

# “Detailed” Personal Taxation Form

1. Read the 2008 Tax Return Checklist
2. Simply print out the easy-to-follow Personal Taxation Form, complete all the required details and post it to us along with all necessary paperwork and attachments. We will complete and electronically lodge your tax return upon your signature and payment.

Post your completed form to:

**Accord Group (WA) Pty Ltd  
PO BOX 236  
FREMANTLE WA 6959**

Or email: [accordwa@accordwa.com.au](mailto:accordwa@accordwa.com.au)

<b>1.</b>	
<b>Full Name</b>	
<b>Address</b>	
<b>Home Phone No.</b>	
<b>Work Phone No.</b>	
<b>Is it ok to ring you at work?</b>	Yes / No
<b>Mobile Phone No.</b>	
<b>e-mail Address</b>	
<b>Change of Name</b>	
<b>Date of Change</b>	
<b>Name of Employer</b>	
<b>Occupation</b>	
<b>Tax File No.</b>	
<b>Date of Birth</b>	
<b>Place of Birth</b>	
<b>Postal Address of last years Tax Return</b>	
<i>(if possible include a copy of last years Tax Return)</i>	
<b>Have you or your spouse received a Family Tax payment from Centerlink?</b>	Yes / No
<i>(please attach letter from Centerlink)</i>	

<b>Do you have any Dependant Children</b>	<b>Yes / No</b>		
<b>Name of Child</b>		<b>Date of Birth</b>	
<b>Name of Child</b>		<b>Date of Birth</b>	
<b>Name of Child</b>		<b>Date of Birth</b>	
<i>(Please add attachment if required)</i>			
<b>Separate income of dependant children aged between 16 and 18</b>			
<b>Spouse's Taxable Income</b>			
<b>Spouse's Tax File Number</b>			
<b>Number of Dependant Children</b>			
<b>3. Interests received...(Banks, Building Societies, Cash Management Trust, etc.)</b>			
<b>Source</b>			
<b>Account No.</b>			
<b>Branch</b>			
<b>Total Interest</b>			
<i>(Please add attachment if required)</i>			
<b>4. Dividends/Trust/Partnership Distributions Received</b>			
<b>Source</b>			
<b>Franked Dividend/Franked Imputation</b>			
<b>Unfranked Dividend</b>			
<b>File No. of Company/Trust</b>			
<b>5. Pensions/Social Securities</b>			
<b>Australian\$</b>		<b>\$Overseas</b>	
<b>6. Rebates of Tax</b>			
<b>Do you know if you are entitled to any Rebates</b>	<b>Yes / No</b>		
<i>( if unsure, please provide any relevant information )</i>			

## 7. PAYG SUMMARIES

*Please attach all certificates, termination statements, or any other statements of your earnings*

## 8. Allowances

Type of allowance

\$

Type of allowance

\$

## 9. Sale of Assets (eg. House, Investments, Car etc.)

Type of Asset

Date of Purchase

Date Sold

## 10. Motor Vehicle used for work (We will work out the best method of claim)

*N.B. This does not include travel to and from work*

Have you kept a Log Book

Yes / No

Reason for Use

No. Kms

Reason for Use

No. Kms

*If greater than 5,000kms please attach a copy of Log Book*

Make of Vehicle

Model

Year

Engine Capacity

Rego

Original cost of Vehicle

## 11. Other Travel Expenses

Expense Type

Amount Claimed

Have you kept written records  
What type?

