

Client Details Form 2020 Individual Income Tax Return

"Build your Business ... Grow your Wealth"

HYDE COOPER WELLS ACCOUNTANTS RJSanderson

| Full Name | | | | | | | | |
|--|--|----|--|--|--|--|--|--|
| Tax File Number | | | | | | | | |
| Date of birth | | // | | | | | | |
| ABN (if applicable) | | | | | | | | |
| Address | | | | | | | | |
| Address (postal) (Put 'as above' if the same) | | | | | | | | |
| | Mobile: | | | | | | | |
| Telephone contacts | Business Hours (work) : | | | | | | | |
| | After Hours (home): | | | | | | | |
| Email | @ | | | | | | | |
| Electronic banking | BSB: | | | | | | | |
| (for refund if applicable) | Account Number: | | | | | | | |
| Occupation | | | | | | | | |
| | | | | | | | | |
| | Do you run your own business as a sole trader? YES/NO | | | | | | | |
| | Do you run your own business in a company, trust or partnership? YES/NO | | | | | | | |
| Spouse's full name | | | | | | | | |
| (Please include married/de | facto/same-sex) | | | | | | | |
| Spouse's date of birth | | | | | | | | |
| Spouse's TFN | | | | | | | | |
| Approximate Income (if known) | | | | | | | | |

Ph: (03) 5995 3466



Income – Please provide evidence No Unsure Yes 1. Salary or wages Please provide all PAYG Payment Summaries or Income Statements (available via MyGov (where employers are using Single Touch Payroll) from 31/7) applicable to the 2020 income year. Where you have not been provided with either an employment income statement or PAYG Payment Summary, please provide details below: Payer's ABN **Gross Payment Tax Withheld** Α В 2. Allowances, earnings, tips, director's fees etc. 3. Employer lump sum payments 4. **Employment termination payments** Australian Government allowances and payments like Newstart, Youth Allowance and 5. Austudy payments Australian Government pensions and allowances 6. 7. Australian annuities and superannuation income streams 8. Australian superannuation lump sum payments 9. Attributed personal services income 10. Gross Interest Bank Account # Amount Joint? a) b) c) 11. Dividends 12. Employee share schemes 13. Distributions from partnerships and/or trusts (provide distribution statement) 14. Personal services income (PSI) 15. Net income or loss from business (as a sole trader) 16. Deferred non-commercial business losses 17. Net farm management deposits or repayments 18. Capital gains 19. Foreign entities: Direct or indirect interests in a controlled foreign company Transfer of property or services to a non-resident trust 20. Foreign source income (including foreign pensions) and foreign assets or property 21. Rent (provide documentation) - Do you have one or more rental properties? - Did you buy or sell any property during the income year? 22. Bonuses from life insurance companies or friendly societies 23. Forestry managed investment scheme income 24. Other income (please specify below)

Cranbourne VIC 3977 **Ph:** (03) 5995 3466



| Deductions – Please provide evidence | Yes | No | Unsu |
|--|-----|----|------|
| D1. Work related car expenses | - | • | |
| Cents per kilometre method (up to a maximum of 5,000 kms) | | | |
| Log book method | | | |
| D2. Work related travel expenses | | | |
| Employee domestic travel with a reasonable travel allowance | | | |
| If the claim is more than the reasonable travel allowance rate, do you have receipts for | | | |
| your expenses? | | | |
| Overseas travel with a reasonable travel allowance | | | |
| Do you have receipts for accommodation expenses? | | | |
| • If travel is for 6 or more nights in a row, do you have travel records (e.g. a travel diary)? | | | |
| Employee travel without a reasonable travel allowance | | | |
| Did you incur and have receipts for airfares? | | | |
| Did you incur and have receipts for accommodation? | | | |
| Did you incur and have receipts for hire cars (if applicable)? | | | |
| Did you incur and have receipts for airfares? | | | |
| Did you incur and have receipts for meals and incidental expenses? | | | |
| Do you have any other travel expenses? | | | |
| Other work-related travel expenses (e.g. a borrowed car, public transport) | | | |
| (Please Specify) | | | |
| | | | |
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| | | | |
| | | | |
| | | | |
| D3. Work-related uniform and other clothing expenses | - | | |
| Protective Clothing | | | |
| Occupation Specific Clothing | | | |
| Non-compulsory uniform | | | |
| Compulsory uniform | | | |
| | | | |
| Conventional clothing | | | |
| Conventional clothing Laundry expenses (up to \$150 without receipts) | | | |
| | | | |

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| Deductions (Continued) – Please provide evidence | Yes | No | Unsur |
|--|-----|----|-------|
| D4. Work related self-education expenses | | | |
| Course taken at educational institution: | | | |
| Union fees | | | |
| Course fees | | | |
| Books, stationery | | | |
| • Travel | | | |
| Other (Please specify) | | | |
| | | | |
| D5. Other Work-related expenses | | | |
| Home Office Expenses | | | |
| Computer and software | | | |
| Telephone/mobile phone | | | |
| Tools and equipment | | | |
| Subscriptions and union fees | | | |
| Journals or periodicals | | | |
| Depreciation | | | |
| Sun protection products (i.e. sunscreen and sunglasses) | | | |
| Seminars and courses not at an educational institution | | | |
| Any other work-related deductions (please specify) | | | |
| | | | |
| Other Types of Deductions | | | |
| D6. Low value pool deduction | | | |
| D7. Interest deductions | | | |
| D8. Dividend deductions | | | |
| D9. Gifts or donations | | | |
| D10 Cost of managing tax affairs Interest charged by the ATO (e.g. including SIC and GIC) | | | |
| Tax Agent/accounting fees | | | |
| Litigation costs | | | |
| Other expenses incurred in managing tax affairs | | | |
| D11. Deductible amount of undeducted purchase price of a foreign pension or annuity | | | |

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| Deductions (Continued) – Please provide evidence | Yes | No | Unsure | | | | |
|---|--|----|--------|--|--|--|--|
| D12. Personal superannuation contributions | | | | | | | |
| Full name of fund | Account Number: | | | | | | |
| Fund ABN: | Fund TFN: | | | | | | |
| Have you provided the fund a notice of intention to | deduct the contribution? | | | | | | |
| • Has this notice been acknowledged by the fund? | | | | | | | |
| Other types of deductions (continued) | | | | | | | |
| D13. Deduction for project pool | | | | | | | |
| D14. Forestry managed investment scheme deduction | | | | | | | |
| D15. Other deductions (please specify) | | | | | | | |
| | | • | | | | | |
| | | | | | | | |
| L1. Tax losses of earlier income years | L1. Tax losses of earlier income years | | | | | | |
| | | | | | | | |

| Tax offsets/rebates – Please provide evidence | Yes | No | Unsure |
|---|-----|----|--------|
| T1. Are you a senior Australian or pensioner? | | | |
| T2. Did you receive an Australian superannuation income stream? | | | |
| T3. Did you make superannuation contributions on behalf of your spouse? | | | |
| T4 Did you live in a remote area of Australia or serve overseas with the Australian Defence | | | |
| Force or the UN armed forces in the 2020 income year? | | | |
| T5. Did you have net medical expenses for disability aids, attendant care or aged care in the | | | |
| 2020 income year? | | | |
| T6. Did you maintain a dependant who is unable to work due to invalidity or carer | | | |
| obligations in the 2020 income year? | | | |
| T7. Are you entitled to claim the landcare and water facility tax offset? | | | |
| T8. Are you involved in an early stage venture capital limited partnership? | | | |
| T9. Are you an early stage investor in an early stage innovation company? | | | |
| T10. Are you entitled to any other non-refundable tax offsets? (Please specify below) | | | |
| T11. Are you entitled to any other refundable tax offsets? (Please specify below) | | | |
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Web: www.hcwa.com.au Email: info@hcwa.com.au ABN: 18 091 661 013

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|---|---|----|-------|-------|---------|-----|------|-----|----------|----|---|---------------------|
| V | A | | | | | | | | N Wea | | S | |
| | | Du | uu yo | it Di | ustines | 2 1 | alow | you | vveu | un | | |

