

WELCOME TO VRETURNS

The easiest way to complete your individual tax return if you don't live locally or are simply too busy to make your way into our office.

VReturns has been designed by Verve Group for those people who have a relatively simple tax situation. Not sure if VReturns is right for you? No worries, call our office before you begin on 08 8120 4877 to see if VReturns is right for you.

To lodge a VReturn:

1. Fill out this PDF document with your correct details. If you don't have a program to view PDFs, you can just print out the full document and fill out the hard copy.
2. When completed, save the completed document to your computer (or scan and save if you've filled it out as a hard copy).
3. Go to our secure upload by following this <http://bit.ly/2xwE4Fq> and upload the completed document along with all the required supporting documentation.
4. Click 'Submit' and voila! You're done!

Once completed and submitted, our expert accountants will then set to work on achieving your maximum return possible. Of course, if you have any questions you are more than welcome to contact our office at any time. Once we've completed the work, we'll then organise to mail or e-sign the Electronic Lodgement Declaration which is all the confirmation required.

Contact us on...

PHONE (08) 8120 4877

FAX (08) 8120 4878

EMAIL CONTACT@VERVEGROUP.COM.AU

WEB WWW.VERVEGROUP.COM.AU

PSST - KEEP AN EYE OUT FOR THESE:



When you see these stars, it means that we will need you to submit a copy of the document in question. After you refer to these documents to complete your VReturn, please place the doc to one side ready to scan and attach to your VReturns form.

PERSONAL DETAILS

ABOUT YOU:

TITLE:		TODAY'S DATE:	
FIRST NAME:		MIDDLE NAME:	
SURNAME:		DATE OF BIRTH:	
TAX FILE NUMBER: (IF NEW CLIENT)		OCCUPATION:	

ADDRESS DETAILS:

RESIDENTIAL ADDRESS:			
	STATE:		POSTCODE:
POSTAL ADDRESS:			
	STATE:		POSTCODE:

PHONE, EMAIL ETC:

HOME PHONE NUMBER:		WORK NUMBER:	
MOBILE NUMBER:		FAX NUMBER:	
EMAIL ADDRESS:			

SPOUSE DETAILS:

NAME:			
DATE OF BIRTH:		INCOME \$:	
PERIOD YOU HAD A SPOUSE (IF ONLY FOR PART YEAR)	FROM DATE:		TO DATE:

DEPENDENT DETAILS:

NAME:			
DATE OF BIRTH:		INCOME \$:	
NAME:			
DATE OF BIRTH:		INCOME \$:	
NAME:			
DATE OF BIRTH:		INCOME \$:	

BANK DETAILS (FOR REFUND)

ACCOUNT NAME:			
BSB:		ACCOUNT NUMBER:	

PRIVATE HEALTH INSURANCE

DO YOU HAVE PRIVATE HEALTH COVER? YES / NO	
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PAYMENT INFORMATION

PLEASE NOTE THAT OUR STANDARD FEE FOR V-RETURNS OF \$198 APPLIES TO THOSE ONLY WITH SIMPLE TAX AFFAIRS. PLEASE CONTACT OUR OFFICE PRIOR TO COMPLETING YOUR V-RETURNS IF YOU ARE UNSURE IF YOU QUALIFY AS A SIMPLE TAX RETURN ON (08) 8120 4877.


CREDIT CARD INFORMATION

NAME ON CARD:			
CARD TYPE:		CARD NUMBER:	
EXP DATE:		CVV NUMBER:	

INCOME

TYPE		TAX WITHHELD \$	GROSS AMOUNT \$
• PAYG SUMMARIES (Group Certificates)			
• ALLOWANCES/TIPS/DIRECTORS FEES			
• LUMP SUM PAYMENTS			
• EMPLOYMENT TERMINATION PAYMENTS			
• GOVERNMENT ALLOWANCES: E.g. Newstart, Youth Allowance			
• SUPERANNUATION LUMP SUM PAYMENTS			
• OTHER PENSION INCOME OR ANNUITIES (include PAYG summaries)			
• INTEREST RECEIVED			

DIVIDENDS			
COMPANY	FRANKED \$	UNFRANKED \$	IMPUTATION CREDITS \$

EMPLOYEE SHARE SCHEME	
ARE YOU A MEMBER OF AN EMPLOYEE SHARE SCHEME? YES/NO	
PLEASE PROVIDE ANY NOTICES PROVIDED BY YOUR EMPLOYER IN RELATION TO THE 2019/20 FY (IF ANY) 	

HAVE YOU RECEIVED ANY OTHER INCOME? IF YES, PLEASE PROVIDE DETAILS:

DEDUCTIONS

OTHER

DO YOU HAVE ANY WORK-RELATED DEDUCTIONS? YES / NO	
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MOTOR VEHICLE EXPENSES

DID YOU USE YOUR CAR FOR WORK RELATED TRAVEL? YES / NO	
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MOTOR VEHICLE MAKE & MODEL		REGISTRATION NUMBER:	
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DATE PURCHASED:			
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CENTS PER KM METHOD ONLY:

IF UNDER 5000KM – PLEASE PROVIDE DETAILS OF TOTAL KM'S TRAVELLED



LOG BOOK METHOD? IF YOU ARE USING THE LOG BOOK METHOD, PLEASE COMPLETE THE FOLLOWING STEPS:

- 1: PLEASE SUPPLY LOG BOOK COVERING AT LEAST 13 WEEKS OF USE
- 2: PLEASE SUPPLY A DETAILED LIST OF VEHICLE EXPENDITURE FOR THE WHOLE YEAR
- 3: PLEASE SUPPLY TOTAL KMS TRAVELLED FOR THE 13 WEEKS OF USE
- 4: PLEASE PROVIDE THE PURCHASE PRICE OF VEHICLE
- 5: PLEASE PROVIDE THE PURCHASE DATE OF VEHICLE

WORK RELATED TRAVEL EXPENSES

DID YOU INCUR ANY OTHER WORK-RELATED TRAVEL EXPENSES THAT WERE NOT REIMBURSED? YES / NO	
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IF YES, PLEASE SUPPLY FULL DETAILS OF EXPENDITURE AND TRAVEL DIARY IF NECESSARY

UNIFORM AND PROTECTIVE CLOTHING

DID YOU INCUR ANY COSTS IN PURCHASING OR MAINTAINING UNIFORM OR PROTECTIVE CLOTHING? YES / NO

IF YES, PLEASE PROVIDE DETAILS

SELF EDUCATION EXPENSES

DID YOU INCUR ANY COSTS IN PURSUING WORK RELATED SELF-EDUCATION? YES / NO

DESCRIPTION OF THE COURSE:

IF YES, PLEASE PROVIDE DETAILS AND AMOUNTS OF ALL EXPENSES INCURRED:

OTHER WORK-RELATED DEDUCTIONS

TYPE	DETAILS	AMOUNT \$
Subscriptions (Trade union or professional associations)		
Sun protection (if you work outdoors)		
Books, journals and periodicals		
Conference and seminar expenses		
Home office expenses*		
Phone (including mobile phone)*		
Tools of the trade		
Expenses in relation to allowances received		
Income protection Insurance		
Gifts and Donations		
Tax preparation expenses		
Any other expenses*		

*PLEASE PROVIDE DETAILS OF APPORTIONMENT BETWEEN WORK RELATED AND PRIVATE USE ('HOME OFFICE EXPENSES', 'PHONE' AND 'ANY OTHER EXPENSES')

NUMBER OF HOURS WORKED FROM HOME DUE TO COVID-19

OTHER

DO YOU HAVE ANY TAX LOSSES FROM A PRIOR YEAR?
YES / NO

IF YES, PLEASE PROVIDE DETAILS:

OTHER DEDUCTIONS

PERSONAL SUPERANNUATION CONTRIBUTIONS

(Contributions made with your 'after tax' money)

(In order to claim a deduction for personal superannuation contributions you must first notify your fund of your intention to claim a deduction and have received acknowledgement from your fund)

NAME OF FUND:			
ACCOUNT NUMBER:		AMOUNT PAID INTO FUND:	
INVESTMENT DEDUCTIONS:			
MANAGEMENT CHARGES: (Please detail)			

HECS/HELP/STUDENT LOANS

DO YOU HAVE A HECS/HELP, FEE HELP, OS-HELP OR FINANCIAL SUPPLEMENT LOAN?
YES / NO

IF YES, PLEASE SUPPLY DETAILS (INCLUDING BALANCE OWING)

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CAPITAL GAINS/LOSSES

TYPE OF ASSET: (EG: SHARES/PROPERTY ETC)			
ANY PRIOR YEAR GAINS OR LOSSES?			
DATE OF PURCHASE:		PURCHASE PRICE:	
DATE OF SALE:		SALE PRICE:	
OTHER DETAILS:			
INVESTMENT DEDUCTIONS:			
MANAGEMENT CHARGES: (Please detail)			
DO YOU HAVE ANY CAPITAL LOSSES FROM A PRIOR YEAR? YES / NO			
IF YES, PLEASE PROVIDE DETAILS:			

 TO ENABLE ACCURATE CALCULATIONS, IT IS ADVISABLE TO PROVIDE COPIES OF SETTLEMENT STATEMENTS, BUY/SELL CONTRACTS ETC.

RENTAL PROPERTY

(Please ensure you complete Rental Statement on final page of this VReturns document)

DO YOU OWN OR CO OWN A RENTAL PROPERTY? YES / NO	
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FOREIGN INCOME

PLEASE PROVIDE DETAILS OF AMOUNTS RECEIVED	
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 PLEASE PROVIDE ANY SUPPORTING DOCUMENTATION IF POSSIBLE

REBATES/OFFSETS

FAMILY TAX BENEFITS

ARE YOU A SOLE PARENT? YES / NO	
IF YOU ARE A SOLE PARENT, HOW MANY NIGHTS WERE YOUR DEPENDENT/S UNDER YOUR CARE FROM 1 JULY 2019 – 30 JUNE 2020?	

ZONE REBATE

WHERE DID YOU RESIDE FROM 1 JULY 2019 – 30 JUNE 2020? PLEASE SPECIFY THE LOCATIONS AND NOTE THAT ALICE SPRINGS IS AN APPROVED ZONE REBATE LOCