



Interest received from all sources	Financial institution	Joint (Y/N)	Tax withheld	Total interest	To claim

Dividends received from shares (Please attach dividend statements)	Name of company	Unfranked amount	Franked amount	Imputation credit	TFN withholding

Managed Fund or Trust Distributions (please list funds, and attach financial year tax statements received from fund managers)	

**Capital Gains transactions (shares/property)**  
Please attach any information regarding the sale of any investment assets.

**Rental Property Details** Please refer to Rental Property Summary – Schedule 1

DEDUCTIONS	Details	Amount to claim
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**Travelling Expenses**

Cents per Kilometre					
Work related kilometres travelled (Please list travel destinations to and from)	Total		Km		c/Km =
	Cents per Kilometre	58c	69c	70c	
	Engine capacity	< 1600cc	1600 – 2600cc	>2601cc	

Car details		
Registration number		
Acquisition	<input type="checkbox"/> Purchased	<input type="checkbox"/> Leased
Date acquired	____ / ____ / ____	
Purchase price / Market value		
Make		
Model		
Engine size	<input type="checkbox"/> < 1600cc	<input type="checkbox"/> 1600 – 2600cc
		<input type="checkbox"/> >2601cc
Date log books keep	From: ____ / ____ / ____	To: ____ / ____ / ____
	Start:	Finish:
Total business kilometres		
Business percentage (%)		

Running costs		Please supply details of CHP / Lease agreement if applicable
Running costs		
Registration		
CTP (Green slip)		
Pink slip		
Petrol		
Insurance		
Cleaning / car wash		
Interest expense		
NRMA		
Repairs and maintenance		
Other		

Work related travel expenses		
Parking		
Tolls		
Other		

Work related uniform expenses		
Laundry		
Dry cleaning		
Protective clothing		
Other		

Work-related self-education expenses		
Course Fees (Institution's name)		
Exam Fees (Institution's name)		
Travel expenses		
Accommodation / Food		
Other		

Other work-related expenses		
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Professional Fees, Memberships & associations	RMO	
	AMA / ADA	
	Registration	
	College Fees	

Subscriptions, journals & magazines		

Reference books & Materials		

(Any purchases over \$300 please use schedule 2)
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Professional Indemnity Insurance		

Hours spent using home office / studies for studying purposes? (Eg: 5 hours / week for 52 weeks = 5 x 52 = 260hrs) \_\_\_\_\_ hours @ 26 cents

Home office expenses and consumables (under \$300)		Total amount	% Private use	Claim amount

Stationery & photocopying				
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Conference & Seminars (Please specify name and location of conference)				

Telephone expenses				

Mobile expenses				

Internet expenses				

Other expenses				

Complete this section if you have any loans for managed fund or investment purposes

Gearing Interest (Please provide loan details if >\$5000)		

Bank fees are only deductible if they are related to investment income.

Investment bank fees		

Donations to tax registered charities (Please name charities)		

Tax fees	Flowers Financial Group	
	Travel	

Income protection insurance premiums		

(Any purchases over \$300 please use schedule 2)

CHILDCARE REBATE

Did you pay childcare in the year 2005/2006?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please provide details
Private Health Insurance details		Please attach certificate from Health Fund	

REBATES

Family Tax Benefits			
Have you or your spouse received any Family Tax Benefits during this financial year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, go to next section
If no, do you have dependents and believe you are eligible for the Family Tax Benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, please go to next section
If yes, do you wish to lodge a Family Tax Benefits schedule in this tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, please go to next section
If yes, do you have any additional pensions received from the government during this financial year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, please describe pension and amount paid	Amount paid:		\$
If no, please write period of maintenance of the child / children below.			
Name	Gender	Start	End
	<input type="checkbox"/> Male <input type="checkbox"/> Female	___ / ___ / ___	___ / ___ / ___
	<input type="checkbox"/> Male <input type="checkbox"/> Female	___ / ___ / ___	___ / ___ / ___
	<input type="checkbox"/> Male <input type="checkbox"/> Female	___ / ___ / ___	___ / ___ / ___

