

ProAcct Advisors & Accountants Pty Ltd



2009 Questionnaire/Checklist Document

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:
(For our records) _____

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 No

*If yes, we will then 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.

If we are preparing your return for the first time:	Yes	No	?
Please provide:			
A copy of your last tax return, taxation assessment and PAYG instalment notices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	Yes	No	?
Have you received any of the following payments:			
PAYG Payment Summaries from employment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any allowances, benefits and other earnings not on your PAYG Payment Summary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lump sum payments? E.g. Pro Rata Annual Leave.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment Termination Payments Payment Summary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Government pensions, allowances and payments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An Australian Annuity or Superannuation Pension?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reportable fringe benefits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interest from any source within Australia?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dividends from companies in Australia? (Including any reinvested)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Income from a foreign pension or annuity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interest, royalties, dividends, rent or any other foreign income?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Money from the sale of foreign assets? (Such as property or shares)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you sold or disposed of any assets?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you received rental income or made your property available for rental?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you received any other income?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please provide details of any other income you have received:			

Deductions	Yes	No	?
Have you incurred any of the following work related expenses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor vehicle expenses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel in relation to your employment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupation Specific clothing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protective Clothing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compulsory Uniform?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laundry expenses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sun protection products?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self education?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Union Fees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purchase, insurance or repairs to work related equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meals when working overtime?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sickness and Accident or Income Protection Insurance premiums?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone expenses for work related telephone calls?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer and/or software for work related purposes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Books, journals and professional libraries?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seminars, conferences and other training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home office expenses for income producing activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Subscriptions to professional bodies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Formal education provided by a professional organisation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Super contributions to a complying superannuation fund?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What is your approximate Superannuation Balance? \$..... Please provide a copy of your last Superannuation Statement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expenses relating to any dividend or interest income?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gifts or donations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparation and lodgement of previous year's tax return or advice from a registered tax agent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interest to the Australian Taxation Office for late payment of income tax?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tax Offsets	Yes	No	?
<u>Are you eligible for Senior Tax Offset?</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Are you over 55 years of age and have income from working of less than \$63,000?</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Do you have a spouse (married or de facto)?</u> Education Tax Refund? (must be eligible for FTB Part A) 50% Refund	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has your spouse received the basic parenting allowance or additional parenting allowance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Has your child, adopted child or stepchild kept house for you on a full-time basis?</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Have you lived in a remote or isolated area of Australia?</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Have you contributed any superannuation on behalf of your spouse?</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Have you paid medical expenses in excess of \$1,500 (after Medicare and private health insurance refunds)?</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Are you exempt from paying the Medicare Levy?</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Were you a member of a private health fund?</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Did you claim the Baby Bonus last year?</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Do you have a HECS/HELP debt?</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Have you received any Family Tax Benefit during the financial year?</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	?
<u>Please provide details of your spouse's taxable income if we do not prepare his/her tax return?</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <i>Please provide their Centrelink Payment Advice</i> 			
Adjustments	Yes	No	?
<u>Have you become or ceased to be a resident of Australia during this financial year?</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Were you under the age of 18 years on 30 June 2008?</u>	<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 comments below.			

Thank you for completing this questionnaire.

Sign: Date: