Investment Income Information

Individual Tax Return 20__ (Enter year)

Please e-mail, fax or post this form back to our office **PRIOR** to your appointment:

TO: Sheridans Accountants & Financial Planners

ATTENTION:



BUILD YOUR BUSINESS & GROW YOUR WEALTH

E-MAIL: enquiries@sheridans.net.au

CLIENT NAME:	CLIENT SIGNATURE:	х

DIVIDENDS									
Company Name	Date Paid	Unfranked	Franked	Imputation Credits	TFN Credits				
		\$	\$	\$	\$				
		\$	\$	\$	\$				
		\$	\$	\$	\$				
		\$	\$	\$	\$				
		\$	\$	\$	\$				
		\$	\$	\$	\$				
		\$	\$	\$	\$				
		\$	\$	\$	\$				
		\$	\$	\$	\$				
		\$	\$	\$	\$				
		\$	\$	\$	\$				
		\$	\$	\$	\$				

UNIT TRUSTS

(Please bring or send to our office your Trust Tax Year Summary)

Trust Name	Trust Income	TFN Credits	Imputation Credits	Capital Gains	Foreign Income	Foreign Tax
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$

INVESTMENTS SOLD / DISPOSED Date Number **Amount** Date Number **Amount** Company/Trust Name Sold Sold Received **Purchased Purchased** Paid \$