

SCHEDULE OF PARTICULARS FOR 2005/2006 INCOME TAX RETURN PREPARATION

NAME: _____
 (ITEMS 1 TO 4 NEED ONLY BE COMPLETED IF CHANGED SINCE LAST TAX RETURN PREPARED)

- 1. RESIDENTIAL ADDRESS: _____
- 2. POSTAL ADDRESS: _____
- 3. TELEPHONE: (BUS) _____ (HOME) _____ (MOBILE) _____
- 4. OCCUPATION: _____ DATE OF BIRTH: _____
- 5. FULL NAME OF SPOUSE: _____ SPOUSE INCOME: _____

6. EMAIL ADDRESS: (Please complete) _____

- 7. DO YOU HAVE PRIVATE HEALTH INSURANCE? YES/NO
 (IF YES) Name of Fund _____ Membership No. _____
 Rebate Claimable (attach copy of Health Fund Statement) _____

8. **DETAILS OF INCOME**
 Please attach PAYG Payment Summaries including Commonwealth Government payments for pension, unemployment etc.

a) **BANK INTEREST**

<u>Bank</u>	<u>Amount</u>	<u>W'Holding Tax</u>	<u>Bank</u>	<u>Amount</u>	<u>W'Holding Tax</u>
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b) **INVESTMENT/OTHER INCOME** (Full details, including withholding tax) ie. Eligible Termination Payments, Trust/Partnership distributions, other business income, earnings, dividends (including imputation credits)

c) **RENTAL PROPERTY INCOME** (Please attach a full list of income and expenses).

d) **SALE/TRANSFER OF CAPITAL GAINS ASSET** ie) Property, shares etc (please attach details on original purchase and sale)

- 9. **CHILD CARE REBATE**
 To claim the rebate in your 2005-06 income tax return you will need to keep the following records:
 - Your end of financial year CCB letter sent to you by the Family Assistance Office for the period 1 July 2004 to 30 June 2005, **and**
 - Verification of approved child care expenses for the period 1 July 2004 to 30 June 2005 in the form of:
 - A summary statement of expenses incurred and dates of the child's enrolment period supplied by the child care provider; **or**
 - Receipts, cheque butts, credit card statements or bank statements.**If you cannot verify your child care expenses or your CCB, from 1 July 2006 you can obtain further information online by visiting www.familyassist.gov.au and click on 'View 30% child care tax rebate details'.**

10. **DONATIONS:** Institution and Amount

<u>Institution</u>	<u>Amount</u>	<u>Institution</u>	<u>Amount</u>
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- 11. **PRIVATE SUPERANNUATION**
SELF EMPLOYED/NON SUPPORTED PERSONS (generally claimable where no 9% employer Superannuation provided)
 Institution _____ Policy Number _____ Amount _____
SPOUSE CONTRIBUTION (Non Working Spouse Only)
 Institution _____ Policy Number _____ Amount _____

(EMPLOYEES ELIGIBLE FOR THE CO-CONTRIBUTION WILL AUTOMATICALLY HAVE THE AMOUNT DEPOSITED INTO THEIR SUPER ACCOUNT AFTER THEIR TAX RETURN HAS BEEN PROCESSED AND THE SUPERANNUATION FUND HAS PROVIDED THE TAX OFFICE WITH THE REQUIRED DETAILS)

12. NET MEDICAL EXPENSES

If your family net expenses exceed \$1,500 after reimbursement from health funds, employers, etc., please attach details under the following headings or a summary of totals for the year.

<u>Provider of Service</u>	<u>Fee</u>	<u>Reimbursement</u>	<u>Amount Paid</u>
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13. STATEMENT OF WORK RELATED EXPENSES FOR 2005/2006 INCOME TAX PREPARATION

a) GENERAL EXPENSES (attach note detailing particular expense if not sure whether claimable.)

	<u>AMOUNT</u>
Trade Union Subscriptions (specify)	_____
Professional Subscriptions (specify)	_____
Conference, Professional development (specify)	_____
Replacement of protective clothing/uniforms	_____
Laundry of protective clothing/uniforms	_____
Dry cleaning of protective clothing/uniforms	_____
Replacement of tools/equipment (specify)	_____
Stationery, Postage and Supplies	_____
Reference Journals and periodicals	_____
Reference Books (Professional Library)	_____
Telephone (business only)	_____
Mobile Phone (business only)	_____
Self Education Expenses (please attach details)	_____
Disability Insurance	_____
Other (please specify) _____	_____
Other (please specify) _____	_____
Other (please specify) _____	_____

b) HOME OFFICE (POWER/HEATING COSTS ONLY)

Hours Worked At Home _____

c) MOTOR VEHICLE EXPENSES

Make of Car _____ Engine size (cc of CC's) _____

Business Kilometres _____

* Where more than 5000km, an attached detailed list of all motor vehicle expenses is required, together with the business % from the log book for this vehicle (log book must have been kept for a consecutive 13 week period within the last 5 years).

d) <u>PURCHASE OF BUSINESS ASSETS</u> (Greater than \$300)	<u>DATE OF PURCHASE</u>	<u>AMOUNT</u>
(Items under \$300 to be included under general expenses)		

Professional Library	_____	_____
Home Office Equipment (specify)	_____	_____
Other (specify)	_____	_____

I declare that the above information is true and correct and that this schedule and supporting documentation will form part of my Taxation Return. Further I confirm I have in my possession receipts/documentary evidence where required to support the above claims.

SIGNED: _____	
DATE: _____	