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Income Tax | Data Sheet

2013-14 Financial Year

Please only complete information NOT already recorded in prior years

Please keep a copy of ALL documents you send to us

Date:

Name:

Date of Birth:

Address:

.....
.....

Contact Work: Home:
details:

E- VOIP:
mail:

Occupation:

Income

Salary/wages:

Employed by:

Earnings..... (Please enclose copy earnings statement(s))

Other Income

Australian \$	Overseas
.....
.....

Interest income: *Please show TOTAL interest income.*

Your interest	Spouse's interest	TOTAL	Bank or other payer etc.	TFN Withholding tax.
\$.....	\$.....	\$.....	\$.....
\$.....	\$.....	\$.....	\$.....

Dividend income:

Unfranked	Franked	Imputation credit	Co. name
\$.....	\$.....	\$.....
\$.....	\$.....	\$.....

Deductions from dividend and **non** rental property investment income

Interest on borrowed funds	Lender
\$.....

(Rental property loan interest – see rental property schedule)

Sale of Property: *Did you sell any shares, investments, real estate, and other property?*
 YES/NO (Other than your sole and principal residence)

Details.....

Purchased when?	Cost?	Sold when?
.....

Any other income?

Expenses

1. Motor vehicle and work related travel expenses

Please explain how these expenses relate to your work:

.....
.....

2. Uniform, occupation specific or protective clothing and laundry expenses

Please provide a description of the clothing items and explain why you needed them for work purposes. (NOTE: do not provide this description if you have provided this in previous years and your occupation is unchanged).

	Receipts held	Receipts not held
Laundry	\$.....	\$.....
\$.....		
Dry-cleaning	\$.....	\$.....
Occupation specific uniform	\$.....	\$.....
Compulsory distinctive uniform	\$.....	\$.....
Non-compulsory registered uniform	\$.....	\$.....
Protective clothing	\$.....	\$.....
Other (please specify)	\$.....	\$.....

3. Self Education

Please explain how these expenses related to your current work activities.

If you have estimated the portion of an expense that related to your self-education, such as computer expenses, tell us how you calculated the amount:

.....
.....

	Receipts held	Receipts not held
Fees	\$.....	\$.....
Books, stationery etc.	\$.....	\$.....
Travel	\$.....	\$.....
Computer expenses	\$.....	\$.....
Other (<i>please specify</i>) <i>e.g. travel from study to home, childcare etc.</i>	\$.....	\$.....
TOTAL	\$.....	\$.....

4. Other work related expenses

	R e c e i p t s held	Receipts not held
Professional fees, subscriptions etc	\$.....	\$.....
Seminars, conferences	\$.....	\$.....
Books, journals and professional library	\$.....	\$.....
Home office	\$.....	\$.....
Telephone	\$.....	\$.....
Computer expenses	\$.....	\$.....
Equipment, job tools etc		
Other work related expenses: (<i>please specify</i>)	\$.....	\$.....

Please explain how these expenses related to your work. If you have estimated the work-related portion of an expense such as telephone, home office, or computer expenses, tell us how you calculated the amount.

Other

Sickness/Income insurance		
Policy held with? (note: <i>income</i> benefit payable ONLY)	\$.....	\$.....
Superannuation (<i>self employed or non employer sponsored</i>) (<i>super co-contribution payment??</i>)	\$.....	\$.....
Contributions on behalf of (or by) spouse		
Fund name and your reference no?	\$.....	\$.....
Charities/other – donations	\$.....	\$.....
Building funds – donations		
Names:	\$.....	\$.....
Total medical expense incurred	\$.....	\$.....
(<i>a rebate is allowable on net expense above \$2,162</i> <i>BUT, subject income tests, other restrictions</i>)	\$.....	\$.....
LESS health fund and Medicare refunds received		
Refunds receivable but NOT received	\$.....	\$.....
NET MEDICAL EXPENSE CLAIM	\$.....	\$.....
Child care expense	\$.....	\$.....

Health Insurance

Please refer to labels on your 2013-14 *‘Private Health Insurance Statement’*:

B: Health insurer ID
C: Membership number
J: Your share of premium paid in the financial year
K: Your share of Aust Govt rebate received
L: Benefit code
<u>M2/39 Medicare Levy Surcharge</u>	
A: Days in tax year for private hospital cover

Dependents

Spouse Spouse's Name

Spouse's separate income \$.....

(Wages, interest, Centrelink payments)

Dependent children details: Name..... D.O.B.....

Dependent relatives

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Any other income tax information?

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Property owned jointly? *(New investments only)*

Date of purchase?

Date first let?

Expenses

Interest paid to: \$.....

..... \$.....

Borrowing costs paid to: \$.....

Rates - Council: \$.....

- Water: \$.....

Land Tax \$.....

Insurances - Fire: \$.....

- Contents: \$.....

Cleaning and rubbish removal: \$.....

Repairs

Plumbing: \$.....

Electrical: \$.....

Hardware items: \$.....

Locks and keys: \$.....

Other:	\$.....
Depreciation – equipment/other/fixtures purchased	
- Date of purchases:	\$.....
Agent's commission, lease fees:	\$.....
Lawn, garden requisites:	\$.....
Inspection expense; how?	\$.....
Strata levies:	\$.....
Bank charges:	\$.....
Advertising:	\$.....
Postage, telephone, stationery	\$.....
Other expense (please detail)	\$.....