



Financial Technology Securities Pty Ltd

ABN 48 097 317 069

AFS Licence Number: 300219

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FTS Tax Accountants Pty Ltd

Registered Tax Agents

Tax Information Worksheet - Year ended 30/06/2009

Personal Details

Family Name: _____

Given Names: _____

Occupation: _____

Date of Birth: _____ Tax File Number: _____

Residential Address: _____

Please provide a Mailing Address below if different from your Residential Address

Mailing Address: _____

State: _____ Post Code: _____

Telephone: _____ Business: _____ Home: _____

Mobile Phone: _____

E-mail Address: _____

Spouse/partner Name: _____

Would like your Tax Return
emailed to this address?
Please Circle

Yes No

Date of Birth: _____ Tax File Number: _____

Dependents: _____ Name(s) _____ Date of Birth _____

(E.g. Children,

Family Members)

Office Use Only:

Date Received: _____/_____/_____

Acknowledgement sent: _____/_____/_____ Email / Post

Adviser: _____

Initials: _____

Initials: _____

FYF Client Y / N

Please check the following list for items which we required to complete your Tax Return:

Assessable Income:

- Salary or Wages - PAYG Statement Yes / No
- Eligible Termination Statement..... Yes / No
- Statement of Benefit (Centrelink) Yes / No
- Tax Statement or Consolidated Tax Statement from Fund Managers Yes / No
- Tax Returns for Trusts / Partnerships..... Yes / No
- Dividend Notices Yes / No
- Business Income: Profit & Loss and Balance Sheet
Or backup disks (**MYOB or Quicken**) Yes/ No
- Sale of Assets: Contracts or Statements Yes / No
- Employee Share Options (Employers Advice) Yes / No
- Life Assurance Bonuses Yes / No
- Bank Interest..... Yes / No
- Other Income Yes / No

Allowable Deductions (Receipts or justifications where possible for the following)

- Motor Vehicle Loan / Lease Schedule Yes / No
- Protective Clothing, Compulsory Uniforms Yes / No
- Work Related Self-Education Expenses (ie Student Union fees, Course Fees, Books Stationery, Seminars, Travel) Yes / No
- Depreciation Schedule (ie home computer or other work related items)
(Only IF this is the First time with us)..... Yes / No
- Telephone/Mobile Phones, Computer & Software (Repairs Or purchases) Yes / No
- Union Fees, Subscriptions & Associations or M/ship Fees, Trade Journals Yes / No
- Bank Account Statements (re Bank Interest & other
Investment Deductions) Yes / No
- Margin Loan Interest and/or Prepaid Investment Fees Yes / No

Tax Offsets

- Health Fund Statement Yes / No
- Medical Expenses over \$1,500..... Yes / No
- Education Related Expenses..... Yes / No

Rental Property / Schedule (Details required of the following)

- Income Statement from Property Management..... Yes / No
- Details of all other expenses (ie Rates, Insurance, Repairs, etc)..... Yes / No
- Depreciation Schedule (**Only IF First time with us**) Yes / No
- Copy of Settlement Letter If Property **Purchased/Sold** during Year Yes / No

Other Information

- HCSC Debt Statement..... Yes / No
- Change in Residency / Education..... Yes / No

if you have circled any of the above items, Please supply documentation or substantiation for these items.

PLEASE NOTE: if any of this form is left blank, we will assume that you mean it does not apply to you this year.

Confidentiality

Financial Technology Securities Pty Ltd and its related companies are committed to promoting a Privacy Policy, which ensures the privacy and security of your personal information. Our Privacy Policy is available on request.

Taxpayer Statement / Privacy Declaration

Taxpayer Statement

I understand the Australian income tax laws require each resident taxpayer to declare his or her world-wide income, and requires each non-resident taxpayer to declare his or her Australian-source income.

I have reported to our accountant all my worldwide income for the periods I was resident in Australia, and all Australian sourced income for the period I was not resident in Australia, during the year ended 30 June 2009.

