



# Tax Lite

download > complete > send

## WELCOME TO TAX LITE!

The easiest way to complete your individual tax return if you don't live locally or are simply too busy to make your way into our office.

Tax Lite has been designed for those people who have a relatively simple tax return situation, so if you are unsure of whether or not Tax Lite is for you, just call our office on **1300 692 228**.

Once you've established that Tax Lite will work for you, it's then time to download the document and start with the 'fun' bit. This is the part where you get to fill in all that exciting information about your income, deductions and other information about your financial position. Admittedly, writing about your income can be quite tedious so we suggest buying a BIG block of chocolate (or glass of wine) prior to starting to make the experience slightly more enjoyable.

After completing all of the required information and attaching the relevant docs, it's then simply a matter of bundling it all together and either posting, faxing or emailing it back to us.

Our accountants (who get excited about seeing Tax Lite packages), will then set to work on achieving you the maximum return possible. If you have any questions you are more than welcome to contact the office at any time. And if we think you are missing something, our accountants will contact you for more information. Once we've completed the work we'll then organise to mail, email or have you come into sign the Electronic Lodgement Declaration which is all the confirmation required.

It really is as simple as download, complete and send. Easy!

## Contact Us On

Phone 1300 692 228  
Fax (02) 4739 0548  
Email [reception@acctaxadv.com.au](mailto:reception@acctaxadv.com.au)  
Mail PO Box 186 Glenbrook, NSW 2773

## Office

Address 14a Hare Street (King Street entrance), Glenbrook  
Web [www.acctaxadv.com.au](http://www.acctaxadv.com.au)

Keep this page for your own records

**PERSONAL DETAILS**

Are you an existing client?  YES  NO

If yes, complete only the details that have changed in the below box.

If no, please complete all details below.

Title:  MR  MR  MISS  MS  DR Date: .....

First Name: ..... Middle Name: .....

Surname: ..... Date of Birth: .....

Residential Address: .....

Postal Address: .....

Phone Number: .....

Email Address: .....

Occupation: .....Tax File Number: .....

Spouse details (Name & DOB): .....

**Bank Details for Refund**

Account name: .....

Bank Details: BSB:..... Account No:.....

**PLEASE INDICATE IF YOU WILL BE PAYING UPFRONT OR DEDUCTING OUR FEE FROM YOUR REFUND?**

UPFRONT  DEDUCTING

If we are deducting the fee from your refund, please complete and sign the authority and return with this form.

Do you 'Like' us on Facebook?  YES  NO

What is your Facebook name? .....

**Those that 'LIKE' us on Facebook go into a monthly draw to win a voucher for the cost of their return.**

**PRIVATE HEALTH COVER**

Do you have Private Health Cover?  YES  NO

If yes please provide annual statement.

**INCOME**

Please provide the following documents:

- All PAYG Payment Summaries (Group Certificates)
- All details of Lump Sum Payments
- All Eligible Termination Payment Statements (ETP'S)
- Government allowances group certificates e.g. Newstart, Youth Allowance, Austudy etc.
- Other pensions

**Interest Received**

Name of Account	% owned	Interest Received \$	TFN Withholding Deducted \$

**Dividends**

Company	% owned	Franked \$	Unfranked \$	Imputation Credits \$

Have you received any other income?       YES       NO  
 If yes please supply details:

.....

.....

.....

.....

.....

**DEDUCTIONS**

Work Related Deductions       YES       NO

Please answer yes or no to the following questions and provide details where appropriate.

Motor Vehicle Expenses       YES       NO

Did you use your car for work related travel?  YES       NO

If under 5000km- please show kilometres travelled and where travelled

.....

.....

.....

If over 5000km please supply log book and detailed list of vehicle expenditures (including purchase date, price and loan information if financed).

.....

.....

.....

**Work Related Travel**

Did you incur any other work related travel expenses for which you were not reimbursed?  
 If yes, please supply full details of expenditure and travel diary if necessary.

.....

.....

**Uniform and Protective Clothing**

Did you incur any costs in purchasing or maintaining uniform or protective clothing?  
 If yes please provide details:

.....

