



CAPITOL GROUP ADVISERS

Accountants and Financial Planners

2015 Individual Income Tax Return Information Sheet

Full Name	
Tax File Number	
Date of birth	
ABN (if applicable)	
Address	
Address (postal) (Put 'as above' if the same)	
Telephone contacts	Mobile:
	Business Hours (work) :
	After Hours (home):
Email	
Electronic banking details (for refund, if applicable)	Name of account:
	BSB:
	Account number:
Main Occupation	

Please circle **YES** or **NO** for each of the items listed below and provide relevant details (if known) were prompted.

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INCOME – Please provide evidence

1. Salary or wages YES/NO
2. Allowances, earnings, tips, director's fees etc YES/NO
3. Employer lump sum payments YES/NO
4. Employment termination payments YES/NO
5. Australian Government allowances and payments like Newstart, youth allowance and
austudy payment YES/NO
6. Australian Government pensions and allowances YES/NO
7. Australian annuities and superannuation income streams YES/NO
8. Australian superannuation lump sum payments YES/NO
9. Attributed personal services income YES/NO
10. Gross Interest YES/NO
11. Dividends YES/NO
12. Employee share schemes YES/NO
13. Distributions from partnerships and/or trusts YES/NO
14. Personal services income (PSI) YES/NO
15. Net income or loss from business (as a sole trader) YES/NO
16. Deferred non-commercial business losses YES/NO
17. Net farm management deposits or repayments YES/NO
18. Capital gains YES/NO
19. Foreign entities:
 - Direct or indirect interests in a controlled foreign company YES/NO
 - Transfer of property or services to a non-resident trust..... YES/NO
20. Foreign source income (including foreign pensions) and foreign assets or property YES/NO
21. Rent YES/NO
22. Bonuses from life insurance companies or friendly societies YES/NO
23. Forestry managed investment scheme income YES/NO
24. Other income (please specify below) YES/NO
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DEDUCTIONS – Please provide evidence

D1. Work related car expenses

- Cents per kilometre method (up to a maximum of 5,000 kms) YES/NO
- Log book method YES/NO
- One-third of actual expenses method YES/NO
- 12% of actual cost method YES/NO

D2. Work related travel expenses

Employee domestic travel with reasonable allowance YES/NO

- If the claim is more than the reasonable allowance rate, do you have receipts for your expenses? YES/NO

Overseas travel with reasonable allowance YES/NO

- Do you have receipts for accommodation expenses? YES/NO
- If travel is for 6 or more nights in a row, do you have travel records? (e.g. a travel diary) YES/NO

Employee without a reasonable travel allowance YES/NO

- Did you incur and have receipts for airfares? YES/NO
- Did you incur and have receipts for accommodation? YES/NO
- Do you have receipts for hire cars (if applicable)? YES/NO
- Did you incur and have receipts for meals and incidental expenses? YES/NO
- Do you have any other travel expenses? YES/NO

Other work-related travel expenses (e.g. a borrowed car) YES/NO
(please specify)

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D3. Work related uniform and other clothing expenses

Protective clothing YES/NO

Occupation specific clothing YES/NO

Non-compulsory uniform YES/NO

Compulsory uniform YES/NO

Conventional clothing YES/NO

Laundry expenses (up to \$150 without receipts) YES/NO

Dry cleaning expenses YES/NO

Other claims such as mending/repairs, etc (please specify) YES/NO

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D4. Work related self-education expenses

Course taken at educational institution:

- union fees YES/NO
- course fees YES/NO
- books, stationery YES/NO
- depreciation YES/NO
- travel YES/NO
- other (please specify) YES/NO
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D5. Other work related expenses

- Home office expenses YES/NO
- Computer and software YES/NO
- Telephone/mobile phone YES/NO
- Tools and equipment YES/NO
- Subscriptions and union fees YES/NO
- Journals/periodicals YES/NO
- Depreciation YES/NO
- Sun protection products (i.e., sunscreen and sunglasses) YES/NO
- Seminars and courses not at an educational institution:
- course fees YES/NO
- travel YES/NO
- other (please specify) YES/NO
- Overtime meals (if an allowance has been received) YES/NO
- Any other work related deductions (please specify) YES/NO
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Other types of deductions

- D6. Low value pool deduction. YES/NO
- D7. Interest deductions YES/NO
- D8. Dividend deductions YES/NO
- D9. Gifts or donations YES/NO
- D10. Cost of managing tax affairs YES/NO

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Other types of deductions (continued)

D11. Deductible amount of undeducted purchase price of a foreign pension or annuity YES/NO

D12. Personal superannuation contributions YES/NO

Full name of fund: Account no:

Fund ABN: Fund TFN:

Do you pass the 10% test? YES/NO

Have you provided the fund a notice of intention to deduct the contribution? YES/NO

Has this notice been acknowledged by the fund? YES/NO

D13. Deduction for project pool YES/NO

D14. Forestry managed investment scheme deduction YES/NO

D15. Other deductions, such as Income Protection Insurance (please specify) YES/NO

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L1. Tax losses of earlier income years YES/NO

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Tax offsets/rebates – Please provide evidence