Privacy Declaration

I have read and understand the Financial Technology Securities Pty Ltd Privacy Policy and agree to the collection, use and disclosure of personal and financial information as described.

I state that this Information Worksheet and supporting documents are true and complete.

Client / Taxpayer Signature:

Date://

ASSESSABLE INCOME

Earnings

Salary, Wages, Commissions and Allowances:

During the income year, did you earn any of the following?

- Salary or wages? Yes No
If Yes - please attach PAYG Statement (s).
- Lump sum payments on termination of employment or on retirement? Yes No
If Yes - please attach Eligible Termination Statement.
- Newstart or Youth Allowance from Centrelink? Yes No
If Yes - please attach Statement.
- Superannuation, annuity and other pensions? Yes No
If Yes - please enclose the Pension Statement from the Payer.
- **Other personal services income not** included on your PAYG Statement etc. (e.g. Commissions received/Contract or Consulting work)? Yes No
If Yes - please supply details in Note section:

Interest Income

Did you receive, or were you credited with, any interest (either jointly or individually) during the income year?

Yes No
If Yes - please complete the details below:

Name of Bank	BSB	Account Number	Total Interest Received	TFN Withholding Tax	% Your Share
			\$	\$	
			\$	\$	
			\$	\$	
Total			\$	\$	

Other Information

Dependents

During the year of income, did you maintain or have sole care of:

- Your spouse or de facto? Yes No
- A child under 16 years of age or a student under 25 years of age Yes No
- An invalid relative, parent, parent-in-law who was a resident in Australia? Yes No
- A house-keeper? Yes No

Please list below the separate net income of each of the following:

Name	Income
Spouse/De Facto (Please list Net Income) -	\$
Dependent 1 -	\$
Dependent 2 -	\$
Dependent 3 -	\$

Private Health Cover

Do you have Private Health Cover? Yes No

If Yes, please enclose the Statement or copy received from the health fund OR provide the following details:

- (a) Fund Name: _____
- (b) Your Member Number _____
- (c) Type of Cover (please tick one of the following): _____
 Hospital Auxiliary Combined
- (d) Persons Covered (please tick one of the following): _____
 Self Couple Family
- (e) Number of days you had hospital cover: _____ **Days**
- (f) Were you entitled to any rebate? Refer to Health Statement
 (Label G on your Health Statement) \$ _____

Higher Education Contribution Scheme (HECS):

Did you have a HECS debt as at 30th June 2008? Yes No

If Yes - please advise the balance of the amount owing

\$ _____

ALLOWABLE DEDUCTIONS

Work Related Expenses: **Please Note: Only expenses incurred in earning your income are tax deductible**

Motor Vehicle Expenses - Other than Car Provided by Employer under a Novated Lease Agreement

Did you use your car for business or work-related activities during the income year (this does not include cars provided and maintained by your employer, or expenses paid for, or reimbursed by your employer)? Yes No

If Yes,

- a. Provide the Make and Engine Capacity (C.C.) of the Vehicle _____
- b. Did you keep a logbook? Yes No
IF Yes - state the business use percentage as calculated per the logbook and go to question c. _____ %
IF No - go to question f.
- c. Do you own the car? Yes No
IF Yes - what was the **Original cost** \$ _____
Date of Purchase: _____
- d. Did you borrow any funds to buy the car? Yes No
IF Yes - provide a Copy of the Agreement or details of the Loan Repayments Schedule and date of first instalment paid (Go to question f.) _____
- e. Did you lease the car? Yes No
IF Yes - please provide a copy of car lease agreement or the details of the Lease payments \$ _____
and the Residual payable. \$ _____
- f. Calculate the approximate distance in total kilometres for the year that you used your car for work related travel. Please state the figure **and** briefly explain the basis of your calculations below. _____ Kms
- Basis of calculation: _____

Log Book Method

CAR EXPENSES

Fuel	\$	
Registration & Insurance	\$	
Repairs & Maintenance	\$	
Lease Expenses (Not Novated Lease)	\$	
Interest Expense	\$	
Other	\$	
TOTAL	\$	

Travel Expenses

Did you incur any business or work-related travel expenses during the income year (excluding any motor vehicle expenses and all expenses reimbursed by your employer)?
If **Yes** - please provide the details below.

