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PLEASE ANSWER ALL QUESTIONS AND ATTACH SUPPORTING DOCUMENTS OR RECEIPTS WHERE YES IS INDICATED

ame		Signature		Date
ain occu	pation in 2019/2020			
dvise any	y change in contact deta	ils		
Residenti	al address			Telephone (W)
		Pos	stcode	Telephone (H)
Post	al address			Mobile
Post		Pos	stcode	Fax (W)
	Email			
dvise cha	Email Ange in circumstances in EPROVIDE CUR	ncluding dates (eg: new p	partner, separat	Fax (W) Fax (H) ion, new family member etc) ETAILS AS THE ATO
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PLEASE ANSWER ALL QUESTIONS AND ATTACH SUPPORTING DOCUMENTS OR RECEIPTS WHERE YES IS INDICATED

Are you an Australian resident for tax purposes – please contact us if unsure?						Yes		No			
Have you paid PAYG instalments (formerly provisional tax) for 2019/2020?						Yes		No			
Do you have a HELP (HECS) or Financial Supplement loan with the Commonwealth?					Yes		No				
Did you receive PAYG Payment Summaries for salary, wages, paid parental leave, workers comp, foreign employment income, income protection policy payments, etc? Please provide ALL							No				
Do your PAYG Payment Summaries include paid parental leave?						Yes		No			
Did you receive allowances, tips, Directors Fees, FBT, etc not included on Payment Summaries?					maries? Yes		No				
Did you rece	ive employer lump sum p	ayment	s?				Yes		No		
Did you rece	ive employment terminat	ion pay	ments	•			Yes		No		
Did you rece	ive taxable Australian Go	vernme	ent allo	wance/	payments – eg	Newstart?	Yes		No		
Did you rece	ive taxable Australian Go	vernme	nt pen	sions o	r related taxab	le allowances?	Yes		No		
Did you rece	ive a tax-free Governmen	t Pensio	on? -]	Please p	provide details.		Yes		No		
Did you rece	ive Australian Annuities,	Supera	nnuati	on or ot	ther Income St	ream – (Taxabl	e)? Yes		No		
Did you rece	ive Australian Superannu	ation L	ump S	um Pay	ments?		Yes		No		
Did you rece	ive interest on bank or otl	her depo	osits d	aring th	ne period 1/07/2	2019 to 30/06/2	020? Yes		No		
If yes, please	provide the following de	tails:	(No	ote: TFN	- Tax File Numb	er withholding ta	x where your bank does	s not ha	ve your T	FN)	
Bank	Account Number	Joi	int Acc	ount	\$Interest	\$TFN Tax		how the <u>full</u> amount of			
		Yes		No			Please show the	st received, ie not just			
		Yes Yes		No No				ed, ie n		ef .	
										f	
		Yes		No			interest receive			f	
Did you rece	ive cash dividends from s	Yes Yes Yes	vestme	No No	re-invested div	idends (DRP)?	interest receive			f	
•	ive cash dividends from s	Yes Yes Yes Share inv		No No nts or r		` '	interest receive your s		not just	f	
Did you rece		Yes Yes Yes Share investment inve	ee sha	No No nots or r	s, options or sh	ares?	interest receive your s Yes		No	f	
Did you rece	ive from your employer,	Yes Yes Yes Share inversely or	ee sha	No No No nts or re rights	s, options or sh	ares?	interest receive your s Yes Yes		No No		
Did you rece Did you rece Will <i>Persona</i>	ive from your employer, with the income from a partner	Yes Yes Yes Yes Share invership or ibuted to	ee shar a trus	No No No nts or ree rights	s, options or sh Ianaged Funds company, parti	ares?)? nership or trust?	interest receive your s Yes Yes		No No		
Did you receing Did you receing Will <i>Persona</i> Did you have	ive from your employer, white income from a partner of the services Income be attributed by the services Income	Yes Yes Yes Yes Share invership or ibuted to the year	ee shar a trus o you r? Plea	No N	s, options or shanaged Funds company, partraide full rental	ares?)? nership or trust?	interest receive your s Yes Yes Yes		No No No		
Did you recess Did you recess Will <i>Persona</i> Did you have Did you run a	ive from your employer, white income from a partner of the services Income be attracted a rental property during	Yes Yes Yes Yes Share inversely or ibuted to the year at anythere.	ee shar a trus o you r? Plea ime du	No N	s, options or shanaged Funds company, partraide full rental	ares?)? nership or trust?	your s Yes Yes Yes Yes Yes		No No No No No		





