

# 2016/2017 TAX MAIL ORDER

<b>Name:</b>			
<b>Address:</b>			
<b>Suburb/Town:</b>		<b>Post Code:</b>	
<b>Ph: (H)</b>		<b>Ph: (M)</b>	
<b>Ph: (B)</b>		<b>Email:</b>	

Please post completed form to: Della & Associates      or: email to: info@della.com.au  
P O Box 98  
SUNBURY 3429

## INCOME

1. **Group Certificate / PAYG Summary (Attach Original)**
  - Include Salary & Wages, Youth, Newstart, Sickness Allowances, Pension, Superannuation Benefits, Allowances, Directors Fees, Earnings, Termination Payments, Lump Sum Payments etc

2. **Interest received from banks, building societies, etc.**

Bank	Account No.	Total Interest (100%)	Your Share %	TFN Tax withheld
		\$	%	
		\$	%	
		\$	%	

3. **Dividends received - Attach dividend advices**

Name of Shares Held	Date Rec'd	Unfranked	Franked	Imputation Credit	TFN Tax

4. **Capital gains - Detail any assets (eg shares, property) sold during the year.**

Date Sold	Proceeds of Sale (\$)	Date Purchased	Cost of Purchase (\$)	Details of Asset

5. **Other Income**

- Please include details of any 'other income' you received during the year eg. Partnership & Trust Distributions, Managed Funds, Foreign Income etc (Please attach distribution statements)

## DEDUCTIONS (Please attach receipts)

1. **Car Expenses (eg. km's travelled, log books, receipts for fuel, rego, insurance etc)**

No. of km's travelled:		Rego No:	
Vehicle Make & Model:			

**Do Not Detach**

2. **Uniforms, Protective Clothing, Laundry and Dry Cleaning expenses**

Details	Amount (\$)

**YOUR TICKET TO WIN**  
(Please return with completed form)



**3. Other work related expenses (eg. Union Dues, Phone, Self Education, Home Office, Stationery, Subscriptions, Seminars, Books, Meals, Accommodation, Taxis etc)**

Details	Amount (\$)	Details	Amount (\$)

**4. Gifts or Donations**

Details of Charity etc	Amount (\$)

**OTHER – Rebates, Health etc.**

**1. Dependent Children / Family Tax Benefit**

Child's name	Income details	Dependant all year?	Date of birth	2016/17 Family Tax Benefit Claimed?
	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>	...../...../.....	Yes <input type="checkbox"/> No <input type="checkbox"/>
	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>	...../...../.....	Yes <input type="checkbox"/> No <input type="checkbox"/>
	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>	...../...../.....	Yes <input type="checkbox"/> No <input type="checkbox"/>

**2. Private Health Insurance Rebate (Attach statements from fund)**

Name of Health Fund:		Membership No:	
Names of children covered by policy:			
Policy Type (please tick)	<input type="checkbox"/> Hospital Only	<input type="checkbox"/> Ancillary Only	<input type="checkbox"/> Combined Hosp & Anc
Policy Details (please tick)	<input type="checkbox"/> Single Cover	<input type="checkbox"/> Couples Cover	<input type="checkbox"/> Family Cover

**3. Spouse Details**

Name:		Tax File No:	
Taxable Income:	\$	DOB:	...../...../.....
Reportable Fringe Benefits:	\$		

I declare that all the information provided for the preparation of my tax return is true and correct. I have the receipts necessary to substantiate all claims made.

**Signature:** ..... **Date:** ...../...../2017

**Print Name:** .....