

Personal Income Tax Return Year End Questionnaire 2011

To assist us in preparing your income tax return, please use this questionnaire as a checklist when you compile your information.

With respect to your income, please keep in mind that the Australian Taxation Office has the ability to check your return income against independent sources. In particular, this applies to PAYG Payment Summary income, interest received and dividends.

For deductions, keep in mind that self-assessment applies. In the event of a Tax Office audit you will need to be able to substantiate the deductions claimed.

Finally, if you have sold any assets during the year please provide full details so we can determine whether Capital Gains Tax may apply to the transaction.

Thank you for completing this questionnaire. Completing it takes considerable time and effort however your efforts will enable us to process your work quickly and efficiently because we will have all the necessary information at hand to complete the work. This will also ultimately save you money and time because we won't need to come back to you with further requests for information, thus delaying the processing of your return.

Please ensure you attach all relevant documentation to the questionnaire, then sign and date this form below and return your questionnaire and documentation to us.

If you have any queries or concerns, please do not hesitate to contact us.



PROACCT

Targeting And Securing Your Future

ProAcct Advisors & Accountants Pty Ltd

I hereby instruct you to prepare my income tax return for the financial year ended 30 June 2011.

I undertake to supply all information necessary to carry out such services, and will be responsible for the accuracy and completeness of such information.

You are hereby authorised to communicate with my bankers, solicitors, finance companies and all government agencies such as the ATO to obtain such information as you require to enable you to carry out the above assignment.

Name:

Signature:

Date:

To ensure that our records are up to date, please assist us by confirming and/or completing the following:

Full name:				
Home address:				
Telephone:	Home		Business	
	Fax		Mobile	
Email address: <i>(For our records)</i>				
Your occupation:				
Date of birth:				
Spouse's name:				
Spouse's date of birth:				
Period that you had a spouse during the year:	to			
Please list names and dates of birth of children	Name		Date of birth	
Do you wish to use electronic funds transfer?*	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

**If yes, we will require the following information*

Bank and Branch:			
Account name:			
BSB number:		Account number:	

Tax refunds can be made via electronic funds transfer. It should be noted that this electronic funds transfer authority can be cancelled for future years.

Please provide your spouse's tax file number and taxable income if we do not prepare his or her income tax return:

Spouse's Tax File No.:

Spouse's Taxable
Income:

1. If we are preparing your return for the first time please provide:		Yes	No	?
1.1	A copy of your last tax return, taxation assessment and PAYG instalment notices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2	Copies of any other correspondence with the Tax Office such as objections, penalties, Statement of Account, Garnishee Notice, Final Notice to Lodge.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Income				
2. Salary and Wages		Yes	No	?
2.1	Have you changed your occupation? <i>If yes, please provide details.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2	Do you have PAYG Payment Summaries from employment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Allowances, Benefits and Other Salary and Wages Income		Yes	No	?
3.1	Have you received any allowances, benefits and other earnings not on PAYG Payment Summary? <i>If yes, please provide information.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Lump Sum Payments		Yes	No	?
4.1	Have you received lump sum payments? <i>e.g. Pro Rata Annual Leave.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Employment Termination Payments		Yes	No	?
5.1	Have you any ETP Payment Summary Statements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Australian Government Pensions and Allowances		Yes	No	?
6.1	Have you any PAYG Payment Summaries detailing Government pensions, allowances and payments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Australian Annuity or Superannuation Pension		Yes	No	?
7.1	Have you received any income from an Australian Annuity or Superannuation Pension? <i>If yes, please provide PAYG Summary, and details of any un-deducted purchase price.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Australian Superannuation Lump Sum Payments		Yes	No	?
8.1	Did you receive an Australian Superannuation Lump Sum Payment? <i>If yes, please provide your PAYG Payment Summary.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Personal Services Income		Yes	No	?
9.1	Have you entered into any Voluntary Withholding Agreements? <i>If yes, then please provide Payment Summaries and details of agreement and tax withheld.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Reportable Fringe Benefits		Yes	No	?
10.1	Have you received any reportable fringe benefits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



