



Terrace Taxation ABN 94 134 747 354
 Terrace Wealth Creators ABN 32 874 400 855
 Terrace Finance ABN 37 851 796 968
 Terrace Book keeping ABN 53 023 376 312

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All Information provided will be held in strict confidence. It will only be used in-house to prepare your tax return and to provide you with financial and tax advice.

Please complete sections that are relevant to you.

"CLIENT UPDATE 2014-15"

	<u>YOU</u>	<u>SPOUSE / PARTNER</u>
Full Name	_____	_____
TFN	_____	_____
Date of Birth	_____	_____
Main Occupation	_____	_____
Tel No	Mob _____ Home _____	Mob _____
Email	_____	_____
Bank Account	BSB _____ Acnt _____	BSB _____ Acnt _____ (Compulsory)
Residential Address	_____	
Postal Address	_____	
Dependent Child	_____ DOB ___/___/___	_____ DOB ___/___/___
	_____ DOB ___/___/___	_____ DOB ___/___/___

If you have changed your name during the year, please provide relevant evidence.

Do you own or are you currently buying your main residence? Yes / No If Yes state estimated value \$ _____

Do you have a mortgage over your main residence? Yes / No. If Yes estimated loan balance \$ _____

With whom do you have your Superannuation account _____

What is the current balance (You) \$ _____ (Spouse) \$ _____

Any other Superannuation accounts (You) \$ _____ (Spouse) \$ _____

Separated during the year? Yes/No If yes, date _____

Became a couple during the year? Yes/No If yes, date _____

Please provide details and statements separately.

Are you and your family covered for Private Health? Yes / No (If Yes Please provide statement)

Did you claim Medical expin 2012/13 & 2013/2014 Yes / No

If your ans is yes to the previous question, What was your Combined out of Pocket Med Exp over 2014/15 \$ _____

Did you contribute Superannuation on behalf of spouse? Yes / No

Is Zone Rebate applicable? Yes / No Location 1 _____ Days _____; Location 2 _____ Days _____;

(If yes, please provide separately details including dates and location)

Are you FIFO / DIDO? You _____ Spouse _____

INCOME

You must provide certificates, statements, lists, diary, log books and other appropriate details.

Scanned / electronic copies are acceptable. Please use these questions as a guide to determine what should be provided.

	<u>YOU</u>	<u>SPOUSE PARTNER</u>
Did you receive Wages / Salary during the year?	Yes / No	Yes / No
How many Employers did you work for? <i>If Yes Please attach all Payment Summaries</i>	_____	_____
Did you receive Centrelink payments during the year?	Yes / No	Yes / No
Payment Type <i>If Yes Please attach all Payment Summaries</i>	_____	_____
Did you receive any Pension payments during the year?	Yes / No	Yes / No
<i>If Yes Please attach Payment Summaries</i>		
Did you receive Interest payments during the year?	Yes / No	Yes / No
Please state Amounts received	\$ _____	\$ _____
<i>If Yes Please attach Interest Statement</i>		
Did you receive Dividends during the year?	Yes / No	Yes / No
No of Companies that paid you dividends <i>If Yes Please attach all The Dividend Statements</i>	_____	_____
Do you have an investment in a Managed Fund?	Yes / No	Yes / No
No. of Funds <i>If Yes Please attach Tax Statements from these Funds</i>	_____	_____
Did you receive a distribution from a Trust or partnership?	Yes / No	Yes / No
If Yes – State the no of Trusts and or partnerships	_____	_____
Names of the Trust or partnership	_____	_____
<i>Please attach the distribution Statements of each</i>		
Did you purchase any shares during the year?	Yes / No	Yes / No
<i>If Yes, please provide "Buy Documents"</i>		
Did you have a Capital Gain Event during the year?	Yes / No	Yes / No
<i>If yes – Please provide all purchase & Sales related documents & amounts</i>		
Did you receive any foreign sourced income during the year?	Yes / No	Yes / No
<i>If yes please provide all relevant information separately</i>		
Did you acquire shares under an employee share scheme?	Yes / No	Yes / No
<i>If yes please provide all relevant information separately</i>		
Have you and your partner included income from all sources?	Yes / No	Yes / No (Compulsory)

EXPENSES

You must provide certificates, statements, lists, diary, log books and other appropriate details.

