

- If you own a rental property, please refer to our **Rental Property Schedule**

PERSONAL DETAILS		
Name:	Date of Birth:	
Phone No:	Occupation:	
Email Address:		
Home Address:		
Postal Address:		
If Sky Accountants is not preparing your spouse's tax return, please provide us with their taxable income as their income may be required to be recorded in your tax return.	Full Name of Spouse:	
	Date of Marriage (if married during the year):	
	Spouse's Date of Birth:	
	Spouse Taxable Income:	
	Spouse's reportable superannuation contributions:	
Number of dependent children:	Spouse's reportable fringe benefits:	
Your Bank Account Details (to receive any tax refund electronically)		
BSB (Must be 6 digits)	Account Number	Account Name
Would you prefer to pay directly for your return preparation fee, or have it withheld from any potential refund you might be entitled to?		<input type="checkbox"/> Pay Direct <input type="checkbox"/> Please Withhold

INCOME DETAILS

- Income Summaries** (Formerly known as Group Certificates / Payment Summaries) Yes No
 - How many employers did you work for during this financial year? _____
 - Did you receive a lump sum payment when leaving an employer this financial year? Yes No

- Other Salary Income** (includes any directors' fees, commissions, tips etc.) Please provide details Yes No

- Government Payments** (includes government allowances and pensions)

Type of Payment	Total Amount Received



INCOME DETAILS

4. Superannuation (money received from your superannuation fund including pensions or lump-sums)

- Did you withdraw money from superannuation under the COVID withdrawal option? Yes No

Type of Payment	Total Amount Received

5. Interest (money received on your bank accounts)

Name of Bank	Account No.	Total Interest Received	TFN Withholding	Joint Account?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

6. Dividends

Please provide copies of dividend statements

Name of Company	No. Shares Held	Amount Received	Joint Account?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

7. Trust Distributions and Partnership Income: Please provide documents including Annual Tax Statements or a copy of the trust/partnership tax return.

8. Capital Gain – Did you sell any assets such as shares, crypto currency or property which were acquired after 20 September 1985? If yes, then please attach documentation for the original purchase and sale.

Applicable? Yes No

9. Foreign Income

Did you receive foreign income/salary? – please attach all relevant documentation. Yes No

Did you receive any Foreign Dividends? If yes, please provide statements. Yes No

9. Rental Income – Please attach details of the rent received and all expenses in their separate categories. A Rental Property Schedule is available from our office for your convenience.



INCOME DETAILS

10. **Any Other Income** (Any other income you received in the financial year which doesn't fit into any of the above categories.)

11. **Business Income** (If you operate a business as a sole trader, please supply details of your businesses income and expenses.)

DEDUCTION DETAILS

Please ensure you are able to substantiate all claims.

1. **Motor Vehicle** – Did you use your own car for business/work purposes during the year? Yes No

If yes, then please provide information for either (a) or (b) below.

(a) **Log Book Method:** Please provide details of all expenses you incurred over the financial year under the following categories:

Expense Type	Amount
Fuel	
Insurance	
Registration	
Services/Repairs	
Loan Interest or lease payments (if applicable) – if you have hire purchase or lease please provide the paperwork	
Other – please specify:	
Log book %	
Cost of vehicle and date of purchase Date:	

(b) **No Log Book:** Let us know how many business kilometres you travelled during the year (up to 5000 kms)

Kilometres: _____

2. **Travel Expenses** (Costs incurred for work related travel, including tolls, parking, public transport, vehicle hire and, if your travel was overnight, meals or accommodation)

Description	Amount

3. **Work Uniform**

Do you wear a uniform or protective clothing? Yes No

If yes, please provide the costs associated with purchasing and maintaining the uniform, e.g. laundry (up to \$150 without receipts), cost of protective clothing such as work boots, sunscreen, hats, eye protection.



DEDUCTION DETAILS

4. **Self-education Expenses** (includes seminar costs, text books, stationery, student union fees, course fees (except HECS/HELP), depreciable items used for self-education purposes e.g. Computer, Reference library)

Description	Amount

5. **Other Work Related Deductions** – please provide details.

Description	Amount
Diary, stationery, work materials	
Union Fees / Professional Bodies	
Mobile phone	
Tools and equipment	
Income protection	
Subscriptions	
Other – please specify:	

6. **Home Office Expenses** – Do you work from home at any time? Yes No

If yes, please complete the table below. We will include a portion of these expenses on your tax return based on your percentage work related use.

Number of hours spent on work related activities at home during COVID lockdowns: _____

Lockdowns were in place for:-

*Victoria – July 21st to 27th and from August 5th to August 9th (regional) or August 5th to October 21st (metro)
New South Wales – July 1st to October 11th (subject to 5km from home employment from August 19th)*

Internet: per month \$ _____ how much is work related? _____% work related use

Home phone: per month \$ _____ how much is work related? _____% work related use

Mobile phone: per month \$ _____ how much is work related? _____% work related use

Computer & office equipment purchased: _____

Furniture in home office: _____

Any other expenses that may be eligible? e.g. Files, cabinets, desk lamp, printing materials etc.

7. **Interest & Dividend Deductions**

Description	Amount
Interest on loans to acquire shares	
Cost of investment advisor	
Reference Materials	
Other – please specify:	



DEDUCTION DETAILS

8. **Donations to Deductible Gift Recipients** Yes No

Name of Body	Amount

9. **Tax Agent Fees** (from previous year): _____

10. **Superannuation Contributions** – Did you make a voluntary super contribution during the financial year? Yes No

Were you looking to claim a deduction for this contribution? Yes No
 (If yes, please provide a copy of the letter from your superannuation fund confirming your eligibility for this deduction)

Have you made superannuation contributions on behalf of your spouse during the financial year? Yes No

11. **Other** (Any costs that were directly related to your employment please provide details)

Description	Amount

TAX OFFSETS & REBATES

1. **Do you have private health insurance?** Yes No

Did you make any changes to your coverage during the financial year? If yes, please provide details Yes No



