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2023 Tax Questionnaire

Completing the Vine Accounting Tax Questionnaire will save time in preparing this year's tax return. We will review your questionnaire responses and then contact you to clarify any issues this raises.

If you would like to discuss any issues on taxation, you are welcome to make an appointment by phoning 02 7208 8765 or email admin@vineaccounting.com.au.

BEFORE YOU START THIS TAX QUESTIONNAIRE, PLEASE NOTE THE FOLLOWING:

Each year, the Tax Office focuses on work-related expense claims. It is still important that you keep accurate receipts and records to substantiate these claims

Valid tax invoices must be retained for claims made in your tax return for 5 years after lodgment. For amounts less than \$10, receipts are not required up to a total of \$200, but full details must be recorded.

This year, the ATO has specifically stated they will be focusing on the following four priorities;

- Rental properties
- Work-related expenses
- Capital Gains tax

If you have investments in shares or property, make sure that the interest you claim on any borrowed money is specifically for earning income and/or capital gain from your investments.

The ATO can audit any taxpayer's return. If your return is selected, you don't want to end up paying back tax, interest on unpaid tax, and possibly fines because you failed to properly account for any income or expenses in your income tax return.

Individual Tax Return	\$150

TAX RETURN PRICE GUIDE

	T
Motor Vehicle Log Book	\$120
Motor Vehicle KM Claim	\$70
Rental Property (per property)	\$120
Business Schedule (Bookkeeping \$60 per hour)	\$120
Tax Planning Session (per hour)	\$250

TAX RETURN PAYMENT OPTIONS

Please deduct my fee of \$ from

MY CREDIT CARD

Visa Mastercard

Cardholder Name:

Card Number:

Signature:

Exp Date: CCV:

DEPOSIT MY REFUND IN THIS ACCOUNT:

Account Name:

BSB: Account Number:

Signature:

Date:

NOTE: All refunds must be deposited directly into a bank account. Please ensure details are correct.

I, have read and understood the substantiation declaration and can fully substantiate any claims I have made.					
Name:		Signature:			
		Date:			
PERSONAL DETAILS					
Last Name:		Date of Birth:			
First Name:					
Mobile No:		Do you have private health	Yes No		
Address:		insurance?			
		(If yes - attach copy of the tax statement for	or this year issued by the fund).		
Email:					
Main occupation:					
Would you like your Tax Return emailed to you?	Yes	No Number of D	ependant children?		
Email: (if different from above):					
SPOUSE OR DE FACTO SPOUSE DETA	II S				
Last Name:	IILO	Data of Diethy			
		Date of Birth:			
First Name:					
Taxable Income: §					
If Vine Accounting does not complete your spouse's Incom-	e Tax Return, plo	ease complete the following:			
- Reportable Fringe Benefits:		- Net Financial Investment Loss:	\$		
- Reportable Super Contributions: §		- Net Rental Property Loss:	\$		
- Tax-free Government Pensions: ১		- Child Support Payments:	Ś		

SUBSTANTIATION DECLARATION

COMMENTS - Once you have completed the form add any additional comments or questions here.

YOUR INCOME **GOVERNMENT BENEFITS DIVIDENDS** Yes No Yes Nο Have you received any New Start Allowance, Youth Have you received any income from dividends? If yes, please Allowance, or other Centrelink benefits? attach details. If yes, please attach Payment Summary from Centrelink. **SALARY INVESTMENTS & MANAGED FUNDS** Yes No Please attach tax return copy of your Income Statement. Have you recieved any income from Yes No Investment or Managed Funds? Number of Income statements? If yes, please attach the relevant annual tax statement. **ETP EMPLOYEE SHARE SCHEMES** Yes Yes No No Have you received any Employment Termination Did you acquire shares under the Employee Share Payments? Acquisition Scheme? If yes, please provide details. If yes, please attach ETP summaries. **RENT OTHER INCOME** Yes Yes No No Have you earned any income from rent? Have you recieved any other income? If yes, please refer to the attached Rental Property Schedule. If yes, please attach a brief description and show the amount. **PARTNERSHIPS AND TRUSTS** SUPERANNUATION BENEFITS Yes No Yes No Have you received any income from trusts or Have you received a lump sum or income stream from a superannuation fund? partnerships? If yes, please attach Annual Taxation Statement from If yes, please provide relevant payment summary. Trust or Partnership. **CAPITAL GAINS** Yes No Have you sold any investments such as a property or shares? If yes, please include details such as the purchase and sales dates, as well as the purchase cost and sales proceeds.

INTEREST

Have you earned any income from interest on accounts in banks, credit unions or building societies?

If it was earned on joint accounts, please show only your share of the interest.

Bank/Branch	Account no.	Interest (your share only)	Withholding Tax Paid (if any)
		\$	\$
		\$	\$
		\$	\$
		\$	\$

TAX OFFSETS

CHILD SUPPORT PAYMENTS Yes No

Did you make child support payments during the year 2019/2020 financial year?

