



STERLING ACCOUNTANTS & BUSINESS CONSULTANTS

WHAT WE NEED TO COMPLETE YOUR INCOME TAX RETURN

In order to complete your Income Tax Return in a timely manner please complete the following fact sheet "in full" and forward to our office along with your tax source documents.

Subject to the timely receipt of your records we anticipate a turn around period from receipt of **all** your information to completion of approximately 3-4 weeks.

YOUR DETAILS:

	Individual 1	Individual 2
Full Name		
Date of Birth		
Tax File Number		
Your spouse's name		
Spouses taxable income		
Dependants Details	Name: DOB: Name: DOB: Name: DOB: Name: DOB:	Name: DOB: Name: DOB: Name: DOB: Name: DOB:
Postal address		
Email		
Phone	Hm: Wk: Mobile:	Hm: Wk: Mobile:
Fax	Hm: Wk:	Hm: Wk:

OTHER DETAILS:

What year was your last tax return lodged?:

Please forward along with this sheet the following documents:

- Most recent Tax Return Lodged (NEW CLIENTS ONLY)

TAX RETURN REQUIREMENTS

The completion of this form will minimise preparation time, and ensure costs are kept to a minimum. To ensure your returns are completed in a timely manner. Please forward this paperwork to our office, along with all supporting tax documents.

Interest received: Yes / No

This information can be requested from the bank

Owner	Bank Name	A/c Number	\$ Amount
			\$
			\$

Dividends received: Yes / No

Please supply BOTH interim and final dividend advice statements

Owner	Company	\$ Unfranked	\$ Franked	\$ Imp Credit	Dividend Statement(s)
					Attached <input type="checkbox"/>
					Attached <input type="checkbox"/>
					Attached <input type="checkbox"/>
					Attached <input type="checkbox"/>
					Attached <input type="checkbox"/>
					Attached <input type="checkbox"/>

Personal Superannuation Contributions: Yes / No

Please attach your Personal Super Deduction form (provided by your super fund)

Name of Policy Holder	Fund name	Membership no	Super Deduction Form
			Must be Attached <input type="checkbox"/>
			Must be Attached <input type="checkbox"/>

Income Protection Insurance: Yes / No

Please attach Tax Invoice or Policy Document

Name of Policy Holder	Insurance Company	Policy no	Tax Invoice or Policy Document
			Must be Attached <input type="checkbox"/>
			Must be Attached <input type="checkbox"/>

Private Health Insurance: Yes / No

Please Provide Annual Member Statement

Fund Name	Membership Number	Type of Cover <small>Hospital, Ancillary, Combined</small>	Members Covered	Annual Member Statement
				Attached <input type="checkbox"/>
				Attached <input type="checkbox"/>

OTHER SCHEDULES

Capital Gains:

Did you sell Shares: Yes / No

If yes, please attach the relevant documents for each share:

- Purchase documents (to determine cost base) Attached
- Sale documents (to determine proceeds on sale) Attached

Did you sell "Rental" Property: Yes / No

Did you sell any rental/business property during the year?

If yes, please attach the following, including Offer & Acceptance and settlement documents

- Purchase documents (to determine cost base) Attached
- Sale documents (to determine proceeds on sale) Attached

Rental property:

Are you renting out a property? Yes / No

Do you have a property Agent? Yes / No

(If you are renting through an agent, please provide us with the agent statements) Attached

Address:	Cost Price:	Date Purchased:
INCOME		
	\$	
Rental Income		Attached <input type="checkbox"/>
Other Income		Attached <input type="checkbox"/>
EXPENSES		
	\$	
Insurance		Attached <input type="checkbox"/>
Council Rates		Attached <input type="checkbox"/>
Water Rate		Attached <input type="checkbox"/>
Water Consumption		Attached <input type="checkbox"/>
Repairs and Maintenance		Attached <input type="checkbox"/>
Land Tax		Attached <input type="checkbox"/>
Management Fees		Attached <input type="checkbox"/>
Interest (inc bank statements)		Attached <input type="checkbox"/>
		Attached <input type="checkbox"/>
		Attached <input type="checkbox"/>
		Attached <input type="checkbox"/>

NEW CAPITAL / ASSET PURCHASES		
Description	\$ TOTAL (exc GST)	Date of purchase

Business Schedule (sole trader):

Are you registered for GST?

Yes / No

Entity Name (legal name)	
Registered Trading Name	
Tax File Number (TFN)	
Australian Business Number (ABN)	
Australian Company Number (ACN)	

INCOME		
	\$ TOTAL (exc GST)	\$ GST
Business income		
Other income		
EXPENSES		
	\$ TOTAL (exc GST)	\$ GST
Insurance		
Materials		
Stationery		
Repairs and Maintenance		

NEW PLANT & EQUIPMENT			
Description	\$ TOTAL (exc GST)	Date purchase	Invoice
			Attached <input type="checkbox"/>
			Attached <input type="checkbox"/>
			Attached <input type="checkbox"/>
			Attached <input type="checkbox"/>
			Attached <input type="checkbox"/>

PLEASE RETURN TO:

STERLING ACCOUNTANTS & BUSINESS CONSULTANTS
PO BOX 1838
OSBORNE PARK DC WA 6916