

# 2024 Individual Tax Return Information Form

<b>Full Name:</b>	
<b>Tax File Number:</b>	
<b>Date of Birth:</b>	
<b>ABN (if applicable)</b>	
<b>Address (Postal)</b>	
<b>Telephone Contacts</b>	<b>Mobile:</b>
	<b>Business Hours:</b>
	<b>After Hours:</b>
<b>Email:</b>	
<b>Electronic banking Details (for refund if applicable)</b>	<b>BSB:</b>
	<b>Account Number:</b>
	<b>Account Name:</b>
<b>Main Occupation</b>	
<b>Spouse name &amp; Tax File Number</b>	

# INCOME

## 1. PAYG PAYMENT SUMMARIES (Please Attach All Summaries)

Employer	Occupation	Gross	Tax
		\$	\$
		\$	\$

## 2. BANK INTEREST

Bank	Amount	TFN Credits	Bank Charges
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		

## 3. DIVIDENDS RECEIVED OR REINVESTED (Please provide copies of dividend statements)

Name of Shares	# of Shares Held	Amount Received

## 4. TRUSTS AND PARTNERSHIPS (i.e. example of trusts is BT funds, Merrill Lynch, AXA etc.). Name of trust or partnership – Please provide documents (including year-end Tax Statements) to show income from the funds you list.

Name of Trust / Partnership	Tax Statement Attached

## 5. ANY OTHER INCOME (Any income you received in the financial year which doesn't fit into any of the above categories – please provide details)


**DEDUCTIONS** – Please ensure you are able to substantiate all claims, even if less than \$300. refer to our web site for further information

Work Related Expenses

**1. Motor Vehicle Expenses (Please use downloaded forms from our website)**

	Yes	No
Did you use your own car for business / work purposes through the year		

If yes, please provide further information using the downloaded forms from our website rrfarr.com.au

**2. Work Uniform**

	Yes	No
Do you have to wear a logo uniform or protective clothing?		

If yes were you out of pocket through the year for purchasing any new items (if so please provide details).

**3. Other Work Related Deductions**

Expenditure	Details
Diary / stationary / work materials	
Union fees / professional bodies	
Sickness & accident insurance / income protection	
Donations / school building fund	
Seminar costs or self-education	
<b>Working from home hours (from 1 MAR to 30 JUN 2020 a simplified method to claim \$0.80/hr available)</b>	<b>01/07/2023 – 30/06/2024:</b>
<b>Other: (Any costs you incurred that were directly related to your job). Please provide details</b>	

# REBATES & OFFSETS

	Yes	No
<b>1. Spouse</b>		
<ul style="list-style-type: none"> <li>Did you have a spouse for the full financial year ?</li> <li>If we don't prepare your spouse's tax return, please provide your spouse's income details as following, or a copy of your spouse's income tax return:               <ul style="list-style-type: none"> <li>Taxable income</li> <li>Reportable fringe benefits</li> <li>Australian Government pensions and allowances</li> <li>Reportable superannuation contributions</li> <li>Net investment loss (total of net financial investment loss and net rental property loss)</li> </ul> </li> </ul>		
<b>2. Superannuation</b>		
<ul style="list-style-type: none"> <li>Have you made any <b>personal</b> contributions to your superannuation fund, and you want to claim a deduction?  If yes, did you provide your fund with a notice of intent to claim a deduction for personal superannuation contributions, and receive an acknowledgement from your fund?  If yes, please provide us with a copy of the acknowledgement from your fund.</li> </ul>		
<ul style="list-style-type: none"> <li>Have you made superannuation contributions on behalf of your <b>spouse</b>?  If yes, provide details</li> </ul>		
<b>3. Medical Expenses</b>		
Do you have Private health Insurance ?	Yes – Please provide Private Health Statement	
	No	
<b>4. Other - Any other information which you are unsure of, or which you would like us to be aware of :</b>		

# Tax Return - Items to Consider

To maximise your deductions and ensure that your tax return is complete, please review the following suggestions and advise us if any apply to you.

<h2>Income</h2> <ul style="list-style-type: none"><li><input type="checkbox"/> Employment Income</li><li><input type="checkbox"/> Centrelink / Pension Income</li><li><input type="checkbox"/> Employment Termination Payment (ETP)</li><li><input type="checkbox"/> Interest &amp; TFN Credits</li><li><input type="checkbox"/> Dividends, Imputation &amp; TFN Credits</li><li><input type="checkbox"/> Partnership &amp; Trust Distributions</li><li><input type="checkbox"/> Capital Gains</li><li><input type="checkbox"/> Rental Property Income</li><li><input type="checkbox"/> Foreign Income</li><li><input type="checkbox"/> Business Income</li></ul>	<h2>General Tax Deductions</h2> <ul style="list-style-type: none"><li><input type="checkbox"/> Work Related Motor Vehicle Expenses (Log Book may be required)</li><li><input type="checkbox"/> Work Related Travel Expenses (Travel Log required)</li><li><input type="checkbox"/> Work Related Clothing &amp; Laundry Expenses</li><li><input type="checkbox"/> Work Related Self-Education Expenses</li><li><input type="checkbox"/> Other Work Related Expenses</li><li><input type="checkbox"/> Dividend &amp; Interest Deductions</li><li><input type="checkbox"/> Gifts &amp; Donations</li><li><input type="checkbox"/> Tax free amount -Pension / Annuity</li><li><input type="checkbox"/> Tax Related Expenses (eg. travel to tax appointment)</li></ul>
<h2>Other Items to Consider</h2> <ul style="list-style-type: none"><li><input type="checkbox"/> HELP (Higher Education Loan Program)</li><li><input type="checkbox"/> HECS</li><li><input type="checkbox"/> Child Support Agency Liability</li><li><input type="checkbox"/> Health Insurance</li><li><input type="checkbox"/> PAYG Instalment Credits</li><li><input type="checkbox"/> Other Offsets &amp; Tax Credits</li><li><input type="checkbox"/> Reportable Fringe Benefits amount</li></ul>	<h2>Specific Deductions</h2> <ul style="list-style-type: none"><li><input type="checkbox"/> Income Protection Insurance</li><li><input type="checkbox"/> Union Fees</li><li><input type="checkbox"/> Home Office Expenses</li><li><input type="checkbox"/> Seminars</li><li><input type="checkbox"/> Overtime Meals</li><li><input type="checkbox"/> Briefcase</li><li><input type="checkbox"/> Tools &amp; Equipment</li><li><input type="checkbox"/> Depreciation</li><li><input type="checkbox"/> Calculator</li><li><input type="checkbox"/> Electronic Organiser</li><li><input type="checkbox"/> Computer Costs</li><li><input type="checkbox"/> Software</li><li><input type="checkbox"/> Memberships &amp; Subscriptions</li><li><input type="checkbox"/> Telephone &amp; Mobile Phone</li><li><input type="checkbox"/> Bank Fees</li><li><input type="checkbox"/> Interest Expenses</li><li><input type="checkbox"/> Sun Protection Deductions</li></ul>

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