| Other re | levant information – Please provide evidence | Yes | No | Unsure |
|----------------------------|---|-----|----|--------|
| A. Are yo | u entitled to the Medicare levy exemption or reduction in the 2020 income year? | | | |
| If yes, ple | ease specify: | | | |
| B. Did you year? | u and your spouse/dependants have private health insurance in the 2020 income | | | |
| | please provide the annual statement received from your health fund) | | | |
| | you under 18 years old on 30 June 2020? | | | |
| | u become an Australian tax resident at any time during the income year? | | | |
| E. Did yo | u cease to be an Australian tax resident at any time during the income year? | | | |
| F. Did yo | u make a non-deductible (non-concessional) personal super contribution? | | | |
| | I have a HELP liability, Student Financial Supplement Loan debt, Student Start-Up ebt or Trade Support Loan debt? | | | |
| workin | u a working holiday maker in Australia on a 417 (working holiday) visa or 462 g holiday) visa? | | | |
| | rust or company distribute income to you in respect of which Family Trust | | | |
| | ution Tax (FTDT) was paid by the trust or company? (Please specify below) I have a loan with a private company at 30 June 2020 or has such a loan amount | | | |
| | orgiven in the 2020 income year? Has a private company made a payment to you | | | |
| in the 2 | 2020 income year (other than a dividend)? (Please specify below) | | | |
| - | u receive any benefit from an employee share acquisition scheme? Tax Benefit ('FTB'): | | | |
| | | | | |
| require | u have care of a dependent child in the 2020 income year? – Names & DOBs ed | | | |
| | Date of Birth:- | | | |
| | Date of Birth: | | | |
| Did you | u or your spouse receive FTB through the Department of Human Services in the | | | |
| 2020 ir | ncome year? | | | |
| Income Te | ests information | | | |
| Do you | have any reportable fringe benefits amounts in the 2020 income year? | | | |
| • Do you | have any reportable employer superannuation contributions in the 2020 income | | | |
| year? | | | | |
| Did you | u receive any tax-free government pensions in the 2020 income year? | | | |
| Did you | u receive any target foreign income in the 2020 income year? | | | + |
| Did you | u have a net financial investment loss in the 2020 income year? | | | + |
| Did you | u have a net rental property loss in the 2020 income year? | | | |
| Did you | u pay child support in the 2020 income year? | | | |
| Numbe | er of dependent children? | | | |

Address: 1st Floor, 13 Childers Street, Cranbourne VIC 3977 Ph: (03) 5995 3466

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| Other relevant inform | Yes | No | Unsure | | | | | | | |
|---|---|----|--------|--|--|--|--|--|--|--|
| Spouse Details (if applicable) | | | | | | | | | | |
| spouse for only part of June 2020 when you h | for the full year from 1 July 2019 to 30 June 2020? If you had a ⁵ the income year, please specify the dates between 1 July 2019 to 30 ad a spouse?to/ | | | | | | | | | |
| What was your spouse | 's taxable income for the 2020 income year? | \$ | | | | | | | | |
| Does your spouse have | e a share of trust income on which the trustee is assessed under | | | | | | | | | |
| Section 98 that has not | Section 98 that has not been included in your spouse's taxable income? | | | | | | | | | |
| • Did a trust or company | Did a trust or company distribute income to your spouse in respect of which family trust | | | | | | | | | |
| distribution tax was pa | id by the trust or company for the 2020 income year? | | | | | | | | | |
| Did your spouse have a | any reportable fringe benefits amounts for the 2020 income year? | | | | | | | | | |
| Did your spouse receiv | e any Australian Government pensions or allowances (not including | | | | | | | | | |
| exempt pension incom | e) in the 2020 income year? | | | | | | | | | |
| Did your spouse receiv | e any exempt pension income in the 2020 income year? | | | | | | | | | |
| Did your spouse receiv | e any tax-free government pensions paid under the Military | | | | | | | | | |
| Rehabilitation and Con | npensation Act 2004? | | | | | | | | | |
| Does your spouse have | e any reportable employer superannuation contributions or | | | | | | | | | |
| deductible personal su | perannuation contributions for the 2020 income year? | | | | | | | | | |
| Did your spouse receiv | e any 'target foreign income' in the 2020 income year? | | | | | | | | | |
| Did your spouse have a | a total net investment loss (i.e., the total of any financial investment | | | | | | | | | |
| loss and a rental prope | erty loss) for the 2020 income year? | | | | | | | | | |
| Did your spouse pay ch | nild support during the 2020 income year? | | | | | | | | | |
| | between their preservation age and 59 years old, did they receive a | | | | | | | | | |
| | sum (other than a death benefit) during the 2020 income year that | | | | | | | | | |
| | ent that does not exceed their low rate cap? | | | | | | | | | |
| Additional notes/concerns | ;; | | | | | | | | | |
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| Dated: | | | | | | | | | | |
| | // | | | | | | | | | |
| Signature of taxpayer: | | | | | | | | | | |
| Name (Print) | | | | | | | | | | |