Malvern Vic 3144 **Ph:** (03) 9500 8666



Web: www.nexusaccountants.com.au Email: admin@nexusaccountants.com.au

ABN: 71 116 338 375

Client Details Form 2020 Individual Income Tax Return

Full Name			
Tax File Number			_
Date of birth		//	
ABN (if applicable)			
Address			
Address (postal) (Put 'as above' if the same)			
	Mobile:		
Telephone contacts	Business Hours (work) :		
	After Hours (home):		
Email		@	
Electronic banking	BSB:		
(for refund if applicable)	Account Number:		
Occupation			
	Do you run your own bu	usiness as a sole trader?	YES/NO
	Do you run your own bu	usiness in a company, trust or par	rtnership? YES/NO
Spouse's full name			
(Please include married/de	facto/same-sex)		
Spouse's date of birth			
Spouse's TFN			
Approximate Income (if known	own)		

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Income - Please provide evidence No **Unsure** Yes Salary or wages Please provide all PAYG Payment Summaries or Income Statements (available via MyGov (where employers are using Single Touch Payroll) from 31/7) applicable to the 2020 income year. Where you have not been provided with either an employment income statement or PAYG Payment Summary, please provide details below: Payer's ABN **Gross Payment Tax Withheld** Allowances, earnings, tips, director's fees etc. Employer lump sum payments **Employment termination payments** Australian Government allowances and payments like Newstart, Youth Allowance and Austudy payments Australian Government pensions and allowances Australian annuities and superannuation income streams 7. Australian superannuation lump sum payments 8. Attributed personal services income **Gross Interest** 9. Account # **Amount** Joint? a) b) c) 10. Dividends 11. Employee share schemes 12. Distributions from partnerships and/or trusts 13. Personal services income (PSI) 14. Net income or loss from business (as a sole trader) 15. Deferred non-commercial business losses 16. Net farm management deposits or repayments 17. Capital gains 18. Foreign entities: Direct or indirect interests in a controlled foreign company Transfer of property or services to a non-resident trust 19. Foreign source income (including foreign pensions) and foreign assets or property 20. Rent (provide documentation) - Do you have one or more rental properties? - Did you buy or sell any property during the income year? 21. Bonuses from life insurance companies or friendly societies 22. Forestry managed investment scheme income 23. Other income (please specify below)

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Deductions – Please provide evidence	Yes	No	Unsu
D1. Work related car expenses			
Cents per kilometre method (up to a maximum of 5,000 kms)			
Log book method			
D2. Work related travel expenses	<u>'</u>		
Employee domestic travel with a reasonable travel allowance			
If the claim is more than the reasonable travel allowance rate, do you have receipts for			
your expenses?			
Overseas travel with a reasonable travel allowance			
Do you have receipts for accommodation expenses?			
• If travel is for 6 or more nights in a row, do you have travel records (e.g. a travel diary)?			
Employee travel without a reasonable travel allowance			
Did you incur and have receipts for airfares?			
Did you incur and have receipts for accommodation?			
Did you incur and have receipts for hire cars (if applicable)?			
Did you incur and have receipts for airfares?			
Did you incur and have receipts for meals and incidental expenses?			
Do you have any other travel expenses?			
Other work-related travel expenses (e.g. a borrowed car, public transport)			
(Please Specify)			
		l .	
D3. Work-related uniform and other clothing expenses			
Protective Clothing			
Protective Clothing Occupation Specific Clothing			
Protective Clothing Occupation Specific Clothing Non-compulsory uniform			
Protective Clothing Occupation Specific Clothing Non-compulsory uniform Compulsory uniform			
Protective Clothing Occupation Specific Clothing Non-compulsory uniform Compulsory uniform Conventional clothing			
Occupation Specific Clothing Non-compulsory uniform Compulsory uniform Conventional clothing			

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Deductions (Continued) – Please provide evidence	Yes	No	Unsur
D4. Work related self-education expenses			
Course taken at educational institution:			
Union fees			
Course fees			
Books, stationery			
Travel			1
Other (Please specify)			
D5. Other Work-related expenses			
Home Office Expenses			
Computer and software			
Telephone/mobile phone			
Tools and equipment			
Subscriptions and union fees			
Journals or periodicals			
Depreciation			
Sun protection products (i.e. sunscreen and sunglasses)			1
Seminars and courses not at an educational institution			
Any other work-related deductions (please specify)			
Other Types of Deductions			
D6. Low value pool deduction			
D7. Interest deductions			
D8. Dividend deductions			
D9. Gifts or donations			
D10 Cost of managing tax affairs			
 Interest charged by the ATO (e.g. including SIC and GIC) Tax Agent/accounting fees 			1
Tax Agent/accounting feesLitigation costs			
Other expenses incurred in managing tax affairs			
D11. Deductible amount of undeducted purchase price of a foreign pension or annuity	+		+

