FMW ACCOUNTANTS PTY LIMITED



INCOME TAX RETURN DATA COLLECTION SHEET YEAR ENDED 30 JUNE 2020

Mr/Mrs/Ms/Miss				
SURNAME:			<u></u>	
First Name:			8 Uhy.	·
Middle Name[s]:				
				
Date of Birth:			_	
Tax File Number:				
rax File Number:				
Address [Street]:				
			State	Postcode
Do you own this property? If so:	I	Market Value: \$	Loan: S	\$
	· · ·	tal or owner occupied or renovating?		
Is your interest rate the best ava				
Have you considered fixing your		claiming the maximum interest deduction	62	
		ou for a FREE review of your loans?	5!	
Would you like our Mongago o	onounant to contact ye	sa loi a i NEE loviow of your loane.		
Address [Postal]:				
			State	Postcode
Contact Numbers:				
Work: Mobile:		Home:		_
E-mail:			F	
•			[we will send your retu	irn by email [pdf]
Is this your first year as a client of	of FMW Accountants?			
If YES - Please advise us on how	w you heard about us.	. <u>.</u>		
Occupation:			<u> </u>	
Do you have a convert last year's	tov roturn (For now o	diente entra		
Do you have a copy of last year's If YES - Please provide	stax return [For new t	silents only]		
We are required to write an Ethio	cal letter to your previo	us accountant		
Please provide previous Accoun	tants Name & Address	:-		
Accountant:				_
Address:				<u> </u>
		Postcode:		_
Please provide your Bank Accou	=			
Account Name:				
BSB: [6 Digits]		A/c No:		
How many Jobs have you had do	uring the year?	Please write no.		
Did you receive Centrelink Paym			_	
Please provide Group Certificate	s/PAYG Payment Sun	nmary & ETP Statements for each as well	as	
Employee Share Scheme summ	aries/statements if app	olicable		

	If YES - Please provide details [7 3 7, 1 1 1, 1 1, 1	<u> </u>	1
		Account 1	Account 2	Account 3	Account 4	Account 5
	Bank:					
	BSB:					
	Account Number:					
	Interest Amount: \$					
	Joint Y/N					
	John Titt					
11	Have you received any Dividence	ds during the year?				
• •	If YES - Please provide details a		o mo o m to			
	·					
	[if joint show 100% of dividend, a	and mark accordingly,	we will adjust]		T	
	O No	ODN / LUN	Data Data	Hafarah ad Assault	Food of Associate	1
	Company Name	SRN / HIN	Date Paid	Unfranked Amount	Franked Amount	Imputation Credit
40	Have very season and any Distribute	liana forma a Danta anab	:	Franka O		
13	Have you received any Distribut		-			
	If YES - Please provide details [•		•		
	Please provide Tax Distribution	statements from Mana	iged Funds / Partne	ership / Trust Distributions	3	
	Other:					
	Other.					
	Have you had any Expenses rel	ated to the above inve	stments during the	year?		
	If YES - Please provide details [if joint show 100% of e	expense, and mark	accordingly]		
	Expenses			Amount		
	Interest			\$		
	Financial Planning Fees			\$	_	
	Investment Courses Other			\$		
				\$	_	
				Ψ	_	
18	Have you sold any Shares and/o	or Property during the	vear?			
18	Have you sold any Shares and/o		year?			
18	[You may have a Capital Gain o	r Loss]		vrite amount		
18	[You may have a Capital Gain o Do you have a carry forward cap	r Loss] pital loss from previous	s year? Y/N if Yes v	vrite amount		\$
18	[You may have a Capital Gain o	r Loss] pital loss from previous	s year? Y/N if Yes v	vrite amount		\$
18	[You may have a Capital Gain o Do you have a carry forward cap	r Loss] pital loss from previous	s year? Y/N if Yes v	vrite amount Purchase	Sale	\$ Sale
18	[You may have a Capital Gain o Do you have a carry forward cap If YES - Please provide details a	r Loss] pital loss from previous	s year? Y/N if Yes v cuments	Purchase	Sale Date	·
18	[You may have a Capital Gain o Do you have a carry forward cap If YES - Please provide details a	r Loss] pital loss from previous	s year? Y/N if Yes v cuments	Т		Sale
18	[You may have a Capital Gain o Do you have a carry forward cap If YES - Please provide details a	r Loss] pital loss from previous	s year? Y/N if Yes v cuments	Purchase		Sale
18	[You may have a Capital Gain o Do you have a carry forward cap If YES - Please provide details a	r Loss] pital loss from previous	s year? Y/N if Yes v cuments	Purchase		Sale
18	[You may have a Capital Gain o Do you have a carry forward cap If YES - Please provide details a	r Loss] pital loss from previous	s year? Y/N if Yes v cuments	Purchase		Sale
18	[You may have a Capital Gain o Do you have a carry forward cap If YES - Please provide details a	r Loss] pital loss from previous	s year? Y/N if Yes v cuments	Purchase		Sale
18	[You may have a Capital Gain o Do you have a carry forward cap If YES - Please provide details a	r Loss] pital loss from previous	s year? Y/N if Yes v cuments	Purchase		Sale
18	[You may have a Capital Gain o Do you have a carry forward cap If YES - Please provide details a	r Loss] pital loss from previous	s year? Y/N if Yes v cuments	Purchase		Sale
18	[You may have a Capital Gain o Do you have a carry forward cap If YES - Please provide details a	r Loss] pital loss from previous	s year? Y/N if Yes v cuments	Purchase		Sale