Accommodation

Meals

Incidentals

Hired/Borrowed Cars

Transport Expenses

Overseas Travel

<b>Domestic Travel</b>	
<b>Other (please specify)</b>	
<b>Total</b>	

*Please explain why you incurred these work expenses*

## 12. Uniforms Clothing and Laundry Expenses

<b>Clothing Type</b>	<b>Amount Claimed</b>	<b>Have you kept written records What type?</b>
<b>Protective</b>		
<b>Occupation specific</b>		
<b>Compulsory uniforms</b>		
<b>Conventional</b>		
<b>Laundry</b>		
<b>Dry Cleaning</b>		
<b>Total</b>		

*Please provide a brief description of the clothing and explain why you need to use these clothes for work purposes.*

## 13. Self Education Expenses

<b>Expense Type</b>	<b>Amount Claimed</b>	<b>Have you kept written records What type?</b>
<b>Fees (HECS is not deductible)</b>		
<b>Accommodation</b>		
<b>Books, Stationery , etc.</b>		
<b>Travel (Kms) *</b>	Please complete Motor Vehicle Schedule 10 above	
<b>Computer Expenses</b>		

<b>Others please specify</b>			
<b>Total</b>			
<i>*Travel between work and education institution and use of car for field trips.</i>			
<i>Please explain how these expenses relate to your income.</i>			
<b>14. Other Work Related Expenses</b>			
<b>Expense Type</b>	<b>Amount Claimed</b>	<b>Have you kept written records What type?</b>	
<b>Union Fees</b>			
<b>Stationery (Log Books)</b>			
<b>Work Aids</b>			
<b>Tools</b>			
<b>Overtime Meals</b>			
<b>Fid - Direct pay deposits</b>			
<b>Books, journals, and professional library</b>			
<b>Computer Expenses* eg. Software</b>			
<i>Please explain how these expenses relate to your income. If you have estimated the work related portion of an expense eg. telephone, tell us how you calculated the amount.</i>			
<i>*Computer Expenses see separate question for depreciation.</i>			
<b>14 A. Business/Work Use of Home Office</b>			
<b>Area of House -Total area</b>		<b>Area of Office</b>	
	<b>Total Amount</b>	<b>Work Use %</b>	<b>Amount claimed</b>
<b>Phone (No. of calls)</b>			
<b>Electricity</b>			
<b>Interest</b>			

<b>Insurance</b>			
<b>Rates</b>			
<b>Other</b>			

### 14 B. Teaching Aids (For teachers only)

<b>Receipts Held</b>	<b>Yes / No</b>
<b>Item</b>	<b>Amount</b>
<b>Pens, pencils, scissors, erasers, glue</b>	\$
<b>Folders, notepads, expanding files graph books</b>	\$
<b>Paper clips, staples</b>	\$
<b>Photocopying</b>	\$
<b>Teachers Diary, receipts book</b>	\$
<b>Records and blank cassettes</b>	\$
<b>Cardboard and art materials</b>	\$
<b>Cooking Products</b>	\$
<b>Sewing Materials</b>	\$
<b>Posters, prints, films resource materials</b>	\$
<b>Reference books (not being professional library)</b>	\$
<b>Other</b>	\$

### 14 C. Truck Drivers

<b>Receipts Held</b>	<b>Yes / No</b>
<b>Item</b>	<b>Amount</b>
<b>Log Book</b>	\$
<b>Mobile Phone (monthly fee)</b>	\$
<b>Mobile Phone (business calls)</b>	\$
<b>CB Radio</b>	\$
<b>Windscreen Cleaners</b>	\$
<b>Cabin Fridge</b>	\$

Overnight Bag	\$
FID/Bank Charges	\$
Tools	\$
Bridge/Road Tolls	\$
Sleeping Bags	\$
Stationery	\$
Professional Publications	\$
Union Fees	\$
Working Dog Expenses (Livestock)	\$
Other	\$

**14 D. Work Related Subscriptions/Union Fees**

Receipts held?	Yes / No		
Name		Amount	\$
Name		Amount	\$
Name		Amount	\$
Name		Amount	\$

