



ADAM HUNTER PTY LTD.

**WHAT WE NEED TO COMPLETE YOUR BUSINESS & 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:**

	Individual 1	Individual 2
Full Name		
Date of Birth		
Tax File Number		
Your spouse's Name		
Spouses Taxable income		
Dependants Details	Name:           DOB: Name:           DOB: Name:           DOB: Name:           DOB:	Name:           DOB: Name:           DOB: Name:           DOB: Name:           DOB:
Residential Address		
Postal address		
Email		
Phone	Hm:            Wk: Mobile:	Hm:            Wk: Mobile:
Fax	Hm:            Wk:	Hm:            Wk:

**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)

**BUSINESS 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 business**

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:**

Total Stock On Hand At Year End (30 June): \_\_\_\_\_ (at cost value)

Do you have Stock Sheets to support this figure? **Yes / No Attached**

**Wages (as reported on PAYG Annual Summary Statement):**

<b>Gross Wages;</b>	
<b>Total Tax Withheld:</b>	
<b>Number Of Employees:</b>	

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 of Financial Year **Yes / No Attached**

**Bank Statements Requests:**

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

Bank LOAN account statements showing balances as at Year End (30 June)

Attached

**Date file Logins & Passwords**

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

Username	Password	Reconciled to 30 June?
		<b>Yes / No</b>

**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"/> <b>Attached</b>
					<input type="checkbox"/> <b>Attached</b>
					<input type="checkbox"/> <b>Attached</b>
					<input type="checkbox"/> <b>Attached</b>
					<input type="checkbox"/> <b>Attached</b>
					<input type="checkbox"/> <b>Attached</b>
					<input type="checkbox"/> <b>Attached</b>

**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"/> <b>Must be Attached</b>
			<input type="checkbox"/> <b>Must be Attached</b>

**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"/> <b>Must be Attached</b>
			<input type="checkbox"/> <b>Must be Attached</b>

**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"/> <b>Attached</b>
				<input type="checkbox"/> <b>Attached</b>