

# C. Pope & Associates

## TAX SUMMARY - 2024 Year

Simply fill out this form and post to – C. Pope & Associates  
P. O. Box 183  
MIDLAND WA 6936  
[popecpa@inet.net.au](mailto:popecpa@inet.net.au)

**Instructions :** Please complete all items marked with \* .  
You need to ensure you keep all documents as evidence of all items declared in your Tax Return.  
You do not need to send in your receipts or bank statements unless you are unsure of an item. If in doubt please advise us of the matter.  
This summary is a guide, not an exhaustive list of possible items.

Name : \_\_\_\_\_

If you have changed any personal details please complete. New clients please complete in full.

Address : \_\_\_\_\_ Tax File Number : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Occupation : \_\_\_\_\_  
Date Of Birth : \_\_\_\_\_

E Mail Address : \_\_\_\_\_ Day Time Phone Number : \_\_\_\_\_

Spouse's Name : \_\_\_\_\_ Spouse Date Of Birth : \_\_\_\_\_

Spouse's Taxable Income : \$ \_\_\_\_\_

Dependents details -	Name	Date of Birth
	_____	_____
	_____	_____
	_____	_____

**\* Income Statements – Wages, Annuities, Lump Sum Payments, Eligible Termination Payments, Employee Share Schemes, Foreign Employment Income.**

Income Statements are now provided direct to the Tax Office from your employer, we have access to that information – you may not receive a copy.

If you have allowances on the Income Statement please advise us the rate of payment for the allowance. For example, if paid a car allowance advise us the c/km paid, if a meal allowance advise the \$/meal, if an overnight allowance \$/overnight paid.

Centrelink Summary is not sent out to you (we as Tax Agent will have the information from the Tax Office).

**\* Interest** Income – you may have been paid interest on a bank account, please complete these details (if unsure enclose the bank statements);

Bank	Account Number	<u>Amount</u>	Tax Withheld
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**\* Dividends** – please complete these details for any dividends received;

Company	Unfranked	Franked	Imputation Credit
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

These details will be found on the dividend statements received, usually you will receive two statements from each company each year.  
If unsure enclose the dividend statements.

\* Have you received any **distributions** from any trusts or partnerships? Yes / No

For example a property trust or investment trust.

If “yes” please enclose the “Annual Tax Summary” that the trust issued.

\* Have you **sold any property, shares or other assets** during the year? Yes / No

If “Yes” please provide details of the sale proceeds, cost, selling and acquisition costs and any costs of improvements (if any) to the asset.

You do not have to provide details if the property is your own home that you live in, or any personal use assets (for example, car, furniture etc. not collectables).

\* Have you any **income from overseas**? Yes / No

If “Yes”, please provide details.

\* Have you any **other income** or operate any business? Yes / No

If “yes”, please provide details

**Work Related Deductions**

Union Fees	\$ _____	Protective Clothing	\$ _____
Subscriptions	\$ _____	Uniform	\$ _____
Books / Journals	\$ _____	Repairs to equipment	\$ _____
Tools	\$ _____	Home Office Expenses	\$ _____
Use of Private Phone	\$ _____	Work Travel expenses	\$ _____
Sun Protection expenses	\$ _____	Conferences / Seminars	\$ _____
Self Education expenses	\$ _____	Other _____	\$ _____
Other _____	\$ _____		

**Motor Car expenses** – Details of your use of your car for work purposes other than to & from work.

Car Make \_\_\_\_\_ Km Travelled \_\_\_\_\_ kms

You need to keep a dairy or other record of these km travelled for work purposes.  
If you keep a log book, provide a summary of all car expenses and the log book work percentage.

**Depreciation** – Details of new items of equipment,

Description	Date Purchased	Amount	Percentage for work
_____	____/____/____	\$ _____	____%
_____	____/____/____	\$ _____	____%
_____	____/____/____	\$ _____	____%

If we have not done your tax return before please ensure a copy of last years depreciation schedule is attached.

**Other Items**

Donations	\$ _____	Tax Agent Fees	\$ _____
School Building Funds	\$ _____	Kms Travelled to Tax Agent	\$ _____
Income Protection Insurance	\$ _____	HECS Debt or Supp. Loan	\$ _____
Medical Expenses no longer claimable		Contributions to Spouse Super	\$ _____

Personal Deductible Contributions to Super \$ \_\_\_\_\_

Fund ABN \_\_\_\_\_ Member No. \_\_\_\_\_

(\*\* must have an acknowledgement letter from your super fund of the deductible amount)

Zone Rebate – Place in a zone	Number of days in that zone (only if you live in a Zone)
_____	_____ days Children with you _____
_____	_____ days Children with you _____

Private Health Insurance – the Annual Tax Summary will be provided direct to the Tax Office, we have access to that information – you may not receive a copy

**Rental Property 1** - please complete the details below.

Address of property : \_\_\_\_\_  
\_\_\_\_\_ Date First Rented : \_\_\_\_\_

Number of weeks rented : \_\_\_\_\_

Proportion of Ownership : \_\_\_\_\_ (for example 50%, 100%)

Total Rent Received : \$ \_\_\_\_\_

Other Rental Income \$ \_\_\_\_\_

Please advise us of the total expense. Ensure last years depreciation schedule is correct.

Shire Rates \$ \_\_\_\_\_

Water Rates \$ \_\_\_\_\_

Insurance \$ \_\_\_\_\_

Advertising \$ \_\_\_\_\_

Bank Fees \$ \_\_\_\_\_

Interest on Loan(s) \$ \_\_\_\_\_

Repairs \$ \_\_\_\_\_

Management Fees \$ \_\_\_\_\_

~~Travel Expenses~~ can't claim

Body Corporate Fees \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_ Plant Purchased \_\_\_\_\_ \$ \_\_\_\_\_ Date \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_ Plant Purchased \_\_\_\_\_ \$ \_\_\_\_\_ Date \_\_\_\_\_

**Rental Property 2** - please complete the details below. If you have more than two properties then complete a similar summary for each property.

Address of property : \_\_\_\_\_  
\_\_\_\_\_ Date First Rented : \_\_\_\_\_

Number of weeks rented : \_\_\_\_\_

Proportion of Ownership : \_\_\_\_\_ (for example 50%, 100%)

Total Rent Received : \$ \_\_\_\_\_

Other Rental Income \$ \_\_\_\_\_

Please advise us of the total expense. Ensure last years depreciation schedule is correct.

Shire Rates \$ \_\_\_\_\_

Water Rates \$ \_\_\_\_\_

Insurance \$ \_\_\_\_\_

Advertising \$ \_\_\_\_\_

Bank Fees \$ \_\_\_\_\_

Interest on Loan(s) \$ \_\_\_\_\_

Repairs \$ \_\_\_\_\_

Management Fees \$ \_\_\_\_\_

~~Travel Expenses~~ can't claim

Body Corporate Fees \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_ Plant Purchased \_\_\_\_\_ \$ \_\_\_\_\_ Date \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_ Plant Purchased \_\_\_\_\_ \$ \_\_\_\_\_ Date \_\_\_\_\_