Yes No

Date of Expenditure	Nature of Expenditure	Amount
...../...../.....		\$
...../...../.....		\$
...../...../.....		\$

Approved Uniforms &/ or Protective Clothing

Did you incur any work-related clothing expenses?
If **Yes** - please provide details of any expenses incurred for work related items (eg. home laundry, boots, etc.)

Yes No

Item

Cost

.....
.....

\$
\$

Self Education Expenses – University, or TAFE etc.

(This does not include Seminars or C.D.E Training)

Did you incur any education expenses?
If **Yes** - please list below any costs of Self-Education **directly** related to your work (eg. nurses doing a nursing course, etc.)

Yes No

Item

Cost / Fees

1	\$
2	\$
3	\$

Other Work Related Costs

Did you incur expenses in relation to work for:

(a) Home Telephone Costs?

Yes No

If **Yes** - what percentage of use is work related?

_____ %

What was your **total** account for the year?

\$ _____

(b) Mobile Phone Costs?

Yes No

If **Yes** - what percentage of use is work related?

_____ %

What was your **total** account for the year?

\$ _____

(c) Internet Costs?

Yes No

If **Yes** - what percentage of use is work related?

_____ %

What was your **total** account for the year?

\$ _____

(d) Home office?

Yes No

If **Yes** - provide details below:

Estimate Hours used per week	No. of weeks used per year

(e) Cost of equipment (eg. Computer, tools of trade, etc.) used for work related purposes? If **Yes**, please list any new items only that were purchased during the year.

Yes No

Please provide the following details:

Date Purchased	% Private Use	Type of Expense	Total Cost
	%		\$
	%		\$
	%		\$

(f) Other Work Related Expenses Yes No

Did you incur any other work-related expenses, which were not reimbursed by your employer, e.g. continued professional training or membership, seminars, union fees, reference materials, stationery etc.

If Yes - please provide the following details:

Date Purchased	Type of Expense	Amount
		\$
		\$
		\$
		\$
		\$
		\$

Other Expenses (Non Work Related)

Donations – (excluding lottery tickets e.g. BoysTown Endeavour Homes etc) Yes No

Did you donate to any Australian charities, school

building funds, religious and public bodies or overseas aid funds? If Yes - please provide the following details:

Date Paid	Donation Paid to	Amount
		\$
		\$
		\$
		\$
		\$

Tax Agent's Fees

Did you incur any Tax Agent's Fees for the preparation of your 2008 Tax Return?

If Yes - please state the amount paid.

Yes No

\$ _____

Income Protection Insurance

Did you have an income protection insurance policy?

If Yes - please state the **Policy Number**

Yes No

Total Premium paid

\$ _____

Deductions Related to Equity Investments in Managed Funds (eg: Navigator etc.)

Finance Costs

(a) Interest & Borrowing Expenses

Did you borrow any money to finance the acquisition of your investments (other than borrowing for your rental properties)?

Yes No

If Yes - please complete the relevant parts of the schedule below. Please also list any other bank not specifically mentioned in the schedule from which funds were borrowed.

Name of Bank	Type of Loan	Account No.	Interest Charged	Fees Charged
Wide Bay Aust	Flexi Loan Investment Fac 2 (A/c S5)		\$	\$
	Fully Drawn Advance Fac 3 (A/c L1)		\$	\$
Other:	Flexi Loan Investment Fac 2 (A/c)		\$	\$
	Fully Drawn Advance Fac 3 (A/c)		\$	\$
St George Bank/ Colonial State Bank	Margin Loan A/c No:		\$	\$
			\$	\$

◆ Please provide copies of the above Bank Statements and Margin Loan Statements

(b) Other Costs / Fees

Did you pay any additional finance costs or fees?

Yes

No

If Yes - please list below the fees paid and other costs incurred.(eg: FTS fees, Legal fees for review of Loan Agreement, etc.)

Item

Cost / Fees

	\$
	\$
	\$

Income from Family Partnerships, Family Trusts and Trust Estates

Did you receive any distributions from any family partnerships, family trusts or a trust estate?

Yes

No

If Yes - please provide a copy of the relevant tax return reflecting your share of income Or alternatively, if you require our assistance with the preparation of the Return please provide the required documentation.(eg. Bank Statements, Book of Accounts or other Records)

Business Income / Loss

Did you operate a business (including a business of primary production) during the income year?

Yes

No

If Yes - please attach either a hard copy of a Profit and Loss Statement and Balance Sheet for the business for the year of income Or alternatively, you can forward a back up disk of your MYOB or QuickBooks files.

If you require our assistance, please provide us with adequate information and documents to enable us to prepare the financial statements on your behalf. Such documents and information would include business bank account statements, cheque butts, stock values, creditors and debtor's lists, etc.

Dividends from Shares held independent from Navigator

Did you receive any dividends? (eg: Telstra, CBA, AMP, etc.)

Yes

No

If Yes - please complete the details below listing each dividend received separately. Please supply Dividend Notices where possible.

Name of Company & SRN No.	Date Paid	No. of Shares Held	Unfranked Amount	Franked Amount	Franking Credits	TFN Withholding Tax	% Your Share
Company SRN No.	.../.../...		\$	\$	\$	\$	%
Company SRN No.	.../.../...		\$	\$	\$	\$	%
Company SRN No.	.../.../...		\$	\$	\$	\$	%
Company SRN No.	.../.../...		\$	\$	\$	\$	%
Total			\$	\$	\$	\$	

(If insufficient space, please attach and sign a separate listing using the above headings)

Sale of Assets (over \$5,000) – excluding motor vehicles

Did you dispose of any assets, in Australia or Overseas, during the income year (the term "asset" is broadly defined, and includes Real Estate, Stocks, Shares, Unit Trusts, Businesses, Collectables or the right to purchase such assets valued \$5,000 or over)? **Yes** **No**
 If **Yes** - please provide the following details:

Note: the sale date can often be the date the contract was signed, not the date the funds were received.
 Please check with the accountant.

Description of Asset	Date of purchase	Costs of purchase incl. stamp duty & legal fees	Date of sale.	NET proceeds (i.e. gross proceeds less commission etc.)	(Office Use Only) NET Capital Gain/Loss
	.../.../...	\$.../.../...	\$	
	.../.../...	\$.../.../...	\$	
	.../.../...	\$.../.../...	\$	

Please Note:

For Real Estate:

Please provide a copy of the **Purchase and Sale Settlement Statements** from your Solicitor.

For Shares:

Please provide a copy of the Buy / Sell Contracts

Employee Shares and Options

Are you eligible to participate in any employee share acquisition scheme, now or in the future? **Yes** **No**
 If **Yes**, please attach copies of the advice provided by your employer and details of any cost / fees paid by you.

Details of Shares / Options	Cost / Fees Paid	Date Paid
	\$	
	\$	

Life Assurance Bonuses

Did you receive any bonuses from a short term Friendly Society for life assurance policy taken out after 27 August 1982, (other than through death, accident, illness, financial difficulties) during the income year? **Yes** **No**
 If **Yes** - please attach all relevant documentation

Other Income

Did you receive any other income or receipts not disclosed above, or about which you are not sure? eg. Foreign Income, Royalties, Speaker Fees, Sponsorship Fees **Yes** **No**
 If **Yes** - please provide details below:

Source of Income	Tax Paid	Amount Received
	\$	\$
	\$	\$

Medical Expenses

Did you incur net medical expenses exceeding \$1,500? **Yes** **No**
 If **Yes**, Please provide the following details:

Total Gross medical expenses	\$
<u>Less</u> Refunds from Medicare	\$
<u>Less</u> Refunds from Private Health Fund	\$
<u>Net Medical Expenses</u>	
<u>Less</u>	\$ (1,500.00)
<u>Net Rebateable Value</u>	\$

Zones

Did you live or stay at least 183 days in a remote area of Australia (i.e. greater than 250km from a place with a population of more than 2,500 people)? **Yes** **No**
Or
 Did you serve overseas as part of the Australian Defence Force or UN Armed Forces during this year? **Yes** **No**

If **Yes** to either question, please provide details of the locality and length of stay

Locality	From	To

Residency

During the financial year ended 30th June 2009 did you:

Cease being a resident of Australia?

If **Yes**- please provide the date that this occurred.

Yes

No

Became a resident of Australia?

If **Yes** - please provide the date that this occurred

Yes

No

Did you live outside of Australia?

If **Yes** -

For how long?

Date From: _____

Yes

No

Date to: _____

In which country did you live during the tax year?

What was the purpose of your stay?
(i.e. holiday, working etc)

Did you earn income from paid employment?
(if yes, please provide income statements)

Yes

No

Education Related Expenses (Primary, Secondary & TAFE Students (*excluding University*)):

Please Note: to be eligible for this fully refundable tax offset you or your spouse must be receiving/or be entitled to Family Tax Benefit Part A

If eligible you can claim 50% of expenses for primary school children up to \$750 (i.e. \$375 maximum claim) and up to \$1,500 for secondary students (i.e. \$750 maximum claim).

Dates enrolled/attending: _____

Date ceased fulltime study: _____

Have you incurred one of the following expenses?

Yes

No

Please provide a full list in the table below

- laptop computers, home computers and associated costs, including repair and running costs of computer equipment
- computer-related equipment such as printers, USB flash drives, and disability aids to assist in the use of computer equipment for students with special needs
- home internet connections, including the costs of establishing and maintaining them computer software for educational use
- word processing, spreadsheet, database and presentation software, and internet filters and antivirus software
- school textbooks and other paper-based school learning material, including prescribed textbooks, associated learning materials, study guides and stationery – for example, pencils, pens, compasses and glue
- prescribed trade tools.

Example of items not included:

- School Fees, uniform, extra curricular activities, sporting equipment, musical instruments etc

Description of Allowable Expense	Date Incurred Expense	Amount

NOTES:

Rental Property & Supporting Schedule

Co-Owner Details:

Details of all parties who have an interest in the property(ies)

Name	Interest in Property %
	%
	%
	%
	%

	Property 1	Property 2
Address of Property:		
Date property acquired:		
Date Property first rented:		
No. of weeks property rented:		
Date construction commenced: (see Note 1)		
Gross rent received - 100% (see Note 2)	\$	\$
Total Expenses incurred during period property was available for rent.		
• Bank Charges (O)	\$	\$
• Body Corporate Fees (E)	\$	\$
• Borrowing Expenses (F) (eg. legal fees, please attach details)	\$	\$
• Depreciation (see Note 3) (I)	\$	\$
• Estate Agent Commission (P)	\$	\$
• Insurance (K)	\$	\$
• Interest on funds borrowed (L)	\$	\$
• Land Lord Insurance (K)	\$	\$
• Land Tax (M)	\$	\$
• Rates (Council & Water)(H)	\$	\$
• Repairs (please attach details) (Q)	\$	\$
• Travel (T): Type of Car: No. Kms:	\$	\$
• Fares	\$	\$
• Accommodation	\$	\$
• Other (complete last section on page 17)	\$	\$
	\$	\$
	\$	\$

Building Details (since you last supplied updated information):

Initial Cost	Date of Construction	Improvements Description	Cost of Improvements	Date of Improvements
\$			\$	
\$			\$	
\$			\$	