10 Have you received any Interest income during the year?

If YES - Please provide details [if joint show 100% of rent & expen	ises, and mark accordingly]	
Would you like our Mortgage Consultant to contact you for a revie	w of your loans?	
Rental Property 1		
Address of Property:		
	Postcode:	
Cost of property: \$	Date of purchase:	
Date first became available for rent: Year property built:	Percentage owned:	
Is this property registered for Land Tax		
If NO - Please provide Approximate LAND VALUE ONLY		\$
Amount outstanding on bank loan		\$
Approximate market value of the property		\$
Rental Property 2 Address of Property:		
	Postcode:	
Cost of property: \$	Date of purchase:	
Date first became available for rent:		
Year property built:	Percentage owned:	
Is this property registered for Land Tax		
If NO - Please provide Approximate LAND VALUE ONLY		\$
Amount outstanding on bank loan		\$ \$
Approximate market value of the property		Φ
Rental Property 3 Address of Property:		
Address of Property.	Postcode:	
Cost of property: \$		
Date first became available for rent:		
Year property built:	Percentage owned:	
ls this property registered for Land Tax		
If NO - Please provide Approximate LAND VALUE ONLY		\$
Amount outstanding on bank loan		\$
Approximate market value of the property		\$
Can you claim depreciation on your rental properties?		
NOTE: Income tax deductions for the decline in value of previous accommodation are no longer allowed.	ly used plant and equipment in rental premises used fo	or residential
=> Previously used plant and equipment acquired at or after 7.30	pm on 9 May 2017 unless it was acquired under a	
contract entered into before this time > Plant and equipment acquired before 1 July 2017 but not used	to earn income in either the current or previous year.	
nttns://www.ato.gov.au/General/New-legislation/In-datail/Direct-to-	vee/Income_tay_for_individuals/Limit plant and accions	ent-denreciation dod
The changes apply from 1 July 2017 to: => Previously used plant and equipment acquired at or after 7.30	d to earn income in either the current or previous year.	ent-

Click link below to see if you can Property Depreciation Link

moone and expenses non properties		Property 1	Property 2 \$	Property 3 \$
Rent Rec	eived for the year [Gross]			
	Expenses:			
	Interest			
	Bank fees			
	Council Rates			
	Water Rates			
	Agents Commission			
	Strata levies			
(*Please provide breakdown below)	Repairs & maint*			
	Insurance			
	Borrowing costs			
	Land Tax			
	Gardening/Lawn Mowing			
Other: Please detail				
Other: Please detail				
Other: Please detail				
Assets Purchased [Greater than \$300]:				
Please provide Asset[s] Description Cost & Date	of Purchase			
Date	Asset Des	scription		Cost
Repairs & maintenance Please provide a break down of repairs and mai	ntenance expense items:			
Please provide a break down of repairs and mai	· · · · · · · · · · · · · · · · · · ·	em		Cost
	· · · · · · · · · · · · · · · · · · ·	em		Cost

^{*} Note: if the repairs were done before the property rented out, it cannot claim as deduction. TR 97/23

	Did you use your car for work					
	If YES - Provide details	Car Expenses Link				
	Make of Motor Vehicle:					
	Model of Motor Vehicle: Registration Number:	-				
	-	9				
	Set Rate for 5000KM [max]: 6 Cost of Car	8C \$	— Data of numbers			
	If traded in for new car: Trade	·	Date of purchase \$		_	
	What is the reason for your M	otor Vehicle claim? / Wh	<u> </u>		_	
	TRAVEL BETWEEN HOME A		= =		OMPLETED]	
	Did you travel less than 5,000	km's for the year?				
	If YES - Please provide NO. C	F KM's TRAVELLED		Km's Travelled:		
	If NO - Please provide logboo	k and expense details be	elow;			
	Did you Keep a log book for th	ne vear? [Must have be	en kept for a 12 week r	eriodl		
	If YES - Please provide BUSII	-	on Rope for a 12 wook p	Business %:		
	Please provide full amount an		usinoss %	240000 76.		
		u we will aujust for the b	usiness 70		\$	
	Fuel				\$ \$	
	Repairs & maintenance				\$ 	
	Registration				\$	
	Insurance				Ψ ¢	
	Lease/Hire purchase [please p	provide documents for h	is claim]		Ψ Φ	
	Car Wash		-		\$	
	Interest on loan [please provide	de loan statementsl			\$ \$	
		_			•	
	MOT Enter any Dusing	as Dalatad Eves			***	
1 OD	NOT Enter any Busine	ss Related Exper	nses under Sect	ion D2 - D15 **		
DO 1 D2	Did you incur any Work Relate If YES - Please provide details Explain how these expenses i	ed Travel Expenses duri		ion D2 - D15 **		
	Did you incur any Work Relate If YES - Please provide details	ed Travel Expenses duri		ion D2 - D15 **		
	Did you incur any Work Relate If YES - Please provide details Explain how these expenses in	ed Travel Expenses duri				
	Did you incur any Work Relate If YES - Please provide details Explain how these expenses r	ed Travel Expenses duri			\$	
	Did you incur any Work Relate If YES - Please provide details Explain how these expenses r Taxi Tolls	ed Travel Expenses duri				
	Did you incur any Work Relate If YES - Please provide details Explain how these expenses relation Taxi Tolls Car Parking	ed Travel Expenses duri			\$	
	Did you incur any Work Relate If YES - Please provide details Explain how these expenses relation Taxi Tolls Car Parking Other	ed Travel Expenses durings relate to your income	ng the year?		\$	
	Did you incur any Work Relate If YES - Please provide details Explain how these expenses r Taxi Tolls Car Parking Other What evidence do you have?	ed Travel Expenses durings relate to your income	ng the year?		\$	
	Did you incur any Work Relate If YES - Please provide details Explain how these expenses re Taxi Tolls Car Parking Other What evidence do you have? NOTE: TRAVEL BETWEEN H	ed Travel Expenses durings relate to your income [invoice, g/cert, diary etc	ng the year? - ON-DEDUCTIBLE		\$ \$ \$ \$	is attributable to the
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D2	Did you incur any Work Relate If YES - Please provide details Explain how these expenses in Taxi Tolls Car Parking Other What evidence do you have? NOTE: TRAVEL BETWEEN HExceptions: Travelling between transportation of "heavy or but Did you have expenses for Work If YES - Please provide details Explain how these expenses in MUST BE PROTECTIVE/OCC Clothing/Uniform Laundry of uniform/protective	ed Travel Expenses during etc. [invoice, g/cert, diary etc.] HOME AND WORK IS Notentham and work in cert. Iky goods/equipment", or ork Related Uniforms/Lac. Because to your income CUPATION-SPECIFIC/Acclothing [invoice, g/cert, diary etc.]	ON-DEDUCTIBLE tain cases to be claimed represented the year? UNITO REGISTERED	d as a tax deductions ome qualifies as a "pla	\$\$ \$, where the travel ace of business".	is attributable to the
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income-earning activity.

D5		related Expenses as an employee during tails - show 100% of expense we will adjust	=		
	Briefcase			\$	
	Computer supplies			\$	New: Please note the ATO
	Internet Fees [Please provi	ide business use %'age]	-	\$	has introduced a new "safe
	Mobile [Please provide bu	siness use %'age]	-	\$	harbour" for a maximum clair
	Telephone [Please provide	e business use %'age]	-	\$	of \$50 for phone expenses. you use phone for your work
	Professional Association fe	ees/Union fees		\$	and the expense is
	Tools			\$	"incidental", the ATO will allow
	Newspapers/Magazines/Jo	ournals/Books		\$	a claim based on the following rates: \$0.25 for work calls from
*	Home office [52c per hour]	Hours worked @ home:	hrs	\$	landline, \$0.75 for work calls
**	Home office [80c per hour]	Hours worked @ home:	hrs	\$	from mobile and \$0.10 for tex
	Stationery			\$	messages. If you want to claim work related percentage for
	•	se depreciated, list asset below]		\$	phone and internet, then you
	Other -			\$	will need to keep a diary
	Other -			\$	
	Other			\$	
				¥	
	Depreciation of fixed asset	s [computers etc] - Cost and date of purch	nase required		
*	Note: if taxpayer merely us work home at nights and expenses are interest, re electricity, gas, depreciation	e? [invoice, g/cert, diary etc] ses a home office as a matter of convenier d/or on weekends). In this case, no de nt, rates and building expenses. Dedu on of office furniture/equipment and telephonly available from 1st March 2020 up to 3	one expenses.	ned for home office	running expenses, such as
	value of capital items, phor Working from home during	ne and internet cost.	oour danc 2020. The short	iodi monod mondeo	decinary, dearing, decine in
D7/D8	Did you have expenses re	elating to Interest and Dividends received of	during the year?		
	If YES - Please provide det	tails			
	Interest re: borrowings for s	shares etc		\$	
	Other -			\$	
	What evidence do you have	e? [invoice, g/cert, diary etc]			
D9	Did you make any Donatio	ns during the year?			
	If VEO. Disease movide det	taile (NOTE: a const alaine if a constant alaine	one fix a support of the state of		
	If YES - Please provide de	tails [NOTE: cannot claim if you stand to b		nners etcj	
		Charity Name	Amount		
	Must be a registered	School Building Fund			
	charity claim a deduction	School Library Fund			
	deduction				
D10		r Tax Agent/Tax Lodgement Fees during t			
	If YES - Please provide am		Amount \$		
	New: for taxpayers claimed	d motor vehicle expenses by the cents per	kilometre method, these k	lometres should be	
	included in the 5,000 busin	ess kilometre limit already.			
D12		• •	-	\$	
	For Div 293 estimate, how Please provide amount	much superannuation paid for the year			

	If YES - Please provide amou	nt		Amount \$		
M2	Did you have Private Health I	nsurance during the yea	r?			
	If YES - Please provide your A			Health Fund		
			sarance rax clatement nom	Troditi i una		
	[You are not covered if only ha					
	Spouse's Full Name:					
	Spouse Date of Birth:					
	Spouse's Income:					
	Do you have any dependants'	?				
	Do you have dependant child/	children?				
	If Yes, how many?					
					,	
	Are you a dependant child cov	vered on a parents policy	<i>i</i> ?			
	, ,,		, .			
	Do you or your spouse pay Ch	aild Support?				
	If Yes, please provide amount					
	ii 163, piedse provide amount	paid iii Tax Teai.				
	If no private health insurance	hospital cover], then sur	rcharge will apply depends o	n your income and age	! .	
	Rebate for Health Insurance is	income tested against	the MLS income tier thresho	olds, please see following	ng links for more info	ormation:
	Private health insurance link					
M1	Are you entitled to a Medicare	Low Examplian? Soci	link holow for more info			
IVII	Are you entitled to a Medicare	: Levy Exemplion: See i	illik below for filore liflo			
	10.7E0 BI		E 14/ 1			
	If YES - Please provide reason	is. For example: Detend	ce Force worker			
A2	If you are entitled to a Part ye	ar income threshold plea	ase provide details? E.g. cor	ne back or left for overs	seas	
R7	Do you have a HELP Debt/Su	pplement Loan Scheme	?			
111	. ,					
	If YES - Please provide amou	nte outetanding at 30 Jul	ne or enclose statement			
	•					
	HELP/HECS Debt	Amount \$				
	Supplement Loan	Amount \$	·			

