

Visions Synergy Associates

(Certified Practising Accountant & Registered Tax Agent)

2006 Individual income tax return checklist

Tax File Number: / / ABN:

Are you an Australian resident? YES/NO/UNSURE.....

Name: Mr/Mrs/Ms/Miss:.....

Name changed since last return? YES/NO

If YES, previous name:.....

Postal Address:

Postal address changed from last tax return? YES/NO

Address:

Date of birth: / /

Telephone: (H) (W) (M)

Email:

Occupation:

Spouse details (if applicable):

Do you want to use EFT? YES/NO

If YES, provide bank details BSB: Account Number:

Account name:

Visions Synergy Associates ABN 24 081 189 424

Suite 23, Level 2, International House, 104 Bathurst Street, Sydney, NSW 2000

Mailing address: P.O. Box 179, Darlinghurst, NSW 2010

Phone: (02) 9261 8980 Fax: (02) 9267 8382 e-mail: visions8@visions synergy.com.au

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Please circle **YES** or **NO** for each of the items listed below:

INCOME – Please provide evidence

1. Salary or wages..... YES/NO
2. Allowances, earnings, tips, director's fees etc..... YES/NO
3. Lump sum payments..... YES/NO
4. Eligible termination payments..... YES/NO
5. Commonwealth of Australia government allowances like Newstart, youth allowance and Austudy payment..... YES/NO
6. Commonwealth of Australia Government pensions and allowances YES/NO
7. Other Australian pensions or annuities (including superannuation pensions) YES/NO
8. Attributed personal services income..... YES/NO
9. Reportable fringe benefits YES/NO
10. Interest YES/NO
11. Dividends..... YES/NO
12. Income from partnerships and/or trusts..... YES/NO
13. Personal services income YES/NO
14. Net income or loss from business YES/NO
15. Deferred non-commercial business losses YES/NO
16. Amounts withdrawn from farm management deposits..... YES/NO
17. Net capital gains..... YES/NO
18. Direct or indirect interest in a controlled foreign entity..... YES/NO
18. Transfer of property or services to a non-resident trust..... YES/NO
18. Interest in a foreign investment fund (FIF) or a foreign life assurance policy (FLP)..... YES/NO
19. Foreign source income (including foreign pensions) and foreign assets or property YES/NO
20. Rent..... YES/NO
21. Bonuses from a life assurance or friendly society policy YES/NO
22. Other income (please specify)..... YES/NO

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DEDUCTIONS – Please provide evidence

D1. Work-related car expenses

- cents per kilometre method (max 5,000kms) YES/NO
- log book method YES/NO
- one-third of actual expenses method YES/NO
- 12% of actual cost method YES/NO

D2. Other work-related travel expenses

- Employee domestic travel with reasonable allowance YES/NO
 - If the claim is more than the reasonable allowance rate, do you have receipts for your expenses? YES/NO
- Overseas travel with reasonable allowance YES/NO
 - Do you have receipts for accommodation expenses? YES/NO
 - If travel is for 6 or more nights in a row, do you have travel records? (e.g. a travel diary) .. YES/NO
- Employee without a reasonable travel allowance YES/NO
 - Did you incur and have receipts for airfares? YES/NO
 - Did you incur and have receipts for accommodation? YES/NO
 - Do you have receipts for hire cars (if applicable)? YES/NO
 - Did you incur and have receipts for meals and incidental expenses? YES/NO
 - Do you have any other travel expenses? YES/NO
- Other work-related travel expenses, e.g., borrowed car (please specify) YES/NO
.....
.....

D3. Work-related uniform and other clothing expenses

- Protective clothing YES/NO
- Occupation-specific clothing YES/NO
- Non-compulsory uniform YES/NO
- Compulsory uniform YES/NO
- Conventional clothing YES/NO
- Laundry (up to \$150 without receipts) YES/NO
- Dry cleaning YES/NO
- Other claims – mending/repairs, etc (please specify) YES/NO
.....

