

Family Details



SPOUSE DETAILS

Mr/Mrs/Miss: Family name:

First name: Middle name:

Date of birth: DD/MM/YYYY
 / /

Taxable Income \$:

CHILD: 1

Mast/Miss: Family name:

First name: Middle name:

Date of birth: DD/MM/YYYY
 / /

Male Female
Details e.g. School year, working, receiving government benefits

CHILD: 4

Mast/Miss: Family name:

First name: Middle name:

Date of birth: DD/MM/YYYY
 / /

Male Female
Details e.g. School year, working, receiving government benefits

CHILD: 2

Mast/Miss: Family name:

First name: Middle name:

Date of birth: DD/MM/YYYY
 / /

Male Female
Details e.g. School year, working, receiving government benefits

CHILD: 5

Mast/Miss: Family name:

First name: Middle name:

Date of birth: DD/MM/YYYY
 / /

Male Female
Details e.g. School year, working, receiving government benefits

CHILD: 3

Mast/Miss: Family name:

First name: Middle name:

Date of birth: DD/MM/YYYY
 / /

Male Female
Details e.g. School year, working, receiving government benefits

CHILD: 6

Mast/Miss: Family name:

First name: Middle name:

Date of birth: DD/MM/YYYY
 / /

Male Female
Details e.g. School year, working, receiving government benefits

1. VEHICLE EXPENSES

Please explain how your car is used for work related purposes (refer to our website for explanation of how vehicles can be claimed).

Vehicle	Engine Capacity	Vehicle Price	Work Related Km's for Year

If using a logbook method, please also fill out the following.

Type of Expenses	Total Expense \$	Work % (c)	Amount Claimed	Invoice/Receipt Y/N
Total Km's travelled		a		
Total work km's travelled		b		
Work related % (a / b = c)		c		
Fuel & Oil				
Lease Payments				
Interest				
Insurance				
Registration				
Repairs & Maintenance				
Other				

2. TRAVEL (work related)

Type of Expense	Amount Claimed \$	How is this travel expense work related?	Invoice/Receipt Y/N

3. UNIFORM, OCCUPATION SPECIFIC OR PROTECTIVE CLOTHING AND LAUNDRY EXPENSES

Type of Expense & how it is work related?	Amount Claimed \$	Protective Clothing	Compulsory Uniform	Invoice/Receipt Y/N



4. SELF EDUCATION EXPENSES/PROFESSIONAL DEVELOPMENT

Type of Expense	Amount Claimed \$	Description	Invoice/Receipt Y/N
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Please give details of course/s and how it relates to your current work activities.

5. OTHER WORK RELATED EXPENSES

Type of Expenses	Amount Claimed \$	How is this expense related?	Invoice/Receipt Y/N
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- Books and Journals
- Computer Expenses
- Home Office Expenses
- Home Telephone
- Internet Access
- Memberships
- Mobile Phone
- Seminars
- Subscriptions
- Union Fees
- Other

6. DONATIONS

Charity Details	Amount Claimed \$	Invoice/Receipt Y/N
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Work Related Expenses



Are You Financially Secure?

At Mulcahy & Co we are in a unique position to provide the expert advice and solutions of accounting, financial planning, lending, legal and information technology all under the one roof. This makes a normally complicated process seamless to help you on your way to becoming financially secure.

WHAT DOES BEING FINANCIALLY SECURE MEAN?

It means assessing your personal and business goals and developing a plan to achieve them.

1. Goals & objectives
2. Estate plan
3. Risk plan
4. Asset protection plan
5. Taxation plan
6. Debt plan
7. Retirement plan
8. Business plan
9. Superannuation plan
10. Investment plan

FOLLOW OUR 10 STEPS TO SUCCESS TO ACHIEVE FINANCIAL SECURITY...
Visit www.mulcahy.com.au for more information



mulcahy.com.au

7. SUNDRY

Details	Amount Claimed \$	Invoice/Receipt Y/N
Tax Agent Fees		
Tax Agent Travel		
Investment Expenses		
Income Protection Ins.		
Other		

NON TAX RELATED QUESTIONS

Yes	No	Are you aware Mulcahy & Co has a legal division to assist with all your legal needs?
Yes	No	Do you have an up to date Will?
Yes	No	If No, would you like Mulcahy & Co Legal to contact you to discuss?
Yes	No	If Yes, do you want Mulcahy & Co Legal to obtain this to hold on your behalf?
Yes	No	Do you have appropriate level of risk insurance i.e. Life, Trauma, Income Protection Insurance?
Yes	No	Have you reviewed your superannuation fund investments recently?
Yes	No	Do you have a regular savings plan?
Yes	No	If No, would you like to?
Yes	No	Do you want to know if your paying too much for your loan? If so, please provide latest loan statements
Yes	No	Do you require IT assistance? New computer, back-up, cloud data storage, virus protection, networking etc.

DECLARATION

I declare that the information I have given is true & correct and that I hold the necessary written evidence to support my work related deductions. I have made the necessary inquiries to ensure all expenses listed are deductible.

Print Full Name:

Signed:

Date:

Rental Property Worksheet for the Financial Year



Property Address:

Taxpayers Name:

RENTAL INCOME

Description	Amount Claimed \$	Details
Gross Rental Income		
Other related Rental Income (e.g. Insurance Recoup)		
Total Income		

RENTAL EXPENSES

Description	Amount Claimed \$	Details
Advertising to tenants		
Body Corporate Fees		
Borrowing Expenses		
Cleaning		
Council Rates		
Capital Allowances (depreciation on plant)		
Gardening/ Lawn Mowing		
Insurance		
Interest on Loan/s (please provide Loan Statements)		
Land Tax		
Legal Fees		
Pest Control		
Property agent fees/commission		
Repairs & Maintenance		
Capital works deductions (special write off) 2.5% x \$ _____)		
Stationery, telephone, phone		
Travel expenses		
Water charges		
Sundry rental expenses		

Total Rental Property Expenses

Less: Private component

How is this calculated

Net Rental Income/ Loss

Travel Details

OTHER

Date that first produced income	Number of weeks property was rented this year	Was there any private use of the property?	Yes	No
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If property was purchased or sold during this year, please provide purchase and sale contracts.

Asset & Liability & Surplus Cashflow Availability



Name:

Date:

Updating your net equity and cashflow position can provide useful information with investment and financial decision making. Please take the time to update these details.

ASSETS		Details	Value \$	
		Bank Account/s		
		Term Deposit/s		
		Real Estate (include address/type)		
		Motor Vehicle/s		
		Shares/ Managed Fund/s		
		Superannuation (please include statements)		
		Household/Personal		
		Other		
			Total Assets	
LIABILITIES		Details	Monthly Repayment	Owning \$
		Mortgage/Loans		
		Other		
			Total Liabilities	
				Net worth (Assets less Liabilities)

