

Clarity Taxation 2014 Personal Tax Return Instructions

Your Last Name		
Your Given Names		
Postal Address		
Residential Address (if different to postal address)		
Your Occupation		
Work Phone No		
Mobile Phone No		
Home Phone No		
Fax No		
Email Address		
Contact Me During Normal Office Hours	At Home / At Work / On Mobile	
Bank Account Details (NOTE: If you are expecting a refund, the ATO no longer issue refund cheques. Payment will be by EFT.)	BSB:	Acct No:
	Account Name:	
Send a copy of my completed return by	Fax / Email / Post / I Will Collect	

Your Family

Spouse Surname, if different (incl same sex couples)			
Spouse Given Names			
Did You Have a Spouse for the Full Year?	Yes / No		
If no, period you had a spouse	From ___/___/___ To ___/___/___		
Spouse Date of Birth	___/___/___		
Spouse Income (but we prefer a copy of the return)		Dependent Children's Details (if applicable)	
Taxable Income	\$	Name	Date of Birth
Govt Pensions (Item 6 on return)	\$		
Exempt Pension Income	\$		
Reportable Fringe Benefits	\$		
Reportable Super Contributions	\$		
Net Investment Loss	\$		
Child Support (paid by spouse)	\$		

Income

1. Did you receive Payment Summaries?

 Yes No

If no, go to question 2.

If yes, we need copies of all payment summaries for wages, lump sum payments (both employer & superannuation), Australian Government pensions & allowances, annuities and superannuation income streams. For income streams, we also need any letter(s) and schedule(s) sent to you by the provider with your payment summary.

2. Did you receive or reinvest any Interest?

 Yes No

If no, go to question 3.

If yes, record details below showing **total interest received** on each account or provide statements etc.

Name of Institution	Account No	Total Interest	Tax Withheld	No of Holders
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

3. Did you receive or reinvest any Dividends from Shares owned?

 Yes No

If no, go to question 4.

If yes, read on and fill in the details below with **total dividends** received or send **all** dividend statements.

NB 1 Dividends reinvested must be declared as income, even though you didn't receive any money.

NB 2 Dividends are assessable in the year of payment. Look for the date of payment on the dividend statements.

Company	Unfranked	Franked	Imp Credit	Tax Withheld	No of Holders
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	

4. Did you receive Distributions from Managed Funds?

 Yes No

Managed funds are investments in unit trusts such as BT, Colonial, MLC etc

If no, go to question 5.

If yes, we need annual Tax Statements from each fund.

5. Did you Sell any Assets?

 Yes No

If you sold assets such as shares, units in trusts or property which were acquired after 20 September 1985, you may have to pay capital gains tax (cgt). Your main residence is exempt from cgt providing it was never used to produce income.

If no, go to question 6.

If yes, we need documents which show dates and amounts for purchase, sale and incidental costs. For managed funds, we need the Tax Statement from the fund manager or documents showing cost and sale amounts for all units sold.

6. Did you receive Rental Income?

 Yes No

If no, go to question 7.

If yes, we need a summary of income and expenses for each rented property or the agent's annual or monthly statements and a summary of expenses paid by you direct.

Also, send loan statements or advise amount of interest paid on any loan to buy each property.

Also, send page one of the contract, your solicitor's letter including settlement sheets and a quantity surveyor's report for depreciation if the property was purchased during the year.

7. Did you receive any Other Income not referred to above?Yes No

If no, go to question 1 under Deductions.

If yes, attach details. Other income could include **foreign income or pensions**, distributions from **partnerships** and/or **trusts**, income from your own **business**, bonuses from **life insurance companies** or **friendly societies**, income from **forestry managed investment schemes**, amounts for **lost salary or wages** paid under an income protection or sickness and accident policy or workers compensation scheme and discounts on shares or rights acquired under an **employee share scheme**. For the latter, we will need your **employee share scheme statement** which should have been given to you by your employer. If you have **business income**, you will also need to provide us with either your cashbook or computer file or a summary of income and expenses, including GST calculations if you are a GST-registered business.

Deductions

VIP If your total work-related expenses exceed \$300 (excl car expenses and claims against certain allowances) **you must have receipts** to prove the total amount, not just the amount over \$300.

1. Did you use your Car for work and keep a Log Book?Yes No

If no, go to question 2.

If yes, you are entitled to claim the cost of using your car for work based on a log book kept for a continuous period of 12 weeks within the last five years.

