

# 2024 TAX RETURN QUESTIONNAIRE

## 2024 INDIVIDUAL TAX RETURN

1. Please **complete / confirm** your details below to the best of your knowledge.
2. All information supplied should be for the **period 1 July 2023 to 30 June 2024**, unless stated otherwise.
3. **Provide all supporting documents** where prompted and applicable.
4. **Sign** where indicated and submit to our office.
5. Once submitted we will review and book your end of financial year appointment with us.

### YOUR CONTACT DETAILS

|         |        |          |
|---------|--------|----------|
| NAME    | D.O.B. | TFN      |
| SPOUSE  | D.O.B. | TFN      |
| EMAIL   |        |          |
| WORK #  | HOME # | MOBILE # |
| ADDRESS |        |          |
| POSTAL  |        |          |

**Bank Details** (If you are expecting a refund, you MUST provide the ATO your EFT Bank Details)

| BANK NAME | BSB # | ACCOUNT # | ACCOUNT NAME |
|-----------|-------|-----------|--------------|
|           |       |           |              |

### Children

| NAME | Date of Birth |
|------|---------------|
|      |               |
|      |               |
|      |               |

**Income Statements** (Please attach all documents to the back of the form. You can access your Income Statements from your employer via your myGov account)

| EMPLOYER | OCCUPATION | GROSS | TAX |
|----------|------------|-------|-----|
|          |            | \$    | \$  |
|          |            | \$    | \$  |
|          |            | \$    | \$  |
|          |            | \$    | \$  |
|          |            | \$    | \$  |

**Bank Interest**

| BANK | AMOUNT | TFN CREDITS | BANK CHARGES |
|------|--------|-------------|--------------|
|      | \$     | \$          | \$           |
|      | \$     | \$          | \$           |
|      | \$     | \$          | \$           |
|      | \$     | \$          | \$           |
|      | \$     | \$          | \$           |

**Work & Other Expenses** (please attach your detailed listing to the back of the form)

| EXPENSE TYPE                | AMOUNT | EXPENSE TYPE                                | AMOUNT |
|-----------------------------|--------|---|--------|
| Taxi Fares                  | \$     | Reference Books                             | \$     |
| Other Travel                | \$     | Stationery                                  | \$     |
| Uniform / Laundry           | \$     | Mobile Phone                                | \$     |
| Sun Protection Items        | \$     | Internet                                    | \$     |
| Self-Education              | \$     | Memberships                                 | \$     |
| Union Fees                  | \$     | Tools & Equipment                           | \$     |
| Seminars / Prof Development | \$     | Interest Expenses                           | \$     |
| Gifts & Donations           | \$     | Income Protection Insurance                 | \$     |
| Other Expenses              | \$     | <i>(please include in detailed listing)</i> |        |

**WFH Home Office Claim – Attach “2024 Working from Home Diary Template” for us to discuss your claim.**

**Private Health Insurance**

Do you have private health insurance?  Y  N

Do you have any of these items?  
Investment Income, Rental Properties,  
Investments Sold or Motor Vehicles used for Work  Y  N

**YES** - please complete relevant sections below  
**NO** - please proceed to the end of the form, provide supporting documents, sign and send back to us.

## INVESTMENT INFORMATION

### Dividends

| COMPANY | DATE PAID | UNFRANKED | FRANKED | IMP. CREDITS | TFN CREDITS |
|---------|-----------|-----------|---------|--------------|-------------|
|         |           | \$        | \$      | \$           | \$          |
|         |           | \$        | \$      | \$           | \$          |
|         |           | \$        | \$      | \$           | \$          |
|         |           | \$        | \$      | \$           | \$          |
|         |           | \$        | \$      | \$           | \$          |

### Trust Investment Income

| TRUST | TRUST INCOME | TFN CREDITS | IMP. CREDITS | CAPITAL GAINS | FOREIGN INCOME | FOREIGN TAX |
|-------|--------------|-------------|--------------|---------------|----------------|-------------|
|       | \$           | \$          | \$           | \$            | \$             | \$          |
|       | \$           | \$          | \$           | \$            | \$             | \$          |
|       | \$           | \$          | \$           | \$            | \$             | \$          |
|       | \$           | \$          | \$           | \$            | \$             | \$          |
|       | \$           | \$          | \$           | \$            | \$             | \$          |

### Investments Sold / Disposed

| COMPANY / TRUST | DATE SOLD | NO. SOLD | AMOUNT RECEIVED | DATE PURCHASED | NUMBER PURCHASED | AMOUNT PAID |
|-----------------|-----------|----------|-----------------|----------------|------------------|-------------|
|                 |           |          | \$              |                |                  | \$          |
|                 |           |          | \$              |                |                  | \$          |
|                 |           |          | \$              |                |                  | \$          |
|                 |           |          | \$              |                |                  | \$          |
|                 |           |          | \$              |                |                  | \$          |

### Superannuation Contributions (Please list your total Personal (NOT Employer) Superannuation contributions)

| SUPER FUND NAME | TOTAL AMOUNT |
|-----------------|--------------|
|                 | \$           |

## Cryptocurrency

Do you have ANY Cryptocurrency transactions during the year?  Y  N

**YES** – we will need to liaise with you to have your Crypto transactions uploaded into a tax calculator to calculate your Crypto gains for tax purposes.

## MOTOR VEHICLE INFORMATION

### Vehicle & Logbook

LOGBOOK KEPT  Y  N

PERIOD COVERED BY LOGBOOK *(within last 5 financial years)*

|  |  |
|--|--|
| VEHICLE PLATE NO.                      | MAKE & MODEL   |
| OWNER OF VEHICLE                       | DRIVE OF VEHICLE   |
| TOTAL KMs TRAVELLED IN YEAR            | BUSINESS KMs IN LOGBOOK PERIOD   |
| DATE PURCHASED                         | PURCHASE PRICE \$  |
| HOW WAS VEHICLE FINANCED?              | <input type="checkbox"/> Lease <input type="checkbox"/> Paid Cash <input type="checkbox"/> Chattel Mortgage <input type="checkbox"/> Hire Purchase |
| DATE SOLD <i>(if in this tax year)</i> | SALE PRICE \$  |

### Running Costs

| COST TYPE                                 | ANNUAL AMOUNT (inc. GST) | MONTHLY PAYMENTS  |
|---|--------------------------|---|
| Fuel / Oil                                | \$                       |   |
| Registration                              | \$                       | <i>Please provide a copy of your Hire Purchase / Lease / Chattel Mortgage Agreement when you reach the end of the form.</i> |
| Insurance                                 | \$                       |   |
| Repairs & Maintenance                     | \$                       |   |
| Lease Payments                            | \$                       | \$  |
| Hire Purchase / Chattel Mortgage Payments | \$                       | \$  |
| Interest Paid                             | \$                       | \$  |
| Services                                  | \$                       | \$  |
| Tyres / Battery                           | \$                       | \$  |
| Membership Fees                           | \$                       | \$  |
| Parking & Tolls                           | \$                       | \$  |

**RENTAL PROPERTY INFORMATION** *Please complete one of these schedules per Property.*

**Property Details**

|  |                                       |
|--|---------------------------------------|
| <b>ADDRESS OF RENTAL PROPERTY</b>  |                                       |
| <b>DATE PURCHASED</b>  | <b>DATE RENTAL INCOME FIRST EARNT</b> |
| <b>NO. WEEKS AVAILABLE FOR RENT</b> <i>(this year)</i>   | <b>DATE BUILT</b>                     |
| <b>OWNERSHIP DETAILS</b> <input type="checkbox"/> In your name <input type="checkbox"/> In joint names <i>(please provide details)</i> |                                       |

*Please provide the purchase settlement statement and other purchase costs, e.g. stamp duty, legal fees, renovations or initial repairs, and any loan application fees and/or mortgage discharge expenses when you reach the end of the form.*

**Income**

| GROSS RENT | OTHER RENTAL INCOME |
|------------|---------------------|
| \$         | \$                  |

**Expenses**

| EXPENSE TYPE            | AMOUNT | EXPENSE TYPE                | AMOUNT |
|-------------------------|--------|-----------------------------|--------|
| Advertising for Tenants | \$     | Stationery, Phone & Postage | \$     |
| Borrowing Expenses      | \$     | Cleaning                    | \$     |
| Council Rates           | \$     | Gardening / Lawn Mowing     | \$     |
| Insurance               | \$     | Interest on Loan(s)         | \$     |
| Land Tax                | \$     | Legal Fees                  | \$     |
| Pest Control            | \$     | Property Management Fees    | \$     |
| Repairs & Maintenance   | \$     | Property Man. Commissions   | \$     |
| Body Corporate Fees     | \$     | Other Expenses              | \$     |
| Water Charges           | \$     |                             |        |

**Depreciable Items**

| ITEM | DATE PURCHASED | COST |
|------|----------------|------|
|      |                | \$   |
|      |                | \$   |
|      |                | \$   |
|      |                | \$   |
|      |                | \$   |

| ITEM | DATE PURCHASED | COST |
|------|----------------|------|
|      |                | \$   |
|      |                | \$   |
|      |                | \$   |
|      |                | \$   |
|      |                | \$   |
|      |                | \$   |
|      |                | \$   |

**Improvements / Construction Costs** *Please provide a copy of your tax depreciation schedule prepared by third party below.*

| ITEM | DATE | COST |
|------|------|------|
|      |      | \$   |
|      |      | \$   |
|      |      | \$   |
|      |      | \$   |
|      |      | \$   |
|      |      | \$   |
|      |      | \$   |
|      |      | \$   |
|      |      | \$   |
|      |      | \$   |
|      |      | \$   |
|      |      | \$   |
|      |      | \$   |
|      |      | \$   |
|      |      | \$   |
|      |      | \$   |
|      |      | \$   |

**OTHER INCOME OR EXPENSES** *Please list any other information that you believe may assist us*

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## SUPPORTING DOCUMENT CHECKLIST

- Income Statement from your myGov Account / Payment Summaries
- Detailed Work Expenses Listing
- Private Health Statement (Optional)
- Out of Pocket Medical Expense Claims
- Unit Trust Tax Year Summary
- Motor Vehicle Hire Purchase / Lease / Chattel Mortgage Agreement
- Rental Property Purchase Settlement Statement / Costs
- Rental Property Depreciation Schedule (as prepared by Third Party)
- Letter listing tax deductibility of Income Protection Premiums from your insurance provider
- Confirmation letter from your superannuation fund noting intent to claim tax deduction for contributions

Please complete the Authorisation below as this allows us to contact necessary organisations, (e.g. your bank or insurance company) to obtain information that is required to complete your Financial Statements and Tax Returns.

## AUTHORISATION

I/We authorise Acumon Pty Ltd to complete the compilation of Tax Return(s) for me/us for the 2024 financial year. I/We understand that a compilation is limited to the collection, classification and summarisation of financial information supplied by me/us and does not involve the verification of that information. I/We do not require Acumon Pty Ltd to carry out an audit or a review assignment on the information provided.

I/we authorise Acumon Pty Ltd to obtain whatever information is required from third parties to complete the preparation of my/our Financial Statements and Tax Returns.

## AUTHORISED SIGNATURE(S)

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Date:

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Date: