



**First Name:** \_\_\_\_\_ **Middle Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **email:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Tax File No:** \_\_\_\_\_ **ABN:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**A YOUR INCOME**

**1 Did you have paid employment in 2016?**

**Y N**

If yes, please scan and attach your PAYG Summary

**2 Did you have any extra payments from your employer?**

eligible termination payment  
allowances or tips  
fringe benefits  
lump sum payment

*If yes, please scan and attach all statements*

**3 Did you receive income from your own business/contracting service?**

**Y N**

*If yes, please describe your business activities*

\_\_\_\_\_  
*Please enter your total annual income from business activities*

\_\_\_\_\_  
*If you have an ABN, please enter the ABN associated with this business activity*

**4 Are you registered for GST?**

**Y N**

**5 If yes, does the above income include GST?**

**Y N**

**6 Did you receive any income from the government last year?**

**Y N**

If yes, please scan and attach payment statements

**7 Did you receive any interest income?**

**Y N**

Please enter amount of interest received from bank account

\_\_\_\_\_

**8 Did you receive any income from shares?**

**Y N**

*If yes, please scan and attach dividend statements*

**9 Did you receive any income from trusts or partnerships?**

**Y N**

*If yes, please describe below and attach Annual Tax Summaries, Financial Statements and Tax Returns*

\_\_\_\_\_

**10 Do you have a rental property?**

**Y N**

*If yes, please request a rental property schedule*

**11 Did you sell any assets during the year that may give rise to Capital Gains Tax?**

*(eg. Shares, Rental property, or Investments.)*

**Y N**

*If yes, please request a capital gains schedule*



**B MOTOR VEHICLE EXPENSES**

**12 Did you use your motor vehicle for work or business purposes?**

**N** *If no, go to question 17*

**Y** *If yes, please ensure you are eligible to claim vehicle expenses.*

[What can I claim?](#)

*Please describe how you used your car*

**13 Did you keep a logbook for your car?**

**N** *If no, go to question 15*

**Y** *If yes, enter details below*

*Make & Model*

*Purchase Price*

*Licence Plate Number*

*Purchase Date*

*Log Book % Business Use*

*Dates of log book*

*Please enter all your car expenses for the 2015 financial year and attach receipts.*

**14 Did you buy or sell a motor vehicle during this financial year, which was used for work?**

**Y N**

*If yes, please provide following details*

***If car was sold, we need***

*Date of Sale*

*Sale Price*

*Please also attach:*

- *Dealer sale document (incl. trade-in)*
- *Finance payout information (if any)*

***If car was purchased, we need***

*Date of Purchase*

*Purchase Price*

*Please also attach:*

- *Dealer sale document (incl. trade-in)*
- *Finance information (loan docs, lease, if any)*

**15 If you did not keep a log book, enter details below**

*Make & Model*

*Kilometers travelled for work & business*

**16 Notes (optional)**

*Please enter any notes below in relation to your motor vehicle expenses*



**C BUSINESS EXPENSES**

Use this section for expenses relating to your business/contracting service income from question 3.

For expenses relating to your employment income (question 1), use section D.

**17 Did you incur any expenses relating to your business/contracting service?**

**Y N [What can I claim?](#)**

If yes, you need to enter the annual amount and also what % you are claiming for business use.

e.g if you annual mobile phone bill is \$800 and you use your phone 50% for business use, enter \$400 for amount and 50%.

Expense	\$ Amount	%
Mobile Phone		
Stationary		
Travel Expenses		
Other		

**HOME OFFICE**

**18 Did you perform any of your work at home?**

**Y N [What can I claim?](#)**

If yes, on average, how many hours per week do you work from home?

Please provide a list of your home office expenses and the % of your time you work from home.

eg. home internet, furniture, electricity, gas.

Home Expense	\$ Amount	%

**19 PURCHASES OVER \$1,000**

Did you buy any equipment ie laptop over 1,000 in the last 5 years that you use to generate income?

Please enter what you bought, date purchased, purchase cost and amount of business use %



**D EMPLOYMENT EXPENSES**

Use this section for expenses relating to your employment income from question 1.

For expenses relating to your business income, use section C.

**TRAVEL**

**20 Did you incur any work-related travel expenses?**

**Y N [What can I claim?](#)**

If so, we need a list of expenses incurred.

