



**Contact:** \_\_\_\_\_

**Preferred phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Financial Year - 1 July 2010 - 30 June 2011**

*(All year information requests relate to this period, unless otherwise noted)*

GENERAL	Provided (Y/N)	Further details
<p><b>Contact Details</b> – Have your contact details changed? Please provide us with the relevant details.</p> <p><b>Name:</b> _____</p> <p><b>Address:</b> _____</p> <p>_____</p> <p><b>Phone No:</b> _____</p> <p><b>Email Address:</b> _____</p>		
<p>Do you have children? - if so, please provide their details:</p> <p><b>DOB:</b> ___/___/_____</p> <p><b>Full Name:</b> _____</p> <p><b>Shared Custody (if applicable):</b> _____</p>		
<p>Have your circumstances changed this year?</p> <ul style="list-style-type: none"> <li>• Have you run a business for the first time?</li> <li>• Worked different jobs than last year?</li> </ul>		<i>Please provide details</i>
<p><b>Private Health Insurance</b> - Please attach your annual Private Health Insurance statement</p>		
<p><b>Bank account details</b> - If you would like any refund deposited directly into your bank account, please provide the following details:</p> <p><b>BSB:</b> _____ <b>A/C No.</b> _____</p> <p><b>Name of Account:</b> _____</p> <p><b>NB:</b> <i>Holmans will require payment of our fees prior to lodgement.</i></p>		

INCOME	Provided (Y/N)	Further details
Salary & Wages - Do you have salary & wages income? Please provide a title description that best describes your employment (ie. General Practitioner, Pharmacist, Dentist, Optometrist)		<i>Please attach all PAYG Payment Summaries (AKA Group Certificates)</i>
Any other income such as: <ul style="list-style-type: none"> <li>Rural retention payments</li> <li>Medicare receipts</li> <li>Commission / bonuses</li> </ul>		
Did you receive any lump sum payments, eligible termination payments or income insurance receipts		<i>Please attach the relevant documents</i>
Interest - Please provide details of any interest earned on savings accounts or term deposits during the year.		<b>NB:</b> The ATO will match your records to financial institution records and review your income tax returns where they are incorrect.
Did you receive any Pensions – Government, Superannuation or other?		<i>Please provide details.</i>
Did you receive any income from a Trust or Partnership Investment such as MLC, Westfield Holdings, Navigator so-on.		<i>Please provide details</i>
Did you receive any Dividends during the year? If so, please provide a summary of the following amounts: <ul style="list-style-type: none"> <li>Franked Dividends</li> <li>Unfranked Dividends</li> <li>Franking Credits/Imputation Credits</li> </ul>		<i>Alternatively, please provide all your Dividend Statements for the year. Note – Most companies will pay 2 dividends each year.</i>
Did you buy or sell any significant assets - land, shares, unit trust investments etc?  NB: The sale of privately used assets greater than \$10,000 may still attract Capital Gains Tax (i.e. caravans/boats)		<i>Please provide details and attach the following:</i> <ul style="list-style-type: none"> <li>buy contracts</li> <li>sell contracts</li> <li>stamp duty and commission costs</li> <li>legal costs where relevant</li> <li>etc.</li> </ul>
Rental Income - Please refer to or request a copy of the Holmans Rental Checklist.		
Other Income - Did you receive any other income during the year (royalties, foreign income including foreign employment income, foreign losses, other)?		Please provide details

EXPENSES	Provided (Y/N)	Further details
<p>If you used a motor vehicle for work-related or business purposes, (such as travel between surgery, hospital and patient's place or residence) please provide the following:</p> <ul style="list-style-type: none"> <li>• registration number of each vehicle</li> <li>• business percentage for each vehicle</li> <li>• business kilometres travelled for the year</li> <li>• engine size of each vehicle</li> </ul> <p>Costs associated with running each vehicle:</p> <ul style="list-style-type: none"> <li>• fuel and oil</li> <li>• registration and insurance</li> <li>• repairs and maintenance (including description of costs)</li> <li>• other</li> </ul>		<p><i>Details and costs for each vehicle should be provided separately.</i></p>
<p>Other work related expenses to consider:</p> <ul style="list-style-type: none"> <li>• Costs of medicines and medical supplies</li> <li>• Annual practicing certificate</li> <li>• Medical Licenses</li> <li>• MDA Membership Fees</li> <li>• Medical Board Fees</li> <li>• RACGP Membership</li> <li>• Union Fees</li> <li>• Seminars/Conferences</li> <li>• Uniform and Laundry</li> <li>• Work related Study Costs (University)</li> <li>• Home Office expenses</li> <li>• Mobile Phone usage</li> <li>• First aid courses</li> <li>• Repairs of equipment</li> <li>• Technical or professional publications</li> <li>• Medical Equipment under \$300</li> <li>• Electronic Organisers</li> <li>• Dedicated stopwatches and fob watches</li> <li>• Computer Equipment and Software</li> </ul>		<p><i>More information will be collected at the time of the interview or via phone.</i></p>
<p>Did you purchase any work related books, podcast downloads, cds or videos?</p>		<p>If so, please provide the details of these purchases.</p>
<p>Do you have a home office?</p> <p>If so, please provide the number of hours per week you use your home office for employment / work related purposes.</p>		
<p>Gifts and donations? <b>NB:</b> Only donations to registered Deductible Gift Recipients are tax deductible.</p>		<p><i>Please provide details</i></p>
<p>Out-of-pocket medical expenses greater than \$2,000.</p>		<p><i>Please provide details</i></p>

EXPENSES	Provided (Y/N)	Further details
Income Protection Insurance premiums paid for the tax year.		
Do you have a HECS or other study debt?		Please provide details
BUSINESS	Provided (Y/N)	Further details
Did you run a business at any time during the year? Please refer to or request a copy of the Holmans Business Checklist.		If so, we will collect more information at the meeting - you should also complete the Holmans Business Checklist
OTHER	Provided (Y/N)	Further details
Do you have a spouse or de-facto partner? If so, we will need details of their taxable income.		Holmans recommend you complete the checklist for your spouse.
Did you work in a remote area (e.g. Mt Isa, Broome etc)?		Please provide the name of the town / and the number of nights you were located there
Did you make any personal superannuation contributions during the tax year for yourself or your spouse?		Please provide details
Did you pay any Child Support during the year?  <b>NB:</b> The ATO has introduced new income tests to determine eligibility for some tax offsets and government benefits. How much you have paid in child support is now taken into account.		Please provide details
Are there any other details you think we may need to complete your income tax return?		Please provide details

*This checklist is intended as a guide only.*

*A Holmans accountant can collect more information during an interview*