Please complete the lines below if you had a spouse during this financial year. (If we complete your spouse's return, please go to next question)		
Taxable income	Net rental property losses	RFBT

Have you paid any PAYG instalments to the tax office during this financial?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Did you have a HECS/HELP liability at the end of the financial year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Did you have a Financial Supplement Scheme Loan liability at the end of the financial year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Have you been working in a rural area and have a HECS liability for the financial year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you paid any medical expenses for yourself or dependents during this financial year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, please go to next section
If yes, what were the gross medical expenses?			\$
Benefit received from Medicare / private health insurance?			\$
Have you made any personal contribution's to super during this financial year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, please go to next section
If yes, what was the super fund, ABN of the super fund and contribution amount?			
Fund name	ABN	Amount	
		\$	
Are you eligible to claim a (remote area) zone rebate in this Financial Year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, what is the suburb you resided in?			
Have you claimed a zone rebate in previous years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please complete box below.
Year	Days in zone	Zone rebate claimed?	
2003 / 2004		<input type="checkbox"/> Yes	<input type="checkbox"/> No
2004 / 2005		<input type="checkbox"/> Yes	<input type="checkbox"/> No
2005 / 2006		<input type="checkbox"/> Yes	<input type="checkbox"/> No
For what period were you residing in this zone?	Start ___ / ___ / ___	Finish ___ / ___ / ___	

TOTAL TAX-OFFSETS

Professional library details	Please refer to Schedule 2
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Professional equipment, PCs etc	Please refer to Schedule 2
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Other comments:

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# Schedule 1 - Rental Property Summary

for the year ending 30 June 2007



Client Name: \_\_\_\_\_

PROPERTY	Property 1	Property 2	Property 3
Address			
% Ownership			
Other Partner's Name			
Other Partner's TFN			
Date Purchased (Settled)	___/___/___	___/___/___	___/___/___
Date First Income Produced	___/___/___	___/___/___	___/___/___
Number of weeks available for rent this financial year			
<b>INCOME</b>			
Gross Rent			
Other Income			
<b>EXPENSES</b>			
Advertising			
Agent's Commission			
Strata Levies			
Bank charges			
Borrowing cost			
Cleaning			
Council Rates			
Decline in Value			
Gardening			
Insurance			
Interest			
Land Tax			
Letting fees			
Pest Control			
Postage			
Repairs & Maintenance			
Special Building Write-off			
Travel Expenses			
Water Rates			
Other			
If you purchased or disposed of any fixtures or fittings e.g. oven, blinds, dryer etc. complete schedule 2			
If property was purchased (i.e. settled) this financial year, or this is the first time we are preparing your tax return, please supply the following details:			
	<input type="checkbox"/> Depreciation schedule	<input type="checkbox"/> Settlement Statement	<input type="checkbox"/> Loan details as below:
Mortgage Borrowing Costs			
Mortgage Finance Fee			
Mortgage Establishment Fee			
Mortgage Stamp Duty			
Mortgage Insurance			
Legal Fees			
Lodgement Fees			
Net rental gain / (loss):			



# Schedule 3 – Business Income & Expenses

for the year ending 30 June 2007



Client Name: \_\_\_\_\_

Business activity: \_\_\_\_\_

Business address: \_\_\_\_\_

State                      Postcode

INCOME	Gross amount	GST portion	Net amount
Gross income			
Other income			
EXPENSES	Gross amount	GST portion	Net amount
Accounting			
Advertising			
Bank charges			
Donations			
Electricity / Gas			
Income Protection Insurance			
Interest expenses			
Internet			
Legal Fees			
Management Fees			
Material and supplies			
Motor Vehicle Expenses (Please see page 2)			
Mobile			
Office Expenses			
Postage			
Printing and stationary			
Professional Indemnity Insurance			
Protective clothing			
Rates			
Rent / lease of premises			
Repairs & Maintenance			
Salaries & wages			
Staff amenities			
Subscriptions			
Superannuation expenses			
Telephone			
Travel and accommodation			
Water rates			
Other:			

(Any purchases over \$300 please use schedule 2)

Net business gain / (loss)	
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