CAPITALEYES® BUSINESS ADVICE FINANCIAL VISION PTY LTD ABN 31 058 697 019 Ph: 02 9568 5555 Fax: 02 9568 5015 3/471 - 473 Marrickville Rd Dulwich Hill NSW 2203 *Entrance*: Seaview St (street level)



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	Did you receive foreign income or pension of any kind?	Yes	No	
	Did you at any time during the year hold foreign assets over \$50,000 or sell foreign assets?	Yes	No	
	Did you receive income from a Forestry Managed Investment Scheme?	Yes	No	
	Did you receive any other income? – Please provide details.	Yes	No	
S	Provide details for any of the following employment work related expenses (not business expenses)			
PROVIDE FULL DETAILS OR RECEIPTS	• Work related motor vehicle (do not include travel to and from work).	Yes	No	
NE SEC	➤ Either Kilometres travelled (max 5,000)kms,			
OR	> Or 12 week business use log book percentage, Log book		% AND	
	Expense details eg: petrol, repairs, CTP, rego, vehicle cost, interest on loan, etc.			
	• Other travel expenses including overseas travel - Please provide diary/itinerary evidence.	Yes	No	
	• Work related clothes/protective wear (eg uniform, occupation specific, laundry, sunscreen).	Yes	No	
DEF	• Work related self-education expenses to earn current (not future) income	Yes	No	
IAO	• Other work-related expenses (eg; union fees, professional memberships, home office etc).	Yes	No	
PR	You must provide work related percentages if claiming items that have a private portion (eg Mobile Pho	ne = \$100 @) 25% WRE)	
	WRE claims made without receipts & which exceed \$300 in total will be refused by the ATO in	an audit		
	Did you incur costs to earn interest or dividend income?	Yes	No	
	Did you make gifts or donations to registered charitable organisations (not raffle tickets)?	Yes	No	
	Did you incur costs in managing your tax affairs?	Yes	No	
	Did you pay income protection insurance? - Do not include policies paid by your super fund.	Yes	No	
	Did you invest in the Australian Film Industry?	Yes	No	
	Do you have carry forward income losses or capital losses?	Yes	No	
	Do you have any other tax-deductible amounts? - Please provide details.	Yes	No	
	Are you entitled to claim a reduction of the medicare levy or hold an exemption certificate?	Yes	No	
	Did you or your spouse care for an invalid relative who received a disability pension?	Yes	No	
	Did you make a personal super contribution to gain the Government co-contribution?	Yes	No	
	Did you make a personal tax-deductible contribution to super and hold a s.290-170 certificate?	Yes	No	
	Did you make super contributions for your spouse? (if spouse income less than \$13,800)	Yes	No	
	If yes, please provide full details including the fund ABN and amount	t \$		







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PLEASE ANSWER ALL QUESTIONS AND ATTACH SUPPORTING DOCUMENTS OR RECEIPTS WHERE YES IS INDICATED

Provide details of child support pays	ments paid to another	person for maintenance of your child?	Yes		No			
PRIVATE HOSPITAL INSURAN	NCE							
Question A: For all or part of 2019/2020, did you or your partner have Private Hospital Insurance?					No			
Question B: Did the Private Hospital Insurance Policy cover you and all your dependants?					No			
Question C: Are you covered as a dependent child on a private health insurance policy?					No			
If you answered yes to A, B or C then you must provide Tax Statements issued by your health insurance provider to you AND you partner.								
Note: Your dependants include your	r spouse, children und	der 21 years age and children under 25 who ar	e full t	ime s	tudents			
How many dependent children are i	nsured under the police	cy? Number of dependent children	=					
In 2019/2020 the default eligibility for the private health insurance rebate will be split 50/50 between partners. However the full value of the rebate can be transferred to either partner.								
Please tick your election:	50/50	100% to self 100% to p	partner		}			
TAX OFFSET FOR DISABILITY	A AIDS, ATTENDA	NT CAREOR AGED CARE						
If applicable, please provide full details of costs related to disability aids, attendant care or aged care								
REQUIRED SPOUSE/PARTNER DETAILS (or a copy of your partner's tax return for 2019/2020) – if we do not prepare your partner's tax return.								
Name (include surname):		Date of birth:		/	/			
Taxable income	\$	Net investment loss	5	5				
Reportable fringe benefits	\$	Taxable government pensions & allowances	5	5				
Reportable super contributions	\$	Exempt government pension	5	5				
Net foreign income	\$	Military rehab. pension not included elsewhe	re S	5				
Superannuation lump sum received	Yes No	Child support your spouse paid		\$				







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