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D4. Work related self-education expenses

Course taken at educational institution

- union fees YES/NO
- course fees YES/NO
- books, stationery YES/NO
- depreciation YES/NO
- seminars YES/NO
- travel YES/NO
- other (please specify) YES/NO
-
-

D5. Other work related expenses

- Home office expenses YES/NO
- Computer and software YES/NO
- Telephone/mobile phone YES/NO
- Tools and equipment YES/NO
- Subscriptions and union fees YES/NO
- Journals/periodicals YES/NO
- Depreciation YES/NO
- Sun protection products (i.e., sunscreen and sunglasses) YES/NO
- Seminars and courses not at an educational institution
- course fees YES/NO
- travel YES/NO
- other (please specify) YES/NO
- Any other work deductions (please specify) YES/NO
-

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Other types of deductions

- D6. Low value pool deduction YES/NO
- D7. Interest and dividend deductions YES/NO
- D8. Gifts or donations YES/NO
- D9. Deductible amount of undeducted purchase price of an Australian pension or annuity YES/NO
- D10. Cost of managing tax affairs YES/NO
- D11. Australian film industry incentives YES/NO
- D12. Deductible amount of undeducted purchase price of a **foreign** pension or annuity YES/NO
- D13. Personal superannuation contributions YES/NO
- Details of Superannuation Fund, if personal superannuation contributions:
- Full name of fund Account number
- Fund ABN Fund TFN
- D14. Deduction for project pool YES/NO
- D15. Other deductions (please specify) YES/NO
-
- L1. Tax losses of earlier income years YES/NO

Tax offsets/rebates

- T1. Do you have a dependent spouse (without dependent child or student), a child-housekeeper or a housekeeper? YES/NO ¹
- Family Tax Benefit (FTB)
- Did you have care of a dependent child in 2006? YES/NO
- Did you or your spouse receive FTB through the Family Assistance Office in 2006? ... YES/NO
- T2. Are you a senior Australian? YES/NO
- T3. Are you a pensioner? YES/NO
- T4. Superannuation annuity and pension YES/NO
- T5. Did you have private health insurance in 2006? YES/NO
- T6. Did you receive Child Care Benefit and have out-of-pocket expenses? YES/NO
- T7. Do you have a child that was born between 1 July 2001 and 30 June 2004? YES/NO
- T8. Did you make superannuation contributions on behalf of a spouse? YES/NO
- T9. Did you live in a remote zone or serve overseas with the defence force in 2006? YES/NO
- T10. Did you have net medical expenses over \$1,500? YES/NO

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- T11. Did you maintain a parent, spouse's parent or invalid relative? YES/NO
- T12. Landcare and water facility tax offset YES/NO
- T13. Are you a mature age worker with net income from working of less than \$63,000?..... YES/NO
- T14. Are you an STS taxpayer with an annual turnover of \$75,000 or less?..... YES/NO
- T15. Other tax offsets (please specify) YES/NO

Other relevant information

A. Are you entitled to the Medicare levy exemption or reduction in 2006? YES/NO
(If yes, please specify):

B. Did you stop full time education at any time during the 2006 tax year? YES/NO

C. Did you become a tax resident or stop being one at any time during the 2006 tax year? YES/NO

D. Do you have a HELP-HECS liability or a student supplement loan (e.g., SFSS) debt? YES/NO

E. Did you pay any tax within 14 days before the due date of the liability (e.g., HELP-HECS)? YES/NO

F. Did a trust or company distribute anything to you for which family trust distribution tax has been paid? YES/NO

G. Do you have a loan with a private company or have such a loan amount forgiven? YES/NO

(If yes, please specify) - (reviewer consider if deemed dividend in year):

H. Did you receive any benefit from an employee share acquisition scheme? YES/NO

(If yes, please specify) - (reviewer consider if assessable in year):

^o These tax offsets may not be available where the taxpayer is eligible to claim FTB Part B.

Dated the day of 20

.....
Signature of taxpayer

.....
Name (print)

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