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Deductions (Continued) – Please provide evidence	e	Yes	No	Unsure
D12. Personal superannuation contributions				
Full name of fund	Account Number:			
Fund ABN:	Fund TFN:			
Have you provided the fund a notice of intention to	deduct the contribution?			
Has this notice been acknowledged by the fund?				
Other types of deductions (continued)				
D13. Deduction for project pool				
D14. Forestry managed investment scheme deduction				
D15. Other deductions (please specify)				
L1. Tax losses of earlier income years				

Tax offsets/rebates – Please provide evidence	Yes	No	Unsure
T1. Are you a senior Australian or pensioner?			
T2. Did you receive an Australian superannuation income stream?			
T3. Did you make superannuation contributions on behalf of your spouse?			
T4 Did you live in a remote area of Australia or serve overseas with the Australian Defence			
Force or the UN armed forces in the 2020 income year?			
T5. Did you have net medical expenses for disability aids, attendant care or aged care in the			
2020 income year?			
T6. Did you maintain a dependant who is unable to work due to invalidity or carer			
obligations in the 2020 income year?			
T7. Are you entitled to claim the landcare and water facility tax offset?			
T8. Are you involved in an early stage venture capital limited partnership?			
T9. Are you an early stage investor in an early stage innovation company?			
T10. Are you entitled to any other non-refundable tax offsets? (Please specify below)			
T11. Are you entitled to any other refundable tax offsets? (Please specify below)			

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	ther relevant information – Please provide evidence	Yes	No	Unsure
A.	Are you entitled to the Medicare levy exemption or reduction in the 2020 income year?			
	If yes, please specify:			
В.	Did you and your spouse/dependants have private health insurance in the 2020 income year?			
C.	(If yes, please provide the annual statement received from your health fund) Were you under 18 years old on 30 June 2020?			
D.	Did you become an Australian tax resident at any time during the income year?			
E.	Did you cease to be an Australian tax resident at any time during the income year?			
F.	Did you make a non-deductible (non-concessional) personal super contribution?			
G.	Do you have a HELP liability, Student Financial Supplement Loan debt, Student Start-Up Load debt or Trade Support Loan debt?			
H.	Are you a working holiday maker in Australia on a 417 (working holiday) visa or 462 working holiday) visa?			
I.	Did a trust or company distribute income to you in respect of which Family Trust Distribution Tax (FTDT) was paid by the trust or company? (Please specify below)			
J.	Do you have a loan with a private company at 30 June 2020 or has such a loan amount been forgiven in the 2020 income year? Has a private company made a payment to you in the 2020 income year (other than a dividend)? (Please specify below)			
K.	Did you receive any benefit from an employee share acquisition scheme?			
K.	Did you receive any benefit from an employee share acquisition scheme?			
L.	Family Tax Benefit ('FTB'):			
•	Did you have care of a dependent child in the 2020 income year? – Names & DOBs required			
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Na	me: Date of Birth:			
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	me: Date of Birth:			
	me:- Date of Birth:- Date of Birth:-			
Na	me:- Date of Birth:- Date of B			
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• In	Date of Birth:- Date o			
• In	Date of Birth:- Date o			
Na In	Date of Birth:- Date of Birth:			
Na In	Date of Birth:- Date of Birth:- Date of Birth:- Date of Birth:- Did you or your spouse receive FTB through the Department of Human Services in the 2020 income year? Do you have any reportable fringe benefits amounts in the 2020 income year? Do you have any reportable employer superannuation contributions in the 2020 income year? Did you receive any tax-free government pensions in the 2020 income year?			
Na In .	me:			
In •	me:			

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Other relevant information – Please provide evidence Yes Unsure No Spouse Details (if applicable) Did you have a spouse for the full year from 1 July 2019 to 30 June 2020? If you had a spouse for only part of the income year, please specify the dates between 1 July 2019 to 30 June 2020 when you had a spouse? From ____/ ____ to ____/ ____ What was your spouse's taxable income for the 2020 income year? \$ Does your spouse have a share of trust income on which the trustee is assessed under Section 98 that has not been included in your spouse's taxable income? Did a trust or company distribute income to your spouse in respect of which family trust distribution tax was paid by the trust or company for the 2020 income year? Did your spouse have any reportable fringe benefits amounts for the 2020 income year? Did your spouse receive any Australian Government pensions or allowances (not including exempt pension income) in the 2020 income year? Did your spouse receive any exempt pension income in the 2020 income year? Did your spouse receive any tax-free government pensions paid under the *Military* Rehabilitation and Compensation Act 2004? Does your spouse have any reportable employer superannuation contributions or deductible personal superannuation contributions for the 2020 income year? Did your spouse receive any 'target foreign income' in the 2020 income year? Did your spouse have a total net investment loss (i.e., the total of any financial investment loss and a rental property loss) for the 2020 income year? Did your spouse pay child support during the 2020 income year? If your spouse is aged between their preservation age and 59 years old, did they receive a superannuation lump sum (other than a death benefit) during the 2020 income year that included a taxed element that does not exceed their low rate cap? Additional notes/concerns: Dated: Signature of taxpayer: Name (Print)