D15 Other deductions - Income protection insurance

One Life Courses paid 1 July 2	2019 to 30 June 202	0			
Quantum Property	Amount	\$	Date:		
Quantum Business	Amount	\$	Date:		
Mentoring	Amount	\$	Date:		
Life Magic	Amount	\$	Date:		
Other -	Amount	\$	Date:		
Please explain how the above	One Life expenses	are DIRECTLY re	elated to your PRESEI	NT income producing activ	ities in order to be
claimed:					
FMW Contact Details - New S	outh Wales Office [F	lead Office]			
Phone:	02 8425 7888				
Postal:	PO Box 82, St Lee				
Street:	Level 1, Suite 3, 1	74 Willoughby R	oad, Crows Nest NSW	2065	
FMW Contact Details - Victoria	a Office				
Phone:	03 9490 5666				
Street/Postal:	89 Upper Heidelbe	erg Road, Ivanho	e VIC, 3079		
FMW Contact Details - Queen	sland Office				
Phone:	07 5531 4009				
Postal:	PO Box 3823, Aus	stralia Fair, QLD	4215		
	Scarborough Cont				
Street:	Scarborough Cen	tre, Level 1, Suite	106, 89		
Street:	Scarborough Stree				
Street: Email:		et, Southport QLI		www.fmw.com.a	au
	Scarborough Stree	et, Southport QLI	O 4215	www.fmw.com.a	au
	Scarborough Stree	et, Southport QLI	O 4215	www.fmw.com.a	au
Email:	Scarborough Stree	et, Southport QLI	O 4215	www.fmw.com.	au
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Email:	Scarborough Stree	et, Southport QLI	O 4215	www.fmw.com.a	au

Did you operate a business activity during the year as a SOLF TRADER/CONTRACTOR?

id you operate a business activity during the year as a SOL			
f YES - Please provide details			
OO NOT COMPLETE IF A COMPANY/TRUST/PARTNERSI Number of Business Activities	HIP - contact us for more informa	ation required	
Business Name: ——			
ABN:			
Business Activity 1:			
Business Activity 2:			
Business Activity 3:			
 DO NOT INCLUDE GST IN THESE AMOUNTS IF YOU HA	VELODGED A BAS CLAIMING	COT DAID/DECEIVED	
SO NOT INCLUDE GST IN THESE AMOUNTS IF TOO HA	VE LODGED A BAS CLAIMING	GST FAID/NECEIVED	
	Business 1	Business 2	Business
ncome:	\$	\$	\$
Sales/Fees etc.	\$	\$	\$
JobKeeper payment received:	\$	\$	\$
Cash boost received	\$	\$	\$
State governement business grant received	\$	\$	
Other	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Expenses: Please provide full amount and we will adjust		\$	\$
business %:	\$	\$	\$
Accounting fees	\$	\$	\$
Advertising	\$	\$	\$
Bank fees	\$	\$	\$
Computer supplies	\$		\$
Home Office Running Expenses		\$	\$
nternet fees	\$	\$	\$
Motor vehicle [refer to Motor Vehicle Above- D1]	\$	\$	\$
Printing & stationery	\$	\$	\$
Rent	\$	\$	\$
Subscriptions	\$	\$	\$
Гelephone - home	\$	\$	\$
Telephone - mobile	\$	\$	\$
Training Courses	\$	\$	\$
Travel & accommodation	\$	\$	\$
Superannuation	\$	\$	\$
Other	\$	\$	\$
Other	\$	\$	\$
Other	\$	\$	\$
Other	\$	\$	\$
Other	\$	\$	\$
Stock on hand at 30 June:	\$	\$	\$
Depreciable Business Assets purchased THIS FINANCIAL	/EAR		
tem: Date	9:	\$	
tem: Date		\$	
tem: Date		\$	
			<u> </u>



^{*}Please note* - This sheet is intended to act as a guide and to prompt you to provide additional information where required to assist us in preparing your tax return. It is NOT intended to actually calculate your estimated income tax payable/[refund]. Completion of this sheet does not reduce your usual substantiation and record-keeping requirements.