(PO Box 110), Glenelg SA 5045



**Ph:** (08) 8376 0455 **Web**: <u>www.sheridans.net.au</u>

Email: enquiries@sheridans.net.au

## Client Details Form 2018 Individual Income Tax Return

Full Name					
Tax File Number			_		
Date of birth		//			
ABN (if applicable)					
Address					
Address (postal) (Put 'as above' if the same)					
	Mobile:				
Telephone contacts	Business Hours (work) :				
	After Hours (home):				
Email		@			
Electronic banking	BSB:				
(for refund if applicable)	Account Number:				
Occupation					
	Do you run your own business as a sole trader?  YES/NO				
	Do you run your own business in a company, trust or partnership? YES/NO				
Spouse's full name					
(Please include married/de	facto/same-sex)				
Spouse's date of birth					
Spouse's TFN					
Approximate Income (if known)					

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Inco	ome – Please provide evidence	Yes	No	Unsure
1.	Salary or wages			
2.	Allowances, earnings, tips, director's fees etc.			
3.	Employer lump sum payments			
4.	Employment termination payments			
5.	Australian Government allowances and payments like Newstart, Youth Allowance and			
	Austudy payments			
6.	Australian Government pensions and allowances			
7.	Australian annuities and superannuation income streams			
8.	Australian superannuation lump sum payments			
9.	Attributed personal services income			
10.	Gross Interest			
11.	Dividends			
12.	Employee share schemes			
13.	Distributions from partnerships and/or trusts			
14.	Personal services income (PSI)			
15.	Net income or loss from business (as a sole trader)			
16.	Deferred non-commercial business losses			
17.	Net farm management deposits or repayments			
18.	Capital gains			
19.	Foreign entities:			
_	Direct or indirect interests in a controlled foreign company			
_	Transfer of property or services to a non-resident trust			
20.	Foreign source income (including foreign pensions) and foreign assets or property			
21.	Rent			
22.	Bonuses from life insurance companies or friendly societies			
23.	Forestry managed investment scheme income			
24.	Other income (please specify below)			
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Cents per kilometre method (up to a maximum of 5,000 kms)  Log book method  D2. Work related travel expenses  Employee domestic travel with a reasonable travel allowance  If the claim is more than the reasonable travel allowance rate, do you have receipts for your expenses?  Overseas travel with a reasonable travel allowance  Do you have receipts for accommodation expenses?  If travel is for 6 or more nights in a row, do you have travel records (e.g. a travel diary)?  Employee travel without a reasonable travel allowance  Did you incur and have receipts for airfares?  Did you incur and have receipts for hire cars (if applicable)?  Did you incur and have receipts for hire cars (if applicable)?  Did you incur and have receipts for hire cars (if applicable)?  Did you incur and have receipts for meals and incidental expenses?  Do you have any other travel expenses?  Other work-related travel expenses (e.g. a borrowed car, public transport)  (Please Specify)  D3. Work-related uniform and other clothing expenses  Protective Clothing  Occupation Specific Clothing  Non-compulsory uniform  Compulsory uniform  Compuls	Deductions – Please provide evidence	Yes	No	Unsure
Log book method      D2. Work related travel expenses  Employee domestic travel with a reasonable travel allowance      If the claim is more than the reasonable travel allowance rate, do you have receipts for your expenses?  Overseas travel with a reasonable travel allowance      Do you have receipts for accommodation expenses?      If travel is for 6 or more nights in a row, do you have travel records (e.g. a travel diary)?  Employee travel without a reasonable travel allowance      Did you incur and have receipts for airfares?      Did you incur and have receipts for airfares?      Did you incur and have receipts for hire cars (if applicable)?      Did you incur and have receipts for meals and incidental expenses?      Do you have any other travel expenses?  Other work-related travel expenses (e.g. a borrowed car, public transport)  (Please Specify)  D3. Work-related uniform and other clothing expenses  Protective Clothing  Occupation Specific Clothing  Non-compulsory uniform  Compulsory uniform  Conventional clothing  Laundry expenses (up to \$150 without receipts)  Dry cleaning expenses	D1. Work related car expenses			
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<ul> <li>Protective Clothing</li> <li>Occupation Specific Clothing</li> <li>Non-compulsory uniform</li> <li>Compulsory uniform</li> <li>Conventional clothing</li> <li>Laundry expenses (up to \$150 without receipts)</li> <li>Dry cleaning expenses</li> </ul>	(Please Specify)			
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Occupation Specific Clothing     Non-compulsory uniform     Compulsory uniform     Conventional clothing     Laundry expenses (up to \$150 without receipts)     Dry cleaning expenses	D3. Work-related uniform and other clothing expenses			
<ul> <li>Non-compulsory uniform</li> <li>Compulsory uniform</li> <li>Conventional clothing</li> <li>Laundry expenses (up to \$150 without receipts)</li> <li>Dry cleaning expenses</li> </ul>	Protective Clothing			
<ul> <li>Compulsory uniform</li> <li>Conventional clothing</li> <li>Laundry expenses (up to \$150 without receipts)</li> <li>Dry cleaning expenses</li> </ul>	Occupation Specific Clothing			
Conventional clothing     Laundry expenses (up to \$150 without receipts)      Dry cleaning expenses	Non-compulsory uniform			
Laundry expenses (up to \$150 without receipts)      Dry cleaning expenses	Compulsory uniform			
Dry cleaning expenses	Conventional clothing			
	Laundry expenses (up to \$150 without receipts)			
Other claims such as mending/repairs, etc. (please specify)	Dry cleaning expenses			
	Other claims such as mending/repairs, etc. (please specify)			
		1	ı	1

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Deductions (Continued) – Please provide evidence	Yes	No	Unsu
D4. Work related self-education expenses			
Course taken at educational institution:			
Union fees			
Course fees			
Books, stationery			
Travel			
Other (Please specify)			
D5. Other Work-related expenses			
Home Office Expenses			
Computer and software			
Telephone/mobile phone			
Tools and equipment			
Subscriptions and union fees			
Journals or periodicals			
Depreciation			
Sun protection products (i.e. sunscreen and sunglasses)			
Seminars and courses not at an educational institution			
Any other work-related deductions (please specify)			
Other Types of Deductions			
D6. Low value pool deduction			
D7. Interest deductions			1
D8. Dividend deductions			
D9. Gifts or donations			1
D10 Cost of managing tax affairs			1
Interest charged by the ATO (e.g. including SIC and GIC)			
Litigation costs			
Other expenses incurred in managing tax affairs			
D11. Deductible amount of undeducted purchase price of a foreign pension or annuity			

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Deductions (Continued) – Please provide evidence		Yes	No	Unsure
D12. Personal superannuation contributions				
Full name of fund	Account Number:			
Fund ABN:	Fund TFN:			
Have you provided the fund a notice of intention to	deduct the contribution?			
Has this notice been acknowledged by the fund?				
Other types of deductions (continued)				
D13. Deduction for project pool				
D14. Forestry managed investment scheme deduction				
D15. Other deductions (please specify)				
L1. Tax losses of earlier income years				

Tax offsets/rebates – Please provide evidence	Yes	No	Unsure
T1. Are you a senior Australian or pensioner?			
T2. Did you receive an Australian superannuation income stream?			
T3. Did you make superannuation contributions on behalf of your spouse?			
T4 Did you live in a remote area of Australia or serve overseas with the Australian Defence			
Force or the UN armed forces in the 2018 income year?			
T5. Did you have net medical expenses for disability aids, attendant care or aged care in the			
2018 income year?			
T6. Did you maintain a dependant who is unable to work due to invalidity or carer			
obligations in the 2018 income year?			
T7. Are you entitled to claim the landcare and water facility tax offset?			
T8. Are you involved in an early stage venture capital limited partnership?			
T9. Are you an early stage investor in an early stage innovation company?			
T10. Are you entitled to any other non-refundable tax offsets? (Please specify below)			
T11. Are you entitled to any other refundable tax offsets? (Please specify below)			

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0	ther relevant information – Please provide evidence	Yes	No	Unsure
A.	Are you entitled to the Medicare levy exemption or reduction in the 2018 income year?			
ı	f yes, please specify:		l	
B.	Did you and your spouse/dependants have private health insurance in the 2018 income year?			
	(If yes, please provide the annual statement received from your health fund)			
C.	Were you under 18 years old on 30 June 2018?			
D.	Did you become an Australian tax resident at any time during the income year?			
E.	Did you cease to be an Australian tax resident at any time during the income year?			
F.	Did you make a non-deductible (non-concessional) personal super contribution?			
G.	Do you have a HELP liability, Student Financial Supplement Loan debt, Student Start-Up Load debt or Trade Support Loan debt?			
Н.	Are you a working holiday maker in Australia on a 417 (working holiday) visa or 462 working holiday) visa?			
I.	Did a trust or company distribute income to you in respect of which Family Trust Distribution Tax (FTDT) was paid by the trust or company? (Please specify below)			
J.	Do you have a loan with a private company at 30 June 2018 or has such a loan amount been forgiven in the 2018 income year? Has a private company made a payment to you			
	in the 2018 income year (other than a dividend)? (Please specify below)			
			Τ	
K.	Did you receive any benefit from an employee share acquisition scheme?			
L.	Family Tax Benefit ('FTB'):			
•	Did you have care of a dependent child in the 2018 income year?			
•	Did you or your spouse receive FTB through the Department of Human Services in the			
	2018 income year?			
In	come Tests information			
•	Do you have any reportable fringe benefits amounts in the 2018 income year?			
•	Do you have any reportable employer superannuation contributions in the 2018 income			
	year?			
•	Did you receive any tax-free government pensions in the 2018 income year?			
•	Did you receive any target foreign income in the 2018 income year?			
•	Did you have a net financial investment loss in the 2018 income year?			
•	Did you have a net rental property loss in the 2018 income year?			
•	Did you pay child support in the 2018 income year?			
•	Number of dependent children?		l .	1

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Other relevant inforn	nation – Please provide evidence	Yes	No	Unsure
Spouse Details (if applicab	ole)			
spouse for only part of June 2018 when you h	for the full year from 1 July 2017 to 30 June 2018? If you had a f the income year, please specify the dates between 1 July 2017 to 30 ad a spouse?  to//			
What was your spouse	's taxable income for the 2018 income year?	\$		
	e a share of trust income on which the trustee is assessed under t been included in your spouse's taxable income?			
	y distribute income to your spouse in respect of which family trust aid by the trust or company for the 2018 income year?			
Did your spouse have a	any reportable fringe benefits amounts for the 2018 income year?			
	re any Australian Government pensions or allowances (not including ne) in the 2018 income year?			
	re any exempt pension income in the 2018 income year?			
Did your spouse receiv  Rehabilitation and Con	re any tax-free government pensions paid under the Military impensation Act 2004?			
	e any reportable employer superannuation contributions or uperannuation contributions for the 2018 income year?			
Did your spouse receiv	re any 'target foreign income' in the 2018 income year?			
Did your spouse have a	a total net investment loss (i.e., the total of any financial investment			
loss and a rental prope	erty loss) for the 2018 income year?			
Did your spouse pay ch	nild support during the 2018 income year?			
If your spouse is aged I	between their preservation age and 59 years old, did they receive a			
	sum (other than a death benefit) during the 2018 income year that			
	ent that does not exceed their low rate cap?			
Additional notes/concerns	5:			
Dated:	/			
Signature of taxpayer:				
Name (Print)				