III INVESTAX

Individual Information Checklist

2022-2023

Investax Group

Please note that most of **2022-2023** tax returns are due for lodgment by **15 May 2024** (unless you have been informed otherwise). In order for us to complete your return by the due date, we will require your documentation no later than **1 March** 2024.

During peak tax periods our turnaround is 6-8 weeks from when we receive your documentation.

If your return is not required urgently, please indicate period that would be suitable:

| □ Urgent | □ 4-6 V | Veeks □ 6-8 | Weeks | □8-10 Week | (S | ☐ Anytime be | efore Due Date |
|-------------------------------------|------------|----------------------|---|-------------------------|------------|-----------------|--|
| GIVEN NAME | : | | | MIDDLE NAM | E: | | |
| SURNAME: | | | | DATE OF BIRT | TH: | | |
| TAX FILE NUN | ИBER: | | | OCCUPATION | : | | |
| ADDRESS: | | | | | | | |
| HOME PHON | E: | | | MOBILE: | | | |
| ACCOUNT NA | AME*: | | | | | | |
| BANK BSB N | UMBER*: | | | BANK ACC* N | UMBER: | | |
| | | | | | | | |
| EMAIL ADDR | ESS: | | | | | | |
| NAMES OF DEPENDENT CHILDREN & D.O.B | | | NAME OF SPOUSE OR PARTNER & D.O.B (Includes same sex couples) * | | | | |
| | | | | | ude Rep | ortable Frin | oouse taxable ge Benefits, |
| INCOME | | | | | | | |
| ARE YOU AN (Including pe | | EE? | YES | NO[| | | |
| If yes, your PA | YG incom | e summaries from y | our employ | ers will be avail | able via t | he ATO portal | or MY GOV |
| OTHER INCO | ME (Includ | des any business inc | ome, directo | or's fee, commis | ssions etc | c) | |
| | | | | | | | |
| | | | | | | | ······································ |
| INTEREST RE | CEIVED | | | | | | |
| NAME OF | BANK | ACCOUNT NUMBE | I | L INTEREST CEIVED \$ | TFN WI | THHOLDING \$ | JOINT ACCOUNT? |

DIVIDENDS

Please provide copies of dividend statements of Income received, including Dividend Reinvestment Plans (DRP)

| NAME OF SHARES | NUMBER OF SHARES HELD | AMOUNT RECEIVED \$ |
|---|---|---------------------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| TRUST AND PARTNERSHIPS | | |
| (Eg: BT funds, Vanguard, AXA etc) Nam | e of trust or partnership - | |
| Please provide Annual Tax Statement | | |
| | | |
| | | |
| CAPITAL GAIN | | |
| Did you sell any assets such as shares c | r property which were acquired after 2 | 0 September 1985? |
| Applicable | YES NO | |
| If yes, please provide documentation o | f when it was purchased/cost and also | documents on sale/funds received, etc |
| RENTAL INCOME (including AIRBNB) | | |
| Please complete attached rental prope | rty statement at the back of this check | dist. |
| EMPLOYEE SHARE/OPTION SCHEME | | |
| Did you receive bonus shares/options f | rom your current employer during 202 | 2/2023? |
| YES NO | | |
| If yes, please provide the related corres | pondences/documents received from t | the employer. |
| ANY OTHER INCOME | | |
| (Any Income you have received in the f details.) <i>Eg. Interest on any overseas I</i> | | |
| | | |
| | | |
| Do you have any assets over \$50,000 | AUD outside of Australia? | YES NO |

DEDUCTIONS

Home Office Hour

Please ensure you are able to substantiate all claims, even if less than \$300.

| MOTOR VEHICLE | | | | |
|---|---|-----------------------------|------------------|--|
| Did you use your own car for business/work purposes through the year? | | | | |
| If yes, then please provide one of the f | following: | | | |
| Log Book Method- Business % use | Please ensure you keep a log book for a | a continuous period of 1: | 2 weeks) | |
| | you incurred over the financial year inc ad sheet or itemised form and attach it | = | intenance, | |
| If you have a loan for the vehicle, pleas | se provide figures of your lease payme | nts. | | |
| OR | | | | |
| Kilometres Method | | | | |
| | our car for work. Let us know how man e allows you to claim is 5000 Kilometre | | l have travelled | |
| Car Registration Number: | | | | |
| Kilometres: | | | | |
| WORK UNIFORM | | | | |
| Do you wear: YES | NO 🗆 | | | |
| · Protective clothing | | | | |
| · Uniform with a company logo | | | | |
| · Occupation specific clothing | | | | |
| If yes, were you out of pocket through Laundering and dry cleaning of clothi | the year for purchasing any new items ng listed above are claimable. | s. (If so please provide de | etails) | |
| SELF EDUCATION | | | | |
| Name of Course | Institution | | | |
| How does it relate to your current em | ployment/employer? | | | |
| Fees (Excluding HECS/HELP debt) | | | | |
| Books/Stationery/Consumables | | | | |
| Travel | | | | |
| Internet | Amount per month I | Percentage used for wo | rk | |

Hours per week _____ How many weeks _____

OTHER WORK RELATION DEDUCTIONS Union fees/Professional bodies (List names and amounts) Diary/Printing/Postage/Stationery Books and Journals Seminar costs Sickness & Accident Insurance/ Income protection (Please supply a copy of the policy Internet Amount per month______ Percentage used for work _____ Home Office Hours from Hours per week _____ How many weeks ___ 01/07/2022 to 30/06/2023 Amount per month _____ Percentage used for work _____ Mobile Phone Outdoor workers ____ Percentage used for work ___ Amount _ (Sunglasses/Sunscreen/Hats) Tools & Equipment-Over \$300 (List dates & percentage used or work purpose) **OTHER** (Costs you incurred that was directly related to your job.) Please provide details: YES \square № П If yes, how much did you pay \$ _____ Income Protection Insurance **GIFTS OR DONATIONS** Voluntary gifts of \$2 of more made to a Deductible Gift Recipient (DGR) Status Organization, please list the name of the organistaion and the amount donated. (This includes School Building Fund donations) **TAX OFFSETS** PRIVATE HEALTH INSURANCE YES \square № П Do you have private health Insurance? Please confirm all your family members (including your spouse and children were covered by private YES NO | | health insurance hospital cover SPOUSE OR PARTNERS TAXABLE INCOME* (Includes same sex couples) YES Did you have a spouse/partner for the full financial year? YES T Does your spouse/partner receive any benefits from Centrelink?

| What was your spouse or partne | r's taxable income*: | \$ | |
|--------------------------------------|-----------------------------|---|-------------|
| (Please supply a copy of their PA | YG Summary/Group certif | ificate) | |
| *Compulsory | | | |
| SUPERANNUATION | | | |
| a) Please provide details of contrik | outions you made to your s | superannuation for the financial year, if any. | |
| | | | |
| b) Have you made superannuatio | n contributions on behalf c | of your spouse? | |
| | | | |
| <u>OTHER</u> | | | |
| etc. | | are not entitled to Medicare Benefit, you are a s | |
| | | | |
| | tion you have supplied is o | correct. The onus is on you the taxpayer to be on that you have supplied. | e able to / |
| SIGNED: | DAT | TE: | |
| Please mail your completed fo | orms and supporting docu | umentation (copies of the originals are suffic | cient) to: |



Investax Group

Suite 1/102 Level 1, 276 Pitt Street Sydney NSW 2000 Tel: 02 8651 8000 | Fax: 8213 9222 www.investax.com.au

A postage fee will be added to your invoice upon the return of bulky items.



Individual Information Checklist

2022-2023

Only rents received and expenses **paid** between 1 July 2022 and 30 June 2023

| Owner Names & Ownership %: | |
|---|--|
| Address of Rental Property: | |
| Number of weeks property was rented this year: | |
| | |
| INCOME | |
| Gross rental income | |
| Other rental related income | |
| Gross Rent | |
| | |
| EXPENSES | |
| D Advertising for tenants | |
| E Body corporate fees (Strata Levies) | |
| F Borrowing expenses | |
| G Cleaning | |
| H Council Rates | |
| I Capital allowances (depreciation) | |
| J Gardening/lawn mowing | |
| K Insurance | |
| L Interest on loans | |
| M Land Tax | |
| N Legal fees | |
| O Pest control | |
| P Property agent fees/commission | |
| Q Repairs and maintenance (R & M) | |
| (for R & M purchases greater than \$300 need details) | |
| R Capital Work's Deduction (Building) | |
| S Stationery, telephone and postage | |
| T Travel expenses (Not allowed after 30/6/2017) | |
| U Water charges | |
| V Sundry rental expenses | |
| TOTAL EXPENSES | |
| | |
| NET RENT | |
| | |

Note new rules on depreciation claims apply on signing of contracts as of 9/5/17 7.30pm

| For | property | purchased | this fin | ancial ye | ar please | provide t | the foll | owing: |
|-----|----------|-----------|----------|-----------|-----------|-----------|----------|--------|
| | | | | | | | | |

Settlement Sheet

Bank Loan Offer

First Bank Statement

Transfer Title Documents

First Page Of The Contract For Sale

Depreciation Schedule (if any)