Insert details of your car and expenses incurred here and go to question 3.

Make:		Model:	
Date Purchased		Business Use This Year	%
Cost	\$	Year Log Book Kept	
Petrol & Oil	\$	Interest Paid	\$
Registration	\$	Send loan or lease agreement if this is the first year of your claim or you are a new client	
Comp Insurance	\$	Services	\$
Green Slip	\$	Tyres & Batteries	\$
Pink Slip	\$		\$
Repairs	\$		\$
Lease Payments	\$		\$

2. Did you use your Car for work and NOT keep a log book?Yes No

If no, go to question 4.

If yes, insert the details of your car here and go to question 3.

VIP You must exclude trips between home and your normal place of work (some exceptions do apply to this rule – contact our office for more details)

Make:		Model:	
Engine Capacity:	Litre	Cost of Car:	\$
Business Kms:		Expenses This Year	\$

You are entitled to claim the cost of using your car for work based on a reasonable estimate of the kilometres travelled up to a maximum of 5,000 kms per car. As an alternative, you can claim either 12% of the cost of your car or one third of expenses paid if your annualised kilometres exceed 5,000. Use Q1 to estimate expenses.

3. Tell Us How You Used Your Car for Work Here:**4. Did you incur Work-related Travel Expenses?**Yes No

If no, go to question 5

If yes, record details here.

Note: If your payment summary includes a travel allowance and it is "reasonable" (i.e. it is within ATO guidelines), you may be able to claim an amount per day for accommodation, meals and incidentals without receipts. Contact us for more information.

Taxis	\$	Accommodation	\$
Buses	\$	Meals	\$
Trains	\$		\$
Parking	\$		\$
Car Hire	\$		\$
Airfares	\$		\$

5. Did you incur Work-related Clothing Expenses?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>If no, go to question 6 If yes, record details here.</p> <p>Please note that you cannot generally claim a deduction for conventional clothing.</p>	Compulsory Uniform	\$	Dry Clean Uniforms	\$
<p>Deductions cannot be claimed simply because you received Youth Allowance, Austudy or Abstudy. Nor can you claim self-education expenses that will help you to get a new job.</p> <p>If you satisfy these conditions, complete these details and go to question 7.</p>	Non-Compulsory Uniform	\$	Home Laundry	washes/wk
	Occupation Specific	\$	Home laundry of uniforms or protective clothing only. Not conventional nor everyday clothing	
	Protective Clothing	\$	Sun Hats	\$
	Work Boots	\$		\$

6. Did you incur Self Education Expenses?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>If no, go to question 8. If yes, you can claim a deduction if the content of the course was relevant to the work you were doing as an employee at the time you were studying.</p>	Course Description			
<p>Deductions cannot be claimed simply because you received Youth Allowance, Austudy or Abstudy. Nor can you claim self-education expenses that will help you to get a new job.</p> <p>If you satisfy these conditions, complete these details and go to question 7.</p>	Name of School, College or University			
	Date Commenced			
	Date Finished			
	Fees (not HELP)	\$	Home Office Hours	Hrs/Week
	Text Books	\$	Home Office Weeks	Weeks
	Stationery	\$	Kilometres Travelled*	
	Photocopying	\$	Description of Car	
	Student Union	\$	Engine Capacity	Litre
<p>* You can claim the kilometres travelled directly between home or work and your place of education and return. If you travelled from home to your place of education and on to work or from work to your place of education and home, only claim the first leg of each trip.</p>				

