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**Financial Year 1<sup>st</sup> of July 2016 – 30<sup>th</sup> June 2017**  
**Personal Tax Organiser Checklist**

| Client Details      |               |         |
|---------------------|---------------|---------|
| Client Full Name:   |               |         |
| Street Address:     |               |         |
| Suburb:             | State:        | P/Code: |
| Postal Address:     |               |         |
| Suburb:             | State:        | P/Code: |
| Business Hrs Ph No: | Mobile Ph No: |         |
| Email Address:      |               |         |
| DOB:                | Tax File No:  |         |

| Bank Details (for possible refund) |             |
|------------------------------------|-------------|
| Account Name:                      |             |
| BSB:                               | Account No: |

| Other Details Required   |                             |  |
|--|-----------------------------|--|
| Do you have Private Health Insurance?                                      | <input type="checkbox"/> No | <input type="checkbox"/> If yes, please attach statement |
| How much Child Maintenance did you pay? (if any)                           |                             |  |
| Superannuation Contributions you made:<br>(only required if self-employed) |                             |  |

| Spouse's Details   |  |
|--|--|
| Full Name:   |  |
| DOB:   | Sex: M <input type="checkbox"/> F <input type="checkbox"/> |
| Separate Net Income*:<br><small>*Required if we do not prepare your spouse's taxation return</small> |  |

| Dependent Details |                     |
|-------------------|---------------------|
| Full Name:        |                     |
| DOB:              | Studying Full Time? |

| Dependent Details |                     |
|-------------------|---------------------|
| Full Name:        |                     |
| DOB:              | Studying Full Time? |

| Income   |                          |  |
|--|--------------------------|--|
| Did you receive any income from the following categories?  | No                       | Yes  |
| PAYG Payment Summaries from Salary & Wages   | <input type="checkbox"/> | <input type="checkbox"/> Please attach Details |
| Centrelink Benefits  | <input type="checkbox"/> | <input type="checkbox"/> Please attach Details |
| Eligible Termination Payment (ETP) form and/or Superannuation Benefit Payments                           | <input type="checkbox"/> | <input type="checkbox"/> Please attach Details |
| Other Australian Pensions and Annuities  | <input type="checkbox"/> | <input type="checkbox"/> Please attach Details |
| Overseas Pensions  | <input type="checkbox"/> | <input type="checkbox"/> Please attach Details |
| Dividend (Shares) and / or Trust Distributions Annual Statements (Managed Funds)                         | <input type="checkbox"/> | <input type="checkbox"/> Complete Appendix 1A  |
| Bank Interest  | <input type="checkbox"/> | <input type="checkbox"/> Complete Appendix 1B  |
| Life Insurance and Friendly Society Bonuses  | <input type="checkbox"/> | <input type="checkbox"/> Please attach Details |
| Businesses, partnerships & Trusts  | <input type="checkbox"/> | <input type="checkbox"/> Please attach Details |
| Capital Gain from the sale of an asset (shares, properties, units in trust etc)                          | <input type="checkbox"/> | <input type="checkbox"/> Complete Appendix 2   |
| Rental Income  | <input type="checkbox"/> | <input type="checkbox"/> Complete Appendix 3   |
| Other Income – including foreign exchange gains, royalties, scholarships, grants, jury service fees, etc | <input type="checkbox"/> | <input type="checkbox"/> Please attach Details |

### Tax Deductible Expenses (must be incurred, be deductible and substantiated)

#### Work Related Car Expenses (claim one of the two methods)

##### Car (if travelled less than 5,000km s)

Type of Car:

Engine Size:

No of Km's Travelled:

##### Car (if travelled more than 5,000km s log book required)

Percentage car is used for work purposes:

Purchase Price:

Date Purchased:

Insurance:

Repairs:

Fuel Cost:

Registration Costs:

Loan Payments:

Interest on Loans:

Car Washes:

Other (please specify):

Other (please specify):

#### Other Work Related Travel Expenses

Public Transport:

Airfares:

Accommodation:

Meals:

Taxis:

Other (please specify):

Other (please specify):

**Tax Deductible Expenses (must be incurred, be deductible and substantiated) *Continued*****Work Related Self Education Expenses (must be related to your current income)**

|                                    |                                |
|------------------------------------|--------------------------------|
| <b>Name of Course:</b>             | <b>Institution:</b>            |
| <b>Course Fees (exclude HELP):</b> | <b>Stationery:</b>             |
| <b>Text Books:</b>                 | <b>Travel:</b>                 |
| <b>Parking:</b>                    | <b>Other (please specify):</b> |