11. Other Employment Income		Yes	No	?
11.1	Have you been employed during the year and not received a PAYG Payment Summary? <i>If yes please attach details.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Interest		Yes	No	?
12.1	Have you received or been credited with interest from any source within Australia? <i>If yes, please attach bank information.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Dividends		Yes	No	?
13.1	Have you received or been credited with any dividends from companies in Australia, including dividends reinvested? <i>If yes, please provide statements.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Income from a Trust or Partnership		Yes	No	?
14.1	Have you received or are entitled to receive distribution of income or loss from a trust or partnership? <i>If yes, please attach details.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Other Business Income		Yes	No	?
15.1	Have you carried on a business during the year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.1.1	<i>If yes, please provide details of income and expenditure relating to your business activity.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Farm Management Deposits		Yes	No	?
16.1	Have you made any deposits or withdrawals to/from a Farm Management Deposit? <i>If yes, please provide documentation.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Capital Gains or Losses		Yes	No	?
17.1	Have you sold or disposed of any assets? <i>Please provide details.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Foreign Income		Yes	No	?
18.1	Do you receive income from a foreign pension or annuity? <i>Please provide details</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.2	Have you received any income resulting from foreign employment (salary, wages, commission and/or bonus)? <i>Please provide details.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.3	Have you received interest, royalties, dividends, rent, or any other foreign income? <i>Please provide details</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Rental Income		Yes	No	?
19.1	Have you received rental income or made your property available for rental? <i>If yes, please provide information for each rental property.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Other Income		Yes	No	?
20.1	Have you received any other income?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.2	Were you granted shares/rights under an employee share scheme?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide details of any other income you have received:			
Work Related Expenses			
21. Motor Vehicle Expenses	Yes	No	?
21.1 Have you incurred any motor vehicle expenses relating to your work? <i>If yes, please provide relevant information (including business percentage if log book was used, expenses, purchase details of vehicle, and km's travelled)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Travel Expenses	Yes	No	?
22.1 Do you undertake travel in relation to your employment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.2 Did you receive a travel allowance? <i>Please provide details</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Work Related Clothing	Yes	No	?
23.1.1 Did you incur any costs relating to Protective or Compulsory work clothing? <i>If yes, please provide details of your purchases.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Self Education Expenses	Yes	No	?
24.1 Did you complete any self-education courses? <i>If yes, please provide details of related expenses.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Other Work Related Expenses	Yes	No	?
25.1 Have you paid Union Fees? <i>Please supply details if they're not already detailed on your PAYG Payment Summary.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.2 Have you purchased, insured or repaired equipment used for work related purposes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.3 Have you paid for meals when working overtime and receive an overtime meal allowance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.4 Have you paid Sickness and Accident or Income Protection Insurance premiums?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.5 Have you incurred telephone expenses for work related use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.6 Do you use your computer and purchased computer software for work related purposes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.7 Have you purchased books, journals and professional libraries?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.8 Have you attended and paid for seminars, conferences or other training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.9 Does the nature of your employment require you to work in an environment that exposes you to sun and ultra violet radiation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25.10	Do you wish to claim a percentage of use of home office expenses for income producing activities? i.e. heating, cooling, lighting, repairs. Note that a diary of usage should be kept for a minimum of 4 weeks each year for substantiation requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.11	Have you paid any subscriptions to professional bodies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.12	Have you paid for any formal education by a professional organisation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Deductions				
26.	Dividend and Interest Deductions	Yes	No	?
26.1	Have you incurred any expenses in earning dividends or interest? These could include account keeping fees, management fees, or interest expense.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27.	Gifts or Donations	Yes	No	?
27.1	Have you made any gifts or donations? <i>Please provide details.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28.	Managing Your Tax Affairs	Yes	No	?
28.1	Have you any expenses relating to preparing and lodging your previous year's tax return?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29.	Film Industry	Yes	No	?
29.1	Have you invested any money in the Australian film industry? <i>If yes, please provide details of this investment.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30.	Personal Superannuation Contributions	Yes	No	?
30.1	Have you made personal contributions to a complying superannuation fund? <i>If yes, please answer the following:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30.1.1	Were you fully or partly self-employed during the financial year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30.1.2	Were you partly self-employed and worked for an employer who provided no superannuation cover?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30.2	Please provide details of contributions and a copy of the Section 290-170 (formerly Section 82AAT) notice from your superannuation fund acknowledging your intention to claim a tax deduction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please provide details of any other expenses you have incurred:				

