage Payments	\$	\$
Interest Paid	\$	\$
Services	\$	\$
Tyres / Battery	\$	\$
Membership Fees	\$	\$
Parking & Tolls	\$	\$

RENTAL PROPERTY INFORMATION *Please complete one of these schedules per Property.*

Property Details

ADDRESS OF RENTAL PROPERTY	
DATE PURCHASED	DATE RENTAL INCOME FIRST EARNT
NO. WEEKS AVAILABLE FOR RENT <i>(this year)</i>	DATE BUILT
OWNERSHIP DETAILS <input type="checkbox"/> In your name <input type="checkbox"/> In joint names <i>(please provide details)</i>	

Please provide the purchase settlement statement and other purchase costs, e.g. stamp duty, legal fees, renovations or initial repairs, and any loan application fees and/or mortgage discharge expenses when you reach the end of the form.

Income

GROSS RENT	OTHER RENTAL INCOME
\$	\$

Expenses

EXPENSE TYPE	AMOUNT	EXPENSE TYPE	AMOUNT
Advertising for Tenants	\$	Body Corporate Fees	\$
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	\$
Travel*	\$	Stationery, Phone & Postage	\$
Water Charges	\$	Other Expenses	\$

**Please note that from 1 July 2017 travel expenses for rent collection, inspections, repairs and maintenance are no longer allowed by the ATO as result of the 2017 Budget.*

Depreciable Items

ITEM	DATE PURCHASED	COST
		\$
		\$

ITEM	DATE PURCHASED	COST
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

Improvements / Construction Costs *Please provide a copy of your tax depreciation schedule prepared by third party below.*

ITEM	DATE	COST
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

OTHER INFORMATION *Please list any other information that you believe may assist us*

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 VI Partners Pty Ltd 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 VI Partners Pty Ltd to carry out an audit or a review assignment on the information provided.

I/we authorise VI Partners Pty Ltd 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: