**Address:** 593 Anzac Highway
(PO Box 110),
Glenelg SA 5045

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ACCOUNTANTS &
FINANCIAL PLANNERS
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**Ph:** (08) 8376 0455
**Web**: www.sheridans.net.au
**Email:** enquiries@sheridans.net.au

# Client Details Form
# 2020 Individual Income Tax Return

| | |
|---|---|
| **Full Name** | |
| **Tax File Number** | __ __ __ __ __ __ __ __ __ |
| **Date of birth** | ____ / ____ /____ |
| **ABN (if applicable)** | |
| **Address** | |
| **Address (postal)** (Put 'as above' if the same) | |
| **Telephone contacts** | **Mobile:** |
| | **Business Hours (work) :** |
| | **After Hours (home):** |
| **Email** | @ |
| **Electronic banking** (for refund if applicable) | **BSB:** ___ ___ ___ - ___ ___ ___ |
| | **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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| Income – Please provide evidence | Yes | No | Unsure |
|---|---|---|---|

Salary or wages

*Please provide all PAYG Payment Summaries or Income Statements (available via MyGov (where employers are using Single Touch Payroll) from 31/7) applicable to the 2020 income year. Where you have not been provided with either an employment income statement or PAYG Payment Summary, please provide details below:*

| | Payer's ABN | Gross Payment | Tax Withheld |
|---|---|---|---|
| **A** | | | |
| **B** | | | |

| | | | | |
|---|---|---|---|---|
| 1. | Allowances, earnings, tips, director's fees etc. | | | |
| 2. | Employer lump sum payments | | | |
| 3. | Employment termination payments | | | |
| 4. | Australian Government allowances and payments like Newstart, Youth Allowance and Austudy payments | | | |
| 5. | Australian Government pensions and allowances | | | |
| 6. | Australian annuities and superannuation income streams | | | |
| 7. | Australian superannuation lump sum payments | | | |
| 8. | Attributed personal services income | | | |
| 9. | Gross Interest<br>**Bank** **Account #** **Amount**<br>**a)** .....<br>**b)** .....<br>**c)** ..... | **Joint?**<br>.....<br>.....<br>..... | | |
| 10. | Dividends | | | |
| 11. | Employee share schemes | | | |
| 12. | Distributions from partnerships and/or trusts | | | |
| 13. | Personal services income (PSI) | | | |
| 14. | Net income or loss from business (as a sole trader) | | | |
| 15. | Deferred non-commercial business losses | | | |
| 16. | Net farm management deposits or repayments | | | |
| 17. | Capital gains | | | |
| 18. | Foreign entities:<br>– Direct or indirect interests in a controlled foreign company<br>– Transfer of property or services to a non-resident trust | | | |
| 19. | Foreign source income (including foreign pensions) and foreign assets or property | | | |
| 20. | Rent *(provide documentation)*<br>- Do you have one or more rental properties?<br>- Did you buy or sell any property during the income year? | | | |
| 21. | Bonuses from life insurance companies or friendly societies | | | |
| 22. | Forestry managed investment scheme income | | | |
| 23. | Other income (please specify below) | | | |
| | | | | |
| | | | | |
| | | | | |

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| Deductions – Please provide evidence | Yes | No | Unsure |
|---|---|---|---|
| D1. Work related car expenses | | | |
| • 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 accommodation? | | | |
| • Did you incur and have receipts for hire cars (if applicable)? | | | |
| • Did you incur and have receipts for airfares? | | | |
| • 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 | | | |
| • Other claims such as mending/repairs, etc. (please specify) | | | |
| | | | |
| | | | |

