



OTHER INFORMATION

Private Health Insurance (attach Private Health Insurance Tax Summary)
 HECS/HELP Liability (attach HECS statement)
 Student Loan (attach SFSS statement)
 Payslip(s) (attach most recent payslip received)
 Superannuation (attach most recent statements received)
 Personal Insurance (attach most recent statements received for Life, trauma,
 TPD and income protection insurance)

Information provided	Not Applicable

Spouse Income for year:
 Spouse Name:
 Date of Birth:
 Tax File No:
 Taxable Income:
 Children 1 Name:
 Children 1 Date of Birth:
 Children 2 Name:
 Children 2 Date of Birth:
 Children 3 Name:
 Children 3 Date of Birth:

WORK RELATED EXPENSES

1. WORK RELATED CAR EXPENSE

Please explain how your car is used for work related purposes:

Vehicle Description	Kilometres for Year	Work related %

If using logbook method, please also fill out the following:

Type of Expenses	Total Expense (\$)	Invoice/Receipt (tick if Yes)
Fuel and Oil		
Registration and Insurance		
Tyres		
Repairs and Maintenance		
Interest		
Other:		



2. WORK RELATED TRAVEL

Flights, accommodation, parking...

Type of Expenses	Total Expense (\$)	How is this travel expense work related?	Invoice/Receipt (tick if Yes)

3. UNIFORM, OCCUPATION SPECIFIC OR PROTECTIVE CLOTHING AND LAUNDRY EXPENSES

Type of Expenses	Total Expense (\$)	Description	Invoice/Receipt (tick if Yes)

4. SELF-EDUCATION EXPENSES

Please give details of course and how it relates to your current work activities.

Type of Expenses	Total Expense (\$)	Description	Invoice/Receipt (tick if Yes)

5. OTHER WORK RELATED EXPENSES

Books & journals, computer expenses, home office expenses, telephone & internet, memberships, conferences, union fees...

Type of Expenses	Total Expense (\$)	Description	Invoice/Receipt (tick if Yes)



6. DONATIONS

Charity Details	Total Expense (\$)	Invoice/Receipt (tick if Yes)

7. SUNDRY

Type of Expenses	Total Expense (\$)	Invoice/Receipt (tick if Yes)
Tax Agent Fees		
Investment Expenses		
Income Protection Insurance		
Other:		

8. OTHER CLAIMS

Type of Expenses	Total Expense (\$)	Description	Invoice/Receipt (tick if Yes)
Medical Expenses (only if its related to disability aid, attendant care and aged care)			

Declaration:

I declare that the information I have given is true & correct and that I hold the necessary written evidence to support my work related deductions. I have made the necessary inquiries to ensure all expenses listed are deductible.

Signed:

Date:



RENTAL PROPERTY WORKSHEET FOR THE FINANCIAL YEAR

Taxpayers Name: _____ Address of Property: _____

Date first rented: _____

Number of weeks rented: _____

Ownership %: _____

If property was purchased or sold during the year, please provide purchase & sale contracts

Was there any private use of the Property? (Y/N): _____

INCOME	Amount (\$)	Details	Invoice/Receipt (tick if Yes)
Gross Rent			
Other income			
Total Income			

EXPENSES			
Agent fees/commission			
Bank Charges			
Body Corporate			
Borrowing Expenses			
Cleaning			
Council Rates			
Deduction for decline in value			
Gardening/lawn mowing			
Insurance			
Interests on Loans			
Land Tax			
Legal Expenses			
Pest Control			
Repairs & Maintenance			
Capital works Deduction			
Postage, Stationery & Telephone			
Water Charges			
Sundry			
Total Expenses			

NET RENTAL INCOME/LOSS	
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