**14 E. Sickness, Accident & Income Protection Insurance** (not health or life insurance)

Company that the policy is held with	Premium
	\$

**14 F. Seminars and Conferences** (not reimbursed)

Company that the policy is held with		
Name/Description	Date Attended	Fee Paid

**14 G. Additional Depreciable Assets Used in Earning Your Income**

Receipts held?	Yes / No		
<i>are they the same as last year? (i.e.. have you purchased or sold any depreciable items?)</i>			
Item	Business Use%	Date Purchased	Amount
Desk/Chair			
Bookcase			

<b>Computer</b>			
<b>Camera</b>			
<b>Professional Library</b>			
<b>Other</b>			

*Please provide Opening Written Down Values and Closing Written Down Values where possible. (Do not complete if we did your tax return last year)*

### 15. Donations

<b>Receipts</b>	<b>Yes / No</b>
<b>Donee</b>	<b>Amount</b>
	\$
	\$
	\$

### 16. Other Information

<b>Tax Agent Fees from previous year</b>	\$
<b>Any other income not mentioned</b>	
<b>Any expenses related to that income? (Please list)</b>	
<b>Has all interest received been detailed?</b>	
<b>For all expenses have you indicated whether a receipts is held?</b>	

### 17. Superannuation

<b>Employee - Your contribution to an employers sponsored fund</b>	\$
<b>Self - Employed - Your contributions to a Super Fund</b>	\$
<b>Spouse - Contributions paid on behalf of low income spouse</b>	\$

### 18. Medicare Levy Exemption/Reduction (Army, Navy, Airforce, Other)

<b>Are you entitled?</b>	<b>Yes / No</b>
<b>If so Why?</b>	

<b>19. Medical Expenses Over \$1,500 (not reimbursed)</b>	<b>Yes / No</b>
<b>Please write the full amount Paid</b>	\$
<b>Please write the full amount Gross</b>	\$
<b>Please write the full amount Refund</b>	\$

20. Private Health Insurance Rebate				
Did you make a contribution to a private health fund during the financial year?	Yes / No			
<i>If yes: Please attach the statement received from the Health Fund as to the amount of rebate you may claim in your tax return and Membership Details.</i>				
21. Child Care Tax offset applicable? If yes, provide details	Yes / No			
Did you own a RENTAL PROPERTY during the year?	Yes / No			
Receipts held?				
Date purchased				
Period rented for the year				
Date first rented				
Address of Property				
Is the property jointly owned?	Yes / No			
Percentage of Ownership				
Gross rent received (before deducting agent fees and expenses)	\$			
<b>Less: Expenditure Incurred (Do not apportion, provide 100% amounts)</b>				
Council Rates				
Water Rates				
Agents Commission				
Lease fees:	<table border="1"> <tr> <td></td> <td>Paid to:</td> <td></td> </tr> </table>		Paid to:	
	Paid to:			
Interest on Mortgage:	<table border="1"> <tr> <td></td> <td>Paid to:</td> <td></td> </tr> </table>		Paid to:	
	Paid to:			
Bank Charges				
Postage and Stationery				
Repairs and Maintenance				
<i>Please indicate nature of repair</i>				
<b>Inspection visits</b>				
Kms travelled				
Type of vehicle (engine Capacity)				

<b>Body Corporate fees</b>	\$	
<b>Purchase of Depreciable Assets</b>		
<b>Type of asset/date</b>		\$
<b>Type of asset/date</b>		\$
<b>Land Tax</b>	\$	
<b>Insurance</b>	\$	
<b>Cleaning and Rubbish Removal</b>	\$	
<b>Stamp Duty (on purchase property)</b>	\$	
<b>Advertising</b>	\$	
<b>Telephone</b>	\$	
<b>Borrowing Expenses</b>	\$	
<b>Gardening and Lawn Mowing</b>	\$	
<b>Pest Control</b>	\$	
<b>Other Expenses</b>	\$	
<b>Other Expenses</b>	\$	

**Please read the 2008 Tax Return Checklist and list any other details as an attachment. If details are unclear or further information is required a staff member will contact you by telephone or email.**