**Work Related Uniform Expense**

|                  |                             |
|------------------|-----------------------------|
| <b>Uniforms:</b> | <b>Protective Clothing:</b> |
| <b>Laundry:</b>  | <b>Dry Cleaning:</b>        |

**Other work related expenses:**

|                               |                                    |
|-------------------------------|------------------------------------|
| <b>Home Office:</b>           | <b>Stationery:</b>                 |
| <b>Subscriptions:</b>         | <b>Computers &amp; Software:</b>   |
| <b>Books &amp; Magazines:</b> | <b>Conferences &amp; Seminars:</b> |
| <b>Telephone/ Internet:</b>   | <b>Seminars:</b>                   |
| <b>Tools of Trade:</b>        | <b>Repairs to Equipment:</b>       |
| <b>Union Fees:</b>            | <b>Income Protection:</b>          |
| <b>Sun Protection:</b>        | <b>Other (Please specify)</b>      |

**Other Deductions:**

|                                |  |
|--------------------------------|--|
| <b>Partnership Losses:</b>     | <b>Tax Losses from Previous Years:</b> |
| <b>Charitable Donations:</b>   |  |
| <b>Other (please specify):</b> |  |

**APPENDIX 1 Investments****PART A Shares**

| <b>Name of Shareholding</b> | <b>Unfranked</b> | <b>Franked</b> | <b>Imputation Credit</b> | <b>No of Investment Owners</b> |
|-----------------------------|------------------|----------------|--------------------------|--------------------------------|
|                             |                  |                |                          |                                |
|                             |                  |                |                          |                                |
|                             |                  |                |                          |                                |
|                             |                  |                |                          |                                |

**PART B Bank Interest:**

| <b>Financial Institution Name</b> | <b>Account Number</b> | <b>\$ Interest Received</b> | <b>No. of Investment Owners</b> |
|-----------------------------------|-----------------------|-----------------------------|---------------------------------|
|                                   |                       |                             |                                 |
|                                   |                       |                             |                                 |
|                                   |                       |                             |                                 |
|                                   |                       |                             |                                 |

**APPENDIX 2 Capital Gains:****Property 1****Address of Property:****Purchase Date****Sale Price****Purchase Cost****Sale Date****Settlement Date****Settlement Date to Sell****Stamp Duty****Real Estate Agent Fees****Registration of Title****Legal Fees****Legal Fees to Purchase****Other Sales Costs****Property 2****Address of Property:****Purchase Date****Sale Price****Purchase Cost****Sale Date****Settlement Date****Settlement Date to Sell****Stamp Duty****Real Estate Agent Fees****Registration of Title****Legal Fees****Legal Fees to Purchase****Other Sales Costs****Shares****Name of Shares****Name of Shares****Number Sold****Number Sold****Purchase Date****Purchase Date****Selling Date****Selling Date****Purchase Cost****Purchase Cost****Selling Cost****Selling Cost****Shares****Name of Shares****Name of Shares****Number Sold****Number Sold****Purchase Date****Purchase Date****Selling Date****Selling Date****Purchase Cost****Purchase Cost****Selling Cost****Selling Cost**

**APPENDIX 3 Rental Income & Expenses**

**Property 1**

Address:

Suburb:

State:

Postcode:

Date First Earned Rental Income:

No. Weeks Rented this Financial Year:

Percentage Owned:

**Property 2**

Address:

Suburb:

State:

Postcode:

Date First Earned Rental Income:

No. Weeks Rented this Financial Year:

Percentage Owned:

**Property 3**

Address:

Suburb:

State:

Postcode:

Date First Earned Rental Income:

No. Weeks Rented this Financial Year:

Percentage Owned:

Please provide rental property statement and details or complete the below

| <i>Income</i>  | Property 1 (\$) | Property 2 (\$) | Property 3 (\$) |
|--|-----------------|-----------------|-----------------|
| Rent   |                 |                 |                 |
| <b>Expenses</b>  |                 |                 |                 |
| Agent Fees   |                 |                 |                 |
| Advertising  |                 |                 |                 |
| Loan Interest  |                 |                 |                 |
| Bank Fees  |                 |                 |                 |
| Repairs  |                 |                 |                 |
| Gardening  |                 |                 |                 |
| Insurance  |                 |                 |                 |
| Council & Water Rates  |                 |                 |                 |
| Land Tax   |                 |                 |                 |
| Stationery & Postage   |                 |                 |                 |
| Telephone  |                 |                 |                 |
| Travel   |                 |                 |                 |
| (please list any others)   |                 |                 |                 |
|  |                 |                 |                 |
| <b>Capital Expenses Over \$300 (please list items, including the date of purchase)</b> |                 |                 |                 |
|  |                 |                 |                 |
|  |                 |                 |                 |
|  |                 |                 |                 |