.....

**Self Education Expenses**

Description of course:

.....

Provide details and amount of all expenses incurred:

.....

.....

.....

**OTHER WORK RELATED DEDUCTIONS**

	Details	Total	Business %
Subscriptions (Trade Union or professional associations)			
Sun Protection			
Books, Journals & Periodicals			
Conference and Seminar Expenses			
Home Office Expenses			
Telephone (including mobile)			
Tools of the Trade			
Expenses in Relation to Allowances			
Income Protection Insurance			
Gifts and Donations			
Tax Preparation Expenses			
Any Other Expenses			

**OTHER DEDUCTIONS**

**Investment Deductions**

Management Charges: (Detail) .....

**Other Information**

Do you have a HECS, SFSS, AUSTUDY or ABSTUDY Debt?     YES     NO

Capital Gains/Losses

Type of Asset: (shares/property etc)

Date of Purchase: .....

Purchase Price: .....

Date of Sale: .....

Sale Price:.....

Other Details: .....

.....  
.....  
.....

**Foreign Income:**

Please provide details

.....  
.....  
.....

**Rental Property:**

Do you own or co-own a rental property?     YES     NO

\*If yes please see attached\*

**REBATES**

Do you or your spouse receive family tax benefits during the year?     YES     NO

Are you a sole parent?     YES     NO

If yes, how many nights were your dependant/s under your care? .....

Did you contribute to your spouse's superannuation fund?     YES     NO

If yes, how much?    \$......

**Education Tax Rebate**

Were you eligible for Family Tax Benefit Part A?     YES     NO

If so, provide details of name of student, DOB, types of expenses and cost incurred

**Medical Expenses Rebate**     YES     NO

What were your family medical expenses?    \$......

(Less) Amount refunded from medical or private health fund    \$......

(Equals) Net medical expenses (rebate available if over \$2,000)    \$......

**RENTAL STATEMENT**

Dates available for rent:

Property Address 1: .....  
 .....

Property Address 2: .....  
 .....

Property Address 3: .....  
 .....

Gross Rent Received:	Property 1	Property 2	Property 3
	\$	\$	\$

Expenditures:	Property 1	Property 2	Property 3
Advertising for tenants			
Body Corporate fees			
Borrowing expense			
Cleaning			
Council Rates			
Depreciation on plant			
Gardening/ lawn mowing			
Insurance			
Interest on loan (s)			
Land Tax			
Legal fees			
Pest control			
Property agent fees/ commission			
Repairs & maintenance			
Stationery, telephone & postage			
Travel expense			
Water charges			
Accounting fees			
Bank charges			
Maintenance levies			
Other expenses			

<b>Net Profit / Loss</b>	\$	\$	\$
<b>Percentage Owned</b>			

**FINALLY**

Any additional comments or questions for your accountant?

One more quick thing - **how did you find out about Accounting & Taxation Advantage?**

Please tick all that are appropriate.

- Flyer     Biznet     Newspaper     Word of Mouth - whom?.....  
 Yellow Pages     Other

Online:

- Yellow Pages Online     Google     Website     Facebook     Twitter

DONE!

Now please email, fax or post your completed Tax Life forms to:

Email reception@acctaxadv.com.au  
Mail PO Box 186 Glenbrook, NSW 2773  
Fax (02) 4739 0548

**Thank you for choosing Accounting and Taxation Advantage!**

**AUTHORITY TO DEDUCT FEE FROM REFUND**

I, ..... hereby authorise Accounting and Taxation Advantage to have my tax refund credited to their account.

I also authorise Accounting and Taxation Advantage to deduct any amounts owing from the refund I will receive from the Australian Taxation Office, and to credit the balance of my refund as detailed below when they have deducted our fee:

**Bank Account Details**

Bank .....

BSB .....

A/C Number .....

A/C Name .....

.....  
(Signature)

**Office Use Only**

Year: .....

Refund Amount: .....

Invoice Amount: .....

Tfr to A/C: .....

Date: .....

Ref No.: .....