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| Deductions (Continued) – Please provide evidence | Yes | No | Unsure |
|---|---|---|---|
| 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 | | | |
| D8. Dividend deductions | | | |
| D9. Gifts or donations | | | |
| D10 Cost of managing tax affairs<br>• Interest charged by the ATO (e.g. including SIC and GIC)<br>• Tax Agent/accounting fees<br>• Litigation costs<br>• 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 2020 income year? | | | |
| T5. Did you have net medical expenses for disability aids, attendant care or aged care in the 2020 income year? | | | |
| T6. Did you maintain a dependant who is unable to work due to invalidity or carer obligations in the 2020 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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| | | | |

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| Other relevant information – Please provide evidence | Yes | No | Unsure |
|---|---|---|---|
| A. Are you entitled to the Medicare levy exemption or reduction in the 2020 income year? | | | |
| If yes, please specify: _____ | | | |
| B. Did you and your spouse/dependants have private health insurance in the 2020 income year? *(If yes, please provide the annual statement received from your health fund)* | | | |
| C. Were you under 18 years old on 30 June 2020? | | | |
| 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? | | | |
| H. 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 2020 or has such a loan amount been forgiven in the 2020 income year? Has a private company made a payment to you in the 2020 income year (other than a dividend)? *(Please specify below)* | | | |
| | | | |
| | | | |
| | | | |
| 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 2020 income year? – Names & DOBs required<br>Name:- ..... Date of Birth:- .....<br>Name:- ..... Date of Birth:- .....<br>Name:- ..... Date of Birth:- ..... | | | |
| • Did you or your spouse receive FTB through the Department of Human Services in the 2020 income year? | | | |
| Income Tests information | | | |
| • Do you have any reportable fringe benefits amounts in the 2020 income year? | | | |
| • Do you have any reportable employer superannuation contributions in the 2020 income year? | | | |
| • Did you receive any tax-free government pensions in the 2020 income year? | | | |
| • Did you receive any target foreign income in the 2020 income year? | | | |
| • Did you have a net financial investment loss in the 2020 income year? | | | |
| • Did you have a net rental property loss in the 2020 income year? | | | |
| • Did you pay child support in the 2020 income year? | | | |
| • Number of dependent children? | | | |

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| Other relevant information – Please provide evidence | Yes | No | Unsure |
|---|---|---|---|
| Spouse Details (if applicable) | | | |
| • Did you have a spouse for the full year from 1 July 2019 to 30 June 2020? If you had a spouse for only part of the income year, please specify the dates between 1 July 2019 to 30 June 2020 when you had a spouse?<br>From _____ / _____ / _____ to _____ / _____ / _____ | | | |
| • What was your spouse's taxable income for the 2020 income year? | $ ..... | | |
| • Does your spouse have a share of trust income on which the trustee is assessed under Section 98 that has not been included in your spouse's taxable income? | | | |
| • Did a trust or company distribute income to your spouse in respect of which family trust distribution tax was paid by the trust or company for the 2020 income year? | | | |
| • Did your spouse have any reportable fringe benefits amounts for the 2020 income year? | | | |
| • Did your spouse receive any Australian Government pensions or allowances (not including exempt pension income) in the 2020 income year? | | | |
| • Did your spouse receive any exempt pension income in the 2020 income year? | | | |
| • Did your spouse receive any tax-free government pensions paid under the *Military Rehabilitation and Compensation Act 2004*? | | | |
| • Does your spouse have any reportable employer superannuation contributions or deductible personal superannuation contributions for the 2020 income year? | | | |
| • Did your spouse receive any 'target foreign income' in the 2020 income year? | | | |
| • Did your spouse have a total net investment loss (i.e., the total of any financial investment loss and a rental property loss) for the 2020 income year? | | | |
| • Did your spouse pay child support during the 2020 income year? | | | |
| • If your spouse is aged between their preservation age and 59 years old, did they receive a superannuation lump sum (other than a death benefit) during the 2020 income year that included a taxed element that does not exceed their low rate cap? | | | |
| Additional notes/concerns: | | | |
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| | |
|---|---|
| **Dated:** | _____ / _____ /_____ |
| **Signature of taxpayer:** | |
| **Name (Print)** | |