- T1. Are you a senior Australian or pensioner? YES/NO
- T2. Did you receive an Australian superannuation income stream? YES/NO
- T3. Did you make superannuation contributions on behalf of your spouse? YES/NO
- T4. Did you live in a remote area of Australia or serve overseas with the Australian Defence Force or the UN armed forces in 2015 for 183 days or more? YES/NO
- T5. Did you have net medical expenses over \$2,218 or \$5,233 (depending on ATI) in 2015? YES/NO
(This can only be claimed if there was a claim in 2014).
- If so, do these medical expenses include costs relating to disability aids, attendant care or aged care expenses? YES/NO
- Did you receive NMETO in 2014? YES/NO
- T6. Did you maintain a dependant who is unable to work due to invalidity or carer obligations? YES/NO
- T7. Are you entitled to claim the landcare and water facility tax offset? YES/NO
- T8. Other non-refundable tax offsets (please specify) YES/NO
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- T9. Other refundable tax offsets (please specify) YES/NO
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Other relevant information

Medicare levy and Medicare levy surcharge

- A. Are you entitled to the Medicare levy exemption or reduction in 2015? YES/NO
(If yes, please specify):.....
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- B. For the entire 2015 income year, were you and all of your dependants
(including your spouse) covered by the appropriate private health insurance hospital cover? YES/NO
(If yes, please provide the Annual Statement received from your health fund)
- C: Were you under the age of 18 on 30 June 2015? YES/NO
- D: Did you become an Australian tax resident at any time during the 2015 income year? YES/NO
- E: Did you cease to be an Australian tax resident at any time during the 2015 income year? YES/NO
- F: Did you make a non-deductible (non-concessional) personal super contribution in 2015? YES/NO
- G: Did a trust or company distribute income to you in respect of which family trust
Distribution tax was paid by the trust or company? YES/NO
- H: Do you have a HECS/HELP liability or a student financial supplement loan debt? YES/NO
- I: Did you pay any tax within 14 days before the due date (e.g., HECS/HELP)? YES/NO
- J: Do you have a loan with a private company or have such a loan amount forgiven? YES/NO
(If yes, please supply details in consideration of deemed dividend under Division 7A)
- K: Did you receive any benefit from an employee share acquisition scheme? YES/NO

Income tests information

- Do you have any total reportable fringe benefits amounts in 2015? YES/NO
- Do you have any reportable employer superannuation contributions in 2015? YES/NO
- Did you receive any tax-free government pensions in 2015? YES/NO
- Did you receive any target foreign income in 2015? YES/NO
- Did you have a net financial investment loss in 2015? YES/NO
- Did you have a net rental property loss in 2015? YES/NO
- Did you pay child support in 2015? YES/NO
- Do you have dependant children in 2015? YES/NO
- If yes, how many?

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Spouse details – married or *de facto* (including same sex)

1. Did you have a spouse for the full year from 1 July 2014 to 30 June 2015? YES/NO
 - If you had a spouse for only part of the income year, please specify the dates between 1 July 2014 to 30 June 2015 when you had a spouse:
From / / to / /
2. Did your spouse die during the 2015 income tax year? YES/NO
3. What is your spouse's name and date of birth? (If you had more than one spouse during 2015, provide the name of your spouse on 30 June 2015 or your last spouse)
Name:
DOB:
4. Did your spouse (named above) have taxable income for the 2015 income year? YES/NO
If yes, what was the amount? \$.....
5. Did your spouse have a share of trust income on which the trustee is assessed under S.98 of the ITAA36 not included in your spouse's taxable income for 2015 YES/NO
If yes, what was the amount? \$.....
6. Did a trust/company distribute income to your spouse in 2015 in respect of which family trust distribution tax was paid by the trust/company? YES/NO
If yes, what was the amount? \$.....
7. Did your spouse have reportable fringe benefits amounts for the 2015 income year? YES/NO
If yes, what was the amount? \$.....
8. Did your spouse receive any Australian Government pensions or allowances (not including exempt pension income) in the 2015 income year? YES/NO
If yes, what was the amount? \$.....
9. Did your spouse receive any exempt pension income in the 2015 income year? YES/NO
If yes, what was the amount? \$.....
10. Does your spouse have any reportable super contributions for the 2015 income year? YES/NO
If yes, what was the amount? \$.....
11. Did your spouse receive any tax-free government pensions paid under the *Military Rehabilitation and Compensation Act 2005*? YES/NO
If yes, what was the amount? \$.....
12. Did your spouse receive any 'target foreign income' in the 2015 income year? YES/NO
If yes, what was the amount? \$.....

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13. Did your spouse have a total net investment loss (i.e. the financial investment loss/rental property loss) for 2015 YES/NO
If yes, what was the amount? \$.....
14. Did your spouse pay child support during 2015..... YES/NO
If yes, what was the amount? \$.....
15. If your spouse is 55 to 59 years old, did they receive a superannuation lump sum (other than a death benefit) during the 2015 income year which included a taxed element that does not exceed their low rate cap? YES/NO
If yes, what was the amount? \$.....

Dated the day of20.....

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Signature of taxpayer

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Name (print)