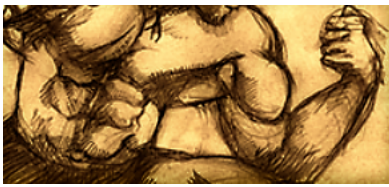


PLEASE COMPLETE ALL SECTIONS. IF YOU ARE UNSURE, PLEASE PLACE A QUESTION MARK NEXT TO THE QUESTION AND WE WILL HELP YOU UNDERTSAND IT



**INTERVIEW SHEET**



**FITTER FINANCIAL SERVICES PTY LTD**

**TAX TIME ACCOUNTANTS**

TAX YEAR \_\_\_\_\_

SURNAME \_\_\_\_\_ GIVEN NAME \_\_\_\_\_

TFN \_\_\_\_\_ ABN \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ OCCUPATION \_\_\_\_\_

EMAIL \_\_\_\_\_ MOBILE \_\_\_\_\_

RESIDENT OF AUSTRALIA FOR TAX PURPOSES? \_\_\_\_\_

SPOUSE - IF YES, PLEASE PROVIDE THE FOLLOWING DETAILS

NAME \_\_\_\_\_ DOB \_\_\_\_\_

TFN \_\_\_\_\_

**INCOME**

NUMBER OF PAYMENT SUMMARIES \_\_\_\_\_

CASH INCOME	YES/NO	CASUAL JOBS	YES/NO
ALLOWANCES			YES/NO

EMPLOYER LUMP SUMS	YES/NO
--------------------	--------

EMPLOYER TERMINATION PAYMENTS (ETP)	YES/NO
-------------------------------------	--------

GOVT BENEFITS AND ALLOWANCES	YES/NO
------------------------------	--------

AUSTRALIAN GOVT PENSIONS	YES/NO
--------------------------	--------

AUSTRALIAN ANNUITIES AND SUPER INCOME STREAMS	YES/NO
---	--------

AUSTRALIAN SUPERANNUATION LUMP SUM PAYMENTS	YES/NO
---	--------

GROSS INTEREST	YES/NO
----------------	--------

AMOUNT \_\_\_\_\_ TYPE OF ACCOUNT \_\_\_\_\_

SOLE NAME OR JOINTLY OWNED \_\_\_\_\_

DIVIDENDS	YES/NO
-----------	--------

EMPLOYEE SHARE SCHEMES	YES/NO
------------------------	--------

INCOME FROM PARTNERSHIPS, TRUSTS, ESTATES	YES/NO
---	--------

PERSONAL SERVICES INCOME	YES/NO
--------------------------	--------

PAYG SCHEDULE	YES/NO
---------------	--------

ATO DETERMINATION	YES/NO
-------------------	--------

BUSINESS INCOME/PRIMARY PRODUCTION	YES/NO
GST REGISTERED	YES/NO
DEFERRED NON-COMMERCIAL LOSSES	YES/NO
CAPITAL GAINS	YES/NO
FOREIGN ENTITIES	YES/NO
FOREIGN INCOME	YES/NO
FOREIGN PENSIONS	YES/NO
RENTAL INCOME	YES/NO

**INCOME TESTS**

IT1 TOTAL REPORTABLE FRINGE BENEFITS AMOUNT \_\_\_\_\_

IT2 REPORTABLE EMPLOYER SUPER CONTRIBUTIONS \_\_\_\_\_

IT3 TAX-FREE GOVT PENSIONS \_\_\_\_\_

IT4 FOREIGN INCOME \_\_\_\_\_

IT7 CHILD SUPPORT PAID \_\_\_\_\_

IT8 NUMBER OF DEPENDANT CHILDREN \_\_\_\_\_

NAME/S \_\_\_\_\_ AGE \_\_\_\_\_

**DEDUCTIONS**

D1 MOTOR VEHICLES USED FOR WORK	YES/NO
METHOD:	
LOGBOOK KEPT (OVER 5000 KM)	YES/NO
CENTS PER KM (MAX OF 5000 KM AT 0.66 CENTS PER KM)	YES/NO
D2 WORK-RELATED TRAVEL EXPENSES	YES/NO
PARKING            YES/NO    TOLLS                          YES/NO	
D3 WORK CLOTHING	
PURCHASED UNIFORMS    YES/NO    PROTECTIVE CLOTHING YES/NO	
DRY CLEANING (ONLY APPLIES TO COMPULSORY WORK UNIFORM)    YES/NO    LAUNDRY    YES/NO	
PROTECTIVE FOOTWEAR    YES/NO	
D4 SELF-EDUCATION EXPENSES (LESS \$250 WHERE APPLICABLE)	
D5 OTHER WORK EXPENSES	
TRADE-UNIONS    TOOLS    TELEPHONE    STATIONARY    DEPRECIATION    HOME OFFICE SEMINARS	
D6 LOW VALUE POOL DEDUCTIONS	YES/NO
D7 INTEREST RELATED DEDUCTIONS	YES/NO
D8 DIVIDEND/INVESTMENT RELATED DEDUCTIONS	YES/NO

D9 GIFTS AND/OR SCHOOL BUILDING FUNDS/POLITICAL	YES/NO
D10 TAX AGENT	YES/NO
D11 UPP OF FOREIGN ANNUITY/PENSION	YES/NO
D12 PERSONAL SUPERANNUATION CONTRIBUTIONS	YES/NO
D13 DEDUCTION FOR PROJECT POOL	YES/NO
D14 FORESTRY MANAGED INVESTMENT SCHEME DEDUCTION	YES/NO
D15 OTHER DEDUCTIONS	YES/NO
INCOME PROTECTION INSURANCE	YES/NO
L1 LOSSES FROM PRIOR YEARS	YES/NO

**REBATES/OFFSETS**

T1 SENIOR AND PENSIONERS (includes self-funded retirees)	YES/NO
T2 Australian superannuation income stream	YES/NO
T3 SUPERANNUATION CONTRIBUTION ON BEHALF OF YOUR SPOUSE	YES/NO
T4 ZONE REBATE	YES/NO
DO NOTIONAL REBATES APPLY	YES/NO
T5 TOTAL NET MEDICAL EXPENSES (CAN ONLY BE CLAIMED IF CLAIMED IN 2013/14 RETURN)	YES/NO
T6 INVALID AND INVALID CARER (CAN ONLY CLAIM IF DEPENDANT IN RECEIPT OF GOVT BENEFITS)	YES/NO
T8 OTHER NON REFUNDABLE TAX OFFSET	YES/NO
T9 OTHER REFUNDABLE TAX OFFSETS	YES/NO

**OTHER ITEMS**

A1 UNDER 18 EXCEPTED NET INCOME	YES/NO	
A2 PRO RATA TAX FREE THRESHOLD		
DID YOU CEASE/BECOME A RESIDENT DURING THE YEAR	YES/NO	DATE _____
A3 GOVT SUPER CO-CONTRIBUTIONS	YES/NO	\$ _____
A4 AMOUNT ON WHICH FAMILY TRUST DISTRIBUTION TAX HAS BEEN PAID		
	AMOUNT	\$ _____
C1 EARLY PAYMENT INTEREST/CREDIT FROM ATO	YES/NO	
<b>M1 MEDICARE LEVY REDUCTION OR EXEMPTION</b>		

NUMBER OF CHILDREN \_\_\_\_\_

REDUCTION                      YES/NO    EXEMPTION                      YES/NO                      FULL/HALF?

PRESCRIBED PERSON?                      FULL/HALF

(ENSURE A MEDICARE EXEMPTION CERTIFICATE WHERE APPLICABLE IS ATTACHED TO THE TAX RETURN)

**M2 SURCHARGE-ensure to complete the spouse details in the tax return)**

LIABLE                                      YES/NO

Was taxpayer and all dependants covered by Hospital cover for the entire year? YES/NO

Do you pay maintenance for children not living with you?                                      YES/NO

If yes, the child needs to be covered by Hospital Insurance for Full Exemption to Apply.

PHI PRIVATE HEALTH INSURANCE REBATE ENTITLEMENT

PRIVATE HEALTH INSURANCE?                                      YES/NO

AMOUNT OF EXCESS ON POLICY\$ \_\_\_\_\_

---

HAVE YOU MADE PAYG INSTALLMENTS                                      YES/NO

FAMILY TAX BENEFITS & CHILD CARE REBATES- Claim can only be  
processed through DSS                                      YES/NO

HELP DEBT (I.E. HECS-HELP, FEE-HELP, OS-HELP)                                      YES/NO

FINANCIAL SUPPLEMENT SCHEME DEBT                                      YES/NO

DO YOU HAVE A DEBT WITH ATO/CENTRELINK/CHILD SUPPORT?                                      YES/NO