If yes, please state amount. \$

DEDUCTIONS					
MOTOR VEHICLE EXPENSES	Yes	No	FINANCIAL PLANNING	′es	No
Have you used your car for work rela	ted travel?		Professional fee for ongoing financial se	ervice?	
Type of car:			Name of Adviser:		
Rego:			Fees and any other relevant expenses:	\$	
Travel can be claimed for:			OTHER WORK RELACTED DEDUCTIO	NS	
 Tax agent visit/ ongoing financial planning visits. 		Km	If yes, please attach a list and amount. Y	'es	No
 Regional meetings, in-service seminars, conferences. 		Km	Expenses can be claimed for:	Ċ	
 School sports/camps. 		Km	Additions to professional library. - Additions to professional library. - Additions to professional library. - Additions to professional library.	\$	
School excursions.		Km	 Excursion costs - accompanying students. 	\$	
Work experience.		Km	 Stationary, craft items, teaching aids. 	\$	
Travel between split campus.		Km	Tools & equipment		
Travel to client premises.		Km	(under \$300 per item)	\$	
TOTAL KM		Km	 Professional journals/ magazines 	\$	
NOTE: you cannot claim travel to and	d from work	or for trips	Seminars conferences & short courses		
to check propsective school camp si		or for trips	 Professional Associations 	\$	
			 Teachers Federation 	\$	
TRAVEL (OVERSEAS &/OR INTERS	STATE)		• Union fees	\$	
Have you undertaken any work- related travel overseas or interstate?	Yes	No	Computer consumables	\$	
If yes, please attach a summary of de	etails.		TELEPHONE	′es	No
			Telephone (Landline)		
CLOTHING (PROTECTIVE &/OR UN	NIFORM)		Avg # of calls x #of weeks	s (25c) =\$	
Have you purchased protective	Yes	No	Telephone (mobile)		
clothing or uniforms for work?	165	No	Avg cost no of % (work	(
Note: Sports clothing is not allowed.			per month months usage)		otal
Please provide full details of uniform	s required to	be worn.	X X	=\$	
 Protective footwear. 	\$		HOME OFFICE EXPENSES		
 Laundry & cleaning of protective clothing or uniforms 	\$		ĭ	es ^	No
• Sunscreen/Sun hats/ sun glasses	\$			052c = \$	
SELF EDUCATION	Yes	No	The commissioner requires a diary to be the number of hours worked at home ov 4 week period. (Covid hours @80c)		
Have you carried out study related to		INO	Internet Service Provider Fees	'es	No
current work at a recognised educati		ion?	Avg cost no of % (work	(
Note: HECS - HELP payments are no	t an allowab	le deduction.	per month months usage)		otal
If yes, please attach a summary of d	etails.		X X	=\$	
OTHER DEDUCTIONS	Yes	No	TAX AGENT	'es	No
If there is anything else you can clain please attach an itemised list and an			If we did not prepare your tax return last year, please let us know how much		
CHARITIES	Yes	No	paid for the service.	\$	
Have you made donations to register building funds, or participated in a w	orkplace giv			es (outoi	No do of your
program? If yes, include total amoun or attach an itemised list.	t \$		Did you pay for Income Protection Insura superfund) during the year? If yes, how r	•	ue oi your

EXPENSES (SHOW TOTAL FIGURES) Taxpayer Owner / Joint Name Advertising for tenants \$ \$ Bank charges Address of Rental Property \$ **Body Corporate charges** \$ Borrowing expenses \$ Cleaning Aquired date: \$ Council rates \$ Disposed date: Gardening/lawn mowing \$ Insurance **Current year rental dates** \$ Interest on loans From To \$ Date property first became available for rent Land tax Τo Special building write-offs* \$ From Number of weeks the property was rented? \$ Legal fees List here your proportion of ownership? Pest control \$ When was your Property Mortgage last reviewed? Property agent fees/commission \$ Date: \$ Repairs & maintenance Stationery, telephone & postage \$ **RENTAL INCOME** Ś Water charges Rent recieved \$ Ś Sundry rental expenses \$ Other rental related income If your Repair & Maintenance expenditure exceeds \$300, please provide itemised details of these expenses. *If you have obtained a Quantity Surveyors Report, please provide a copy of the report. Please note this only applies **Total Expenses** \$ to new residential construction and residential properties \$ **Net Rent** purchased prior to May 2017. **PAYG INSTALMENTS HECS/HELP** Did you pre-pay any income tax by Do you have a HECS/HELP debt? No Yes No way of annual or quarterly PAYG instalments for the 2019/20 financial year? Did you have a Fee HELP debt Yes No **DEPRECIATION**

RENTAL PROPERTY SCHEDULE

You may claim for depreciation on the cost of items and equipment purchased to be used as part of your work or rental property (including equipment used in your home office, less % private use). You need to base your statement of percentage of private use on a pattern of usage recorded in a diary for at least one month.

If we completed your tax return last year, you only need to show items purchased that cost more than \$300.

If you are a new client and you depreciated any items last year, please attach a copy of the depreciation schedule.

Equipment	Purchase price	Date purchased	% private use
	\$		%
	\$		%
	\$		%
	\$		%
	\$		%