LifeWEALTH Partners Pty Ltd

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INFORMATION FOR 2009 TAX RETURN

Please use this document to help you collect all the necessary information for the completion of your personal tax return for the year ended 30th June 2009. If you believe we already have the information requested then there is no need to provide it again.

Some of the questions may not be relevant to you or you may have special circumstances which are not listed here. If you have any questions please contact our office on 03 9670 3434 to discuss your individual needs.

PERSONAL DETAILS:

Client Name:	
Address:	
Mobile Number:	
Email Address:	
Date of Birth:	
Marital Status:	
Spouse's Name:	
Tax File Number:	

Names of Dependent Children if any:	**Date of Birth:**

INCOME

Group/PAYG Certificates	**YES / NO**
Number of Certificates Attached	
Other Salary Income: **(includes any director's fees, commissions etc)**	
Termination Payments (if you received a lump sum termination please provide Employment Termination Statement)	**YES / NO**
Superannuation Pensions or Lump Sums (if you received a Superannuation Pension or a Lump Sum please provide details)	**YES / NO**

DETAILS:

INTEREST

Name of Bank	Account No.	Total interest received $	TFN withholding $

DIVIDENDS

Please provide copies of dividend statements of income received: - also note that if you are on the dividend reinvestment plan which means you don't physically get the money to bank, the fund uses that money to buy you more shares that this is still income and must go in your return. This information is not required by Lifewealth Equity Management Service clients.

TRUSTS AND PARTNERSHIPS - including property and Infrastructure Trusts (e.g. Trusts include BT Funds, Merrill Lynch, AXA, Westfield, Transurban)

Name of trust or partnership:
(Please provide documents to show income from these funds)

CAPITAL GAINS

Did you sell any assets such as shares or property which were acquired after September 20, 1985? *Please Note the contract date and not the settlement date is the date of sale.*	**YES / NO**

If yes then please provide documentation of when it was purchased/ cost and also documents of sale/funds received etc.

RENTAL INCOME

Please attach details of the amount of rent received and all expenses in their separate categories

List of rental properties, all information is attached for each:-

BUSINESS ACTIVITY

Did you carry on any business activity including any agri-business investments e.g Timbercorp, ITC, Tanunda Hill, Treviso, Macquarie etc. ?	**YES /NO**

If yes then please provide annual statements.

ANY OTHER INCOME

(Please provide details for any income you received in the financial year which doesn't fit into any of the above categories). This could include employee share scheme issues, foreign income, government pensions or allowances, and overseas employment income. **If you received rights, options or shares due to your employment, at a discount to the market value, it may be taxable. Also, if the shares become "unrestricted" there may be a tax liability.**

DETAILS:

DEDUCTIONS

MOTOR VEHICLE

Did you use your own car for business/work purposes through the year?	**YES /NO**
If yes then please provide kilometres travelled on business and /or discuss with us appropriate method to claim:-	
Car Engine Size (in litres e.g. 1.6 litres)	

WORK RELATED CLOTHING

Do you have to wear protective, logo or occupation specific clothing? If yes, were you out of pocket through the year for purchasing any new items (if so please provide details).	**YES /NO**

DETAILS:

OTHER WORK RELATED DEDUCTIONS

Diary / stationery/ work materials	**$**
Union fees/professional bodies	**$**
Donations to eligible organisations and school building fund gifts	**$**
Seminar costs or self education	**$**
Subscriptions to Professional Associations	**$**
Home Office expenses	**$**
Other (any costs you incurred that were directly related to your job including travel expenses etc)	**$**

INTEREST & DIVIDEND DEDUCTIONS

Do you have any interest and/or dividend deductions? **Expenses such as interest relating to income producing investments such as shares / managed funds / rental property**	**YES /NO**

DETAILS:

OTHER DEDUCTIONS

Income protection insurance premiums	**$**
Foreign losses not included elsewhere	**$**

REBATES

EDUCATION TAX REFUND – This is only applicable in respect of primary or secondary school studies for families receiving Part A Family Tax Benefit

Do you have children attending Primary School?	
If so, how many? Name of child/children	
Do you have children attending Secondary School?	
If so, how many? Name of child/children	

Eligible education expenses (excluding school fees) payable in respect of families who qualify for Family Tax Benefit (Part A). Please note there is a maximum claim of $750 per secondary and $375 primary child.	**$**

PRIVATE HEALTH INSURANCE

Do you have private health insurance? **If Yes please provide a copy of the health fund statement they send to you after the end of the financial year, this will tell us if you are entitled to a rebate.**	**YES /NO**

SPOUSE & FAMILY TAX ALLOWANCE

Did you have a spouse for the full financial year?	**YES /NO**
If yes, you may qualify for a spouse offset. If we do not prepare your spouse's return, please provide your spouse's approximate income.	**$**

SUPERANNUATION

Have you made any personal contributions or contributions for your spouse, to a superannuation fund which may be tax deductible or qualify for the spouse super rebate? (This doesn't include any contributions made by your employer on your behalf)	**YES /NO**

DETAILS:

MEDICAL EXPENSES

You may be entitled to a rebate if out of pocket expenses for you and your dependents medical expenses exceed $1,500.00 (This is the total expense less Medicare and private health fund refunds). **If the total medical expenses exceeds $1,500.00 you are entitled to a 20% rebate on the amount over the $1,500 threshold. Medical expenses include hospital, doctors, dentists, optometry and therapeutic treatment supervised by a doctor, residential aged care and pharmacy/chemist relating to illnesses.**

Do your medical expenses exceed $1,500 **If yes, Please provide a summarized total of your expenses (the out of pocket amounts only)**	**YES /NO**

DETAILS:

OTHER

Any other details or information which you are unsure of the tax consideration and would like us to be aware of:

DETAILS:

TAX PLANNING FOR NEXT YEAR

There are a number of strategies we can put in place to help build your wealth and reduce your tax payable for the coming financial year. Would you be interested in hearing about these strategies?	**YES /NO**