Scanned / electronic copies are acceptable. Please use these questions as a guide to determine what should be provided.

All expenses must have been incurred to earn your income. You cannot claim expenses that are private.

	<u>YOU</u>	<u>SPOUSE / PARTNER</u>
Were you required to use your car for work related travel?	Yes / No	Yes No
State why you were required to use your car	_____	

Please provide details relating to this section, if your circumstances are different to those previously provided.		
Source of Records (Diary, Log, Employer Records)	_____	_____
Car Registration	_____	_____
Make & Engine Capacity	_____	_____
When did you purchase the car?	_____	_____
Cost at time of purchase	_____	_____
Type of finance if applicable	Lease / HP / Personal Loan	Lease / HP / Personal Loan
Did you maintain a log book? (Applicable if travelled more than 5,000 KM)	Yes / No	Yes / No
If you maintained a log book, please provide the following along with the relevant evidence:		
Petrol / Fuel costs	\$ _____	\$ _____
Registration & Licence costs	\$ _____	\$ _____
Repairs & Maintenance costs	\$ _____	\$ _____
Interest paid (do not include principal amount)	\$ _____	\$ _____
Date log book was last updated	___/___/___	___/___/___
Please that Log Books must be updated at least every 3 years or upon significant change of circumstances.		
If you travelled less than 5,000 KM – please state KM Travelled	_____ KM	_____ KM
Records relied upon to substantiate KM travelled	_____	_____
	_____	_____
Were you required to undertake Interstate / Overseas travel?	Yes / No	Yes / No
Source of Records (Diary, Log, Employer Records)	_____	_____
Were the costs of your travel reimbursed to you?	Yes / No	Yes / No
If No to the previous question, please provide separately a statement as to the purpose of your travel along with all receipts and evidence of the expenses incurred.		
Are you a member of a professional body?	Yes / No	Yes / No
State the name of the organisation / institution	_____	_____
<i>If yes please attach the relevant evidence of this cost?</i>		
Did you purchase any occupation specific clothing?	Yes / No	Yes / No
Did you purchase any occupation specific protective items	Yes / No	Yes / No
Please state amounts & attach relevant evidence for this	\$ _____	\$ _____

	<u>YOU</u>	<u>SPOUSE / PARTNER</u>
Did you purchase uniforms for work with your company logo on it?	Yes / No	Yes / No
If yes – is the wearing of this uniform compulsory?	Yes / No	Yes / No
Please state amounts & attach relevant evidence for this.	\$ _____	\$ _____
Are you required to work outdoors?	Yes / No	Yes / No
If yes did you purchase any protective items for this purpose?	Yes / No	Yes / No
Please state amounts & attach relevant evidence for this.	\$ _____	\$ _____
Did you undertake any self -education activity?	Yes / No	Yes /No
Is this course directly related to your work?	Yes / No	Yes /No
Course name	_____	_____
Were any of the costs reimbursed?	Yes / No	Yes /No
<i>If No to the previous question, please state amounts incurred in relation to this self- education activity.</i>		
Travel	_____KM	_____KM
Parking	\$ _____	\$ _____
Course Fee	\$ _____	\$ _____
Books	\$ _____	\$ _____
Stationary	\$ _____	\$ _____
Home office	_____Hours	_____Hours
Internet Costs	\$ _____	\$ _____
Computer Related	\$ _____	\$ _____
<i>Please attach relevant evidence of these costs</i>		
Did you attend any work related seminars and or conferences?	Yes / No	Yes /No
Were any of the costs reimbursed?	Yes / No	Yes /No
<i>If no to the previous question, please provide the relevant evidence of this cost.</i>		
Did you buy any books, magazines, Journals that are work related?	Yes / No	Yes /No
Please state amounts & attach relevant evidence for this?	\$ _____	\$ _____
Home office – do you or are you required to work from home?	Yes / No	Yes /No
If Yes did you maintain a record of the hours spent working from home?	Yes / No	Yes /No
Please state the average estimated hours per week	_____	_____
Do you use your home computer for work?	Yes / No	Yes /No
Do other members of your family use this computer as well?	Yes / No	Yes /No
What percentage of the computer is used for work?	_____%	_____%
Do you or are you required to use your home internet for work?	Yes / No	Yes /No
If Yes - What is the monthly Cap?	\$ _____	\$ _____
What percentage of this is used for work?	_____%	_____%
Do other members of your family use this facility?	Yes / No	Yes /No