Please note that a diary should be kept if away from home for 6 nights or more and receipts should be supplied where possible

**21 CLOTHING**

**Did you incur any expenses in relation to uniforms or protective clothing including the laundry / dry cleaning of these uniforms?**

**Y N [What can I claim?](#)**

If yes please provide a list of these expenses, and supply receipts where possible.

**SELF EDUCATION**

**22 Did you complete any courses that were related to your work?**

**Y N [What can I claim?](#)**

If yes, we need to know what type of course and what expenses were incurred. Please supply receipts where possible.

**INCOME PROTECTION**

**23 Do you have Income Protection Insurance?**

**Y N [What can i claim?](#)**

If yes, please provide:

Name of insurer

Policy Number

Annual Premium Amount

**24 OTHER WORK RELATED EXPENSES**

**Did you have any other expenses relating to your employment such as:**

- Car parking
- Seminars & Conferences
- Stationery
- Tools
- Subscriptions
- Any other expenses



**E OTHER**

*This section relates to all clients, regardless of how income was earned.*

**25 DONATIONS**

**Did you make any donations of \$2.00 or more to tax deductible gift recipients?**

**Y N** [What can I claim?](#)

*If yes, please provide a list of these donations, and receipts.*

**26 COST OF LAST YEARS TAX RETURN**

**Did you incur Tax Agent Fees for preparing last years Tax Return?**

**Y N**

*If yes, please provide the amount and who it was paid to.*

**27 H.E.L.P or FEE-HELP**

**Do you have a H.E.L.P. or FEE-HELP debt or a financial supplement loan?**

**Y N**

**28 FULL TIME EDUCATION**

**Did you cease full time education during the year?**

**Y N**

*If yes, we need to know the net income earned while a full time student and the date of ceasing full time education.*

**29 RESIDENCY**

**Did you become a resident of Australia or cease being a resident of Australia during this financial year?**

**Y N**

*If yes, we need to know the date residency status changed and details of any income earned overseas, during the period that you were a resident. Please provide documentation where possible.*

**30 PERSONAL SUPER**

**Do you personally contribute to a Superannuation Fund? (not including amounts contributed by your employer)**

**Y N**

*If yes, please provide:*

*Name of Fund*

*Member Number*

*Amount Contributed*

**E OTHER (cont..)**

*This section relates to all clients, regardless of how income was earned.*

**31 HEALTH INSURANCE**

**Do you have Private Health Insurance?**

**Y N**

*If yes, please attach the annual statement from your private health fund.*

**32 SPOUSE DETAILS**

**Do you have a spouse during 2015 financial year?**

**Y N [More details](#)**

*Did you have a spouse the full financial year?*

**Y**  
**N** *Provide Dates*

*Please provide all details below*

*Full Name*

*Date of Birth*

*Tax File No*

*Annual Income*

*Any other income, benefits*

*Any deductions, child care expenses etc.*

**33 CHILDREN**

**Do you have any children?**

**Y N**

*If yes, please include details such as; full name, date of birth, number of nights under your care and any income received by these children.*

**34 DEPENDENTS**

**Do you have any dependents other than your children eg. Parents?**

**Y N**

*If yes, please include details such as; full name, date of birth and relationship of dependent*

**35 Are you a sole parent?**

**Y N**

**36 Do you have a Family Assistance Office debt?**

**Y N**

*If yes, do you consent to use some or all of your tax refund to repay this debt?*

**Y N**



## **F ADDITIONAL INFORMATION**

*Please provide any additional information relevant to your tax return.*

## **G AUTHORITY**

### **REFUND**

*If you are eligible for a refund we will require your bank account details so your refund can be deposited directly into your bank account.*

*Without this information we will be unable to complete your return.*

***Please provide your account details below:***

**Bank**

**Account Name**

**BSB**

**Account No.**

### **CONFIRMATION**

*By submitting this form you are confirming you wish to appoint Liston Landers Pty Ltd as your registered tax agent.*

*Where necessary, Liston Landers Pty Ltd will contact your previous accountant to request details of previous tax returns.*

*This form does not include fields for all information that may be applicable to your tax return. It is your responsibility to provide this information where applicable.*

*The ATO requires you to keep receipts and documents relevant to your tax return for 5 years.*

**I accept the above terms and conditions**

When complete, please save this form and attach to an email with all other relevant documents.