



ADAM HUNTER PTY LTD.

WHAT WE NEED TO COMPLETE YOUR FARM & PERSONAL INCOME TAX RETURN

In order to complete your Income Tax Return in a timely manner please complete the following fact sheet "in full" and forward to our along with your tax source documents.

Financial Year Ended 30 June _ _ _ _

YOUR DETAILS:

Table with columns for Individual 1 and Individual 2, and rows for Full Name, Date of Birth, Tax File Number, Your spouse's Name, Spouses Taxable income, Dependants Details, Residential Address, Postal address, Email, Phone, and Fax.

OTHER DETAILS:

What year was your last tax return lodged? :

Do you have an up to date Will?

Yes / No

Do you have an enduring power of attorney?

Yes / No

Please forward along with this sheet the following documents:

- Most recent Tax Return Lodged (NEW CLIENTS ONLY)

FARMING SECTION

	Entity 1	Entity 2
Entity Type (e.g. company, trust, p'ship)		
Entity Name (legal name)		
Trustee(s) Name		
Registered Trading Name		
Tax File Number (TFN)		
Australian Business Number (ABN)		
Australian Company Number (ACN)		
Business Address		
Best Contact Person		
Phone Number		
Email		

Motor Vehicles: Private (personal use only) vehicle expenses that are paid by the farm

Do you pay for your personal vehicle and running costs out of your main business account? If so, we need to calculate the "personal" proportion and amend your records so that we don't over claim your deductions. There are three methods we can employ to calculate this figure, so we need the following:

Make & Model	Rego No	Speedo Reading At Year End (30 June)	Insurance Paid During Financial year	Vehicle Registration Paid During Financial Year
			\$	\$
			\$	\$
			\$	\$

Stock on Hand:

	Sheep	Cattle	Pigs	Horses	Other
Opening BALANCE @ 1 July					
Plus: Purchases					
Plus: Natural Increase					
Less: Sales					
Less: Killed for Rations					
Less: Deaths					
CLOSING STOCK @ 30 June					

Wool on Hand:

Number of Bales not sold as at Year End (30 June) :

Wages (as reported on PAYG Annual Summary Settlement) :

Gross Wages:	
Total Tax Withheld:	
Number of Employees:	

Have you lodged a PAYG Summary Statement with the ATO? **Yes / No** **Attached**

Plant & Equipment

Did you use finance to purchase any plant & equipment **Yes / No** **Attached**
 Please provide Tax Invoices for purchases since start **Yes / No** **Attached**

Bank Statement Requests:

Bank Statements for all BANK Accounts showing balances as at Year End (30 June) **Attached**
 Business LOAN account statements showing balances as at Year End (30 June) **Attached**

Data file Logins & Passwords:

Please remember to **send your RECONCILED data file**

LOGIN TYPE	USERNAME	PASSWORD	NOT SURE? Please call...
Data (if applicable)			
AWB Website			1800 054 433
Grain Corp			1800 809 482
Loadnet Website(Grain Pool, AgraCorp)			1800 199 083

Software: Please Circle

Quickbooks	Cash flow Manager	Other Version.
MYOB	Agrimaster	

Debtors & Creditors as at Year End (30June):

Debtors (Accounts Receivable) outstanding

DETAILS	\$ AMOUNT (inc GST)	GST (\$)

Creditors (Accounts Payable) outstanding

DETAILS	\$ AMOUNT (inc GST)	GST (\$)

END OF BUSINESS SECTION

TAX RETURN REQUIREMENTS

The completion of this form will minimise preparation time, and ensure costs are kept to a minimum. To ensure your returns are completed in a timely manner. Please forward this paperwork to our office, along with all supporting tax documents.

Interest received:

Yes / No

This information can be requested from the bank

Owner	Bank Name	A/C Number	\$ Amount

Dividends received:

Yes / No

Please supply BOTH interim and final dividend advice statements

Owner	Company	\$ Unfranked	\$ Franked	\$ Imp Credit	Dividend Statements (s)
					<input type="checkbox"/> Attached
					<input type="checkbox"/> Attached
					<input type="checkbox"/> Attached
					<input type="checkbox"/> Attached
					<input type="checkbox"/> Attached
					<input type="checkbox"/> Attached
					<input type="checkbox"/> Attached

Personal Superannuation Contributions:

Yes / No

Please attach your Personal Super Deduction form (provided by your super fund)

Name of Policy Holder	Fund Name	Membership no	Super Deduction Form
			<input type="checkbox"/> Must be Attached
			<input type="checkbox"/> Must be Attached

Income Protection Insurance:

Yes / No

Please attach Tax Invoice or Policy Document

Name of Policy Holder	Insurance Company	Policy no	Tax Invoice or Policy Document
			<input type="checkbox"/> Must be Attached
			<input type="checkbox"/> Must be Attached

Private Health Insurance:

Yes / No

Please Provide Annual Member Statement

Fund Name	Membership Number	Type of Cover Hospital, Ancillary, Combined	Members Covered	Annual Member Statement
				<input type="checkbox"/> Attached
				<input type="checkbox"/> Attached

OTHER SCHEDULES

Capital Gains

Did you sell Shares

Yes / No

If yes, please attach the relevant documents for each share:

- Purchase documents (to determine cost base) Attached
- Sale documents (to determine proceeds on sale) Attached

Did you sell "Rental" Property:

Yes / No

Did you sell any rental/business property during the year?

If yes, please attach the following, including Offer & Acceptance and settlement documents

- Purchase documents (to determine cost base) Attached
- Sale documents (to determine proceeds on sale) Attached

Rental property:

Are you renting out a property?

Yes / No

Do you have a property Agent?

Yes / No

(If you are renting through an agent, please provide us with the agent statements) Attached

Address:	Cost Price:	Date Purchased:
INCOME		
\$		
Rental Income		<input type="checkbox"/> Attached
Other Income		<input type="checkbox"/> Attached
EXPENSES		
\$		
Insurance		<input type="checkbox"/> Attached
Council Rates		<input type="checkbox"/> Attached
Water Rate		<input type="checkbox"/> Attached
Water Consumption		<input type="checkbox"/> Attached
Repairs and Maintenance		<input type="checkbox"/> Attached
Land Tax		<input type="checkbox"/> Attached
Management Fees		<input type="checkbox"/> Attached
Interest (inc bank statements)		<input type="checkbox"/> Attached
		<input type="checkbox"/> Attached
		<input type="checkbox"/> Attached
		<input type="checkbox"/> Attached

NEW CAPITAL / ASSET PURCHASES

Description	\$ TOTAL (exc GST)	Date of purchase

PLEASE RETURN TO:

**ADAM HUNTER PTY LTD.
PO BOX 3269
BLUFF POUNT WA 6530**