	<u>YOU</u>	<u>SPOUSE / PARTNER</u>
Are you required to use your mobile telephone for work?	Yes / No	Yes /No
If Yes - What is the monthly Cap?	\$ _____	\$ _____
What percentage of this is used for work?	_____ %	_____ %
Are you required to use your home telephone for work?	Yes / No	Yes /No
If Yes - What is the monthly Cap?	\$ _____	\$ _____
What percentage of this is used for work?	_____ %	_____ %
Do other members of your family use this facility?	Yes / No	Yes /No
Did you purchase any tools that you are required to use for work?	Yes / No	Yes /No
If you answered yes to the previous question, please state amount.	\$ _____	\$ _____
<i>Please attach relevant evidence of this cost.</i>		
Are you a member of a Union?	Yes / No	Yes /No
If yes please state the name of the union.	_____	_____
If you answered yes to the previous question, please state amount.	\$ _____	\$ _____
<i>Please attach relevant evidence of this cost.</i>		
Did you make any charitable donations?	Yes / No	Yes /No
If Yes - Name _____	\$ _____	\$ _____
Name _____	\$ _____	\$ _____
Name _____	\$ _____	\$ _____
Do you have Income Protection Insurance?	Yes / No	Yes /No
If yes, is this paid from your Super fund?	Yes / No	Yes /No
If no, with whom is this Policy	_____	_____
Premium paid	\$ _____	\$ _____
Who prepared your last Tax Return?	_____	_____
If Not prepared by us, what was the cost?	\$ _____	\$ _____
Did you seek professional Financial Planning advice?	Yes / No	Yes /No
If yes what was the cost of this service?	\$ _____	\$ _____
Were you required to make PAYG instalments?	Yes / No	Yes /No
If yes, what was the amount paid?	\$ _____	\$ _____
Child support paid during the year.	\$ _____	\$ _____
Can you substantiate all expenses you are claiming	Yes / No	Yes / No(Compulsory)

RENTAL PROPERTY INFORMATION

(Please attach Property Agent's statement for each property, including any foreign properties held)

	Property # 1	Property #2	Property # 3
Address of Property			
Date of Purchase (If not prev provided)			
Purchase costs (If not prev provided)			
Date first available for rent			
No. Weeks Rented during this year			
Estimated Current Value			
Property Managers Statement attached	Yes / No	Yes / No	Yes / No
INCOME			
Rent Received			
Other Rental Related Income			
EXPENSES			
Advertising			
Strata Levies			
Cleaning			
Council Rates			
Gardening/Lawns			
Insurance			
Interest on Loans			
Current Loan Balance			
% of loan used for this property			
% of loan used for private use			
Is the above interest Prepaid?	Yes / No	Yes / No	Yes / No
Did you renegotiate the loan?	Yes / No	Yes / No	Yes / No
Land Tax			
Pest Control			
Agent's Fees			
Repairs & Maintenance			
Stationery/Phone/Postage			
Travel			
Water Rates/Charges			
Other Expenses			
Capital Purchases: Please List on next page			



One stop financial services
Including

TERRACE TAXATION

TAX AGENTS - ACCREDITED CPA PRACTICE



TERRACE WEALTH CREATORS

FINANCIAL PLANNING



TERRACE FINANCE

FINANCE & MORTGAGE BROKERS

TERRACE BOOK KEEPING

FINANCIAL ACCOUNTING & BOOK KEEPING



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AT
AFFORDABLE RATES

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