7. Tell Us How Your Course is Work-Related Here:

8. Did you incur any other Work-Related expenses?				Yes <input type="checkbox"/>	No <input type="checkbox"/>							
<p>If no, go to question 9 If yes, enter total expenses (before private use if any) on the right and indicate below the proportion of work use of those items also used for private purposes. Also, enter below that, equipment costing more than \$300 per item.</p>	Computer Software (total)	\$	Safety Equipment	\$								
<p>Work & Private Use Items</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 20%; padding: 5px;">Item</th> <th style="width: 10%; padding: 5px;">Work %</th> </tr> <tr> <td style="padding: 5px;">Computer</td> <td style="padding: 5px;">%</td> </tr> <tr> <td style="padding: 5px;">Internet Access</td> <td style="padding: 5px;">%</td> </tr> <tr> <td style="padding: 5px;">Mobile Phone</td> <td style="padding: 5px;">%</td> </tr> </table>	Item	Work %	Computer	%	Internet Access	%	Mobile Phone	%	Computer Supplies (total)	\$	Stationery	\$
	Item	Work %										
	Computer	%										
	Internet Access	%										
	Mobile Phone	%										
	Conferences/Seminars	\$	Subscriptions	\$								
	Home Office	hours/week	Sun Screen/Glasses	\$								
Internet Access (total)	\$	Telephone - home	calls/wk									
Meal allowance rec'd	\$ /meal	Telephone – mobile (tot)	\$									
Meal allowance spent	\$ /meal	Tools (<\$300/item)	\$									
		Office Equip (<\$300/item)	\$	Union Fees	\$							
		Postage	\$		\$							
		Professional Fees	\$		\$							
		Reference Books/Journals	\$		\$							
		Repairs	\$		\$							
Work-Related Equipment Purchased Costing More than \$300					\$							
Description	Cost	Date of Purchase	Bus Use		\$							
	\$	____/____/____	%		\$							
	\$	____/____/____	%		\$							
	\$	____/____/____	%		\$							

9. Did you pay Interest on Investment Loans (excl rental properties)?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no, go to question 10 If yes, complete these details.	Lender's Name and Description of Investment	Interest Paid	
		\$	
		\$	
		\$	
10. Did you donate to Charities or School Building Funds?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no, go to question 11 If yes, complete these details or attach a list. Receipts will confirm that the donation is deductible.		\$	
		\$	
		\$	
11. Do you have any Other Deductions not referred to above?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no, go to Q1 at Tax Offsets. If yes, complete these details. VIP: To claim a deduction for personal super contributions , you must notify the fund and receive a written acknowledgement of your intention to claim the deduction.	Income Protection Insurance	\$	
	Tax Return Fee Last Year (if not prepared by us)	\$	
	Personal (deductible) Superannuation Contributions	\$	
		\$	
		\$	
		\$	

Tax Offsets

1. Do you have Private Health Insurance?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If no, go to question 3. If yes, we need your private health insurance statement, and go to question 2.				
2. If you have Private Health Insurance, were all of your Dependants (including your Spouse if applicable) covered for the whole of the year?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Medicare levy surcharge may be payable if you or your dependants (incl your spouse) do not have an appropriate level of private patient hospital cover for the whole year. An appropriate policy has an excess of \$500 or less (1 person) or \$1,000 or less (all others).				
3. Did you make Superannuation Contributions for your Spouse?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If no, go to question 4. If yes, insert details here.		Amount Contributed \$		
4. Did you live in a Remote Area of Australia or Serve Overseas?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If no, go to question 5. If yes, insert details here	Location	Period From	Period To	
5. Did you spend more than \$2,162 on Medical Expenses after Rebates?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If no, go to question 1 at Other. If yes, read below & show total out-of-pocket expenses here. Medical expenses include payments to doctors, nurses, hospitals, chemists, dentists, optometrists, therapeutic treatment under the direction of a doctor, medical aids prescribed by a doctor, artificial limbs, eyes & hearing aids, laser eye surgery, treatment under an in-vitro fertilisation program and payments made to a nursing home or hostel but not a retirement home. NOTE: You may not be able to claim your expenses. Operations and dental services which are solely cosmetic cannot be claimed. Also, to claim in 2014, you must have claimed in 2013 or the expenses are for disability aids or attendant or aged care.		<u>Out-of-Pocket Medical Expenses</u> \$ Note income tests apply in 2014 and your expense threshold may be \$5,100. We will advise which threshold applies when we prepare your return.		

Other

1. Do you have a HELP or SFSS Debt?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, go to question 2. If yes, insert amount(s) owing here.	HELP bal at 30 June \$ SFSS bal at 30 June \$
2. Have you paid Pay As You Go Income Tax Instalments this year?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, go to question 3. If yes, show the total paid here.	<u>Total Paid</u> \$
3. Other amounts required for Income Test purposes	Yes <input type="checkbox"/> No <input type="checkbox"/>
Tax free government pensions received by you	\$
Child support payments made by you	\$
4. Are you a New Client to our Practice?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, go to question 5. If yes, please send us a copy of your return for the previous financial year.	
5. Please write here any other information about your return	
<p>Please sign and date below.</p> <p>_____ /_____/_____</p> <p>Signature Date</p>	