

2024 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 three priorities;

- Incorrectly claiming work-related expenses
- Inflating claims for rental properties
- Failing to include all income when lodging

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.

TAX RETURN PRICE GUIDE

| | |
|--|-------|
| Individual Tax Return | \$165 |
| 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.

SUBSTANTIATION DECLARATION

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:

Address:

Do you have private health insurance? Yes No

(If yes - attach copy of the tax statement for this year issued by the fund).

Email:

Main occupation:

Would you like your Tax Return emailed to you? Yes No Number of Dependant children?

Email: (if different from above):

SPOUSE OR DE FACTO SPOUSE DETAILS

Last Name:

Date of Birth:

First Name:

Taxable Income: \$

If Vine Accounting does not complete your spouse's Income Tax Return, please complete the following:

| | |
|--------------------------------------|-------------------------------------|
| - Reportable Fringe Benefits: \$ | - Net Financial Investment Loss: \$ |
| - Reportable Super Contributions: \$ | - Net Rental Property Loss: \$ |
| - Tax-free Government Pensions: \$ | - Child Support Payments: \$ |

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

YOUR INCOME

GOVERNMENT BENEFITS

Yes No

Have you received any New Start Allowance, Youth Allowance, or other Centrelink benefits?

If yes, please attach Payment Summary from Centrelink.

SALARY

Yes No

Please attach tax return copy of your Income Statement.

Number of Income statements?

ETP

Yes No

Have you received any Employment Termination Payments?

If yes, please attach ETP summaries.

RENT

Yes No

Have you earned any income from rent?

If yes, please refer to the attached Rental Property Schedule.

PARTNERSHIPS AND TRUSTS

Yes No

Have you received any income from trusts or partnerships?

If yes, please attach Annual Taxation Statement from 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.

DIVIDENDS

Yes No

Have you received any income from dividends? If yes, please attach details.

INVESTMENTS & MANAGED FUNDS

Have you received any income from Investment or Managed Funds? Yes No

If yes, please attach the relevant annual tax statement.

EMPLOYEE SHARE SCHEMES

Yes No

Did you acquire shares under the Employee Share Acquisition Scheme? If yes, please provide details.

OTHER INCOME

Yes No

Have you received any other income?

If yes, please attach a brief description and show the amount.

SUPERANNUATION BENEFITS

Yes No

Have you received a lump sum or income stream from a superannuation fund?

If yes, please provide relevant payment summary.

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 2023/2024 financial year?

If yes, please state amount. \$

DEDUCTIONS

MOTOR VEHICLE EXPENSES

Yes No

Have you used your car for work related travel?

Type of car:

Rego:

Travel can be claimed for:

- Tax agent visit/ ongoing financial planning visits. Km
 - Regional meetings, in-service seminars, conferences. Km
 - School sports/camps. Km
 - School excursions. Km
 - Work experience. Km
 - Travel between split campus. Km
 - Travel to client premises. Km
- TOTAL KM** Km

NOTE: you cannot claim travel to and from work, or for trips to check prospective school camp sites.

TRAVEL (OVERSEAS &/OR INTERSTATE)

Yes No

Have you undertaken any work-related travel overseas or interstate?

If yes, please attach a summary of details.

CLOTHING (PROTECTIVE &/OR UNIFORM)

Yes No

Have you purchased protective clothing or uniforms for work?

Note: Sports clothing is not allowed.

Please provide full details of uniforms required to be worn.

- Protective footwear. \$
- Laundry & cleaning of protective clothing or uniforms \$
- Sunscreen/Sun hats/ sun glasses \$

SELF EDUCATION

Yes No

Have you carried out study related to current work at a recognised educational institution?

Note: HECS - HELP payments are not an allowable deduction.

If yes, please attach a summary of details.

OTHER DEDUCTIONS

Yes No

If there is anything else you can claim, please attach an itemised list and amount.

CHARITIES

Yes No

Have you made donations to registered charities or school building funds, or participated in a workplace giving program? If yes, include total amount or attach an itemised list. \$

FINANCIAL PLANNING

Yes No

Professional fee for ongoing financial service?

Name of Adviser:

Fees and any other relevant expenses: \$

OTHER WORK RELATED DEDUCTIONS

If yes, please attach a list and amount. Yes No

Expenses can be claimed for:

- Additions to professional library. \$
- Excursion costs - accompanying students. \$
- Stationary, craft items, teaching aids. \$
- Tools & equipment (under \$300 per item) \$
- Professional journals/ magazines \$
- Seminars conferences & short courses \$
- Professional Associations \$
- Teachers Federation \$
- Union fees \$
- Computer consumables \$

TELEPHONE

Yes No

Telephone (Landline)

Avg # of calls x #of weeks (25c) =\$

Telephone (mobile)

| Avg cost per month | no of months | % (work usage) | Total |
|--------------------|--------------|----------------|-------|
| x | x | | =\$ |

Internet Service Provider Fees

| Avg cost per month | no of months | % (work usage) | Total |
|--------------------|--------------|----------------|-------|
| x | x | | =\$ |

HOME OFFICE EXPENSES

Yes No

The Commissioner requires a 'bill' in the name of the tax payer to prove home a office expenses have been incurred.

(This alternate method includes mobile and Internet costs)

Total number of hours @67c = \$

TAX AGENT

Yes No

If we did not prepare your tax return last year, please let us know how much you paid for the service. \$

INCOME PROTECTION

Yes No

Did you pay for Income Protection Insurance (outside of your superfund) during the year? If yes, how much? \$

RENTAL PROPERTY SCHEDULE

Taxpayer Owner /Joint Name

Address of Rental Property

Acquired date:

Disposed date:

Current year rental dates

From To

Date property first became available for rent

From To

Number of weeks the property was rented?

List here your proportion of ownership? %

When was your Property Mortgage last reviewed?

Date:

RENTAL INCOME

Rent recieved \$

Other rental related income \$

*If you have obtained a Quantity Surveyors Report, please provide a copy of the report. Please note this only applies to new residential construction and residential properties purchased prior to May 2017.

PAYG INSTALMENTS

Did you pre-pay any income tax by way of annual or quarterly PAYG instalments for the financial year? Yes No

EXPENSES (SHOW TOTAL FIGURES)

| | |
|---------------------------------|----|
| Advertising for tenants | \$ |
| Bank charges | \$ |
| Body Corporate charges | \$ |
| Borrowing expenses | \$ |
| Cleaning | \$ |
| Council rates | \$ |
| Gardening/lawn mowing | \$ |
| Insurance | \$ |
| Interest on loans | \$ |
| Land tax | \$ |
| Special building write-offs* | \$ |
| Legal fees | \$ |
| Pest control | \$ |
| Property agent fees/commission | \$ |
| Repairs & maintenance | \$ |
| Stationery, telephone & postage | \$ |
| Water charges | \$ |
| Sundry rental expenses | \$ |

If your Repair & Maintenance expenditure exceeds \$300, please provide itemised details of these expenses.

Total Expenses \$

Net Rent \$

HECS/HELP

Do you have a HECS/HELP debt? Yes No

Did you have a Fee HELP debt Yes No

DEPRECIATION

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 |
|-----------|----------------|----------------|---------------|
| | \$ | | % |
| | \$ | | % |
| | \$ | | % |
| | \$ | | % |
| | \$ | | % |