Tax Offsets			
31. Spouse	Yes	No	?
31.1 Do you have a spouse (married or de facto)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31.1.1 Has your spouse received the basic parenting allowance or additional parenting allowance from Centrelink? <i>If yes, please provide details.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31.1.1.1 Will you be engaging ProAcct to do the 2011 personal ITR for your spouse (does ProAcct have your spouse's information required to calculate his/her net income)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Senior Tax Offset	Yes	No	?
32.1 Are you eligible for a Senior Tax Offset?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Private Health Insurance	Yes	No	?
33.1 Were you a member of a private health fund(s)? <i>please provide member statement.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Education Tax Refund			
34.1.1 Did you have children attending school, TAFE, a course of study or instruction, or receive home schooling? <i>Please provide details of any payments/allowances received, expenses incurred (eg purchase of laptop, cost of internet) or any other relevant information.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34.1.2 Did you receive Family Tax Benefit (FTB) Part A for a child or children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Superannuation Contributions On Behalf Of Your Spouse	Yes	No	?
35.1 Have you contributed superannuation on behalf of your spouse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Zone Allowance	Yes	No	?
36.1 Have you lived in a remote or isolated area of Australia? <i>Please provide details.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Net Medical Expenses over \$2000	Yes	No	?
37.1 Did you incur for yourself, your spouse, child under 21, child housekeeper or invalid relative, dependant student under 25, out of pocket medical expenses in excess of \$2000? <i>Please provide details as well as amounts reimbursed by Medicare or health insurer.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Parent, Spouse's Parent or Invalid Relative	Yes	No	?
38.1 Did you maintain your parent, your spouse's parent or an invalid relative during the year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Child Housekeeper	Yes	No	?
39.1 Has your child, adopted child or stepchild kept house for you on a full-time basis? You cannot claim this offset for any period you lived with a spouse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Mature Worker Tax Offset	Yes	No	?
40.1 Are you over 55 years of age and received net salary income between \$10,000 and \$63,000 for the year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

41. Entrepreneurs' Tax Offset	Yes	No	?
41.1 Did you carry on a business during the year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41.1.1 If yes, have you accessed the Small Business Concessions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41.2 Did you receive a distribution from a partnership or trust that accessed the Small Business Concessions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41.3 Was the group annual turnover (whether your own business or the business was run by a partnership or trust) less than \$75,000?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41.3.1 If yes, did your total non-business income exceed \$70,000 (for singles) or \$120,000 (combined income for couples)? Total non-business income for this purpose includes taxable income, reportable fringe benefits, reportable superannuation contributions and net investment losses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Medicare Levy Exemptions	Yes	No	?
42.1 Do you receive a full or half Medicare Levy exemption? <i>If so please provide details.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Adjusted Tax Free Threshold	Yes	No	?
43.1 Have you become or ceased to be a resident of Australia during this financial year? If yes, what date?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43.2 Were you under the age of 18 years on 30 June 2011 and received income from investments or from a trust?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Child Care	Yes	No	?
44.1 Did you have a child or children in approved Child Care between 01/07/2010 and 30/06/2011? <i>If so please provide details</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44.2 Did you receive the Child Care Benefit for the 2010/2011 year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45 Higher Education Contribution Scheme and Others	Yes	No	?
45.1 Do you have a HECS/HELP debt? <i>If yes, please provide a copy of your HECS/HELP statement.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please note below any items that may require further information or explanation. We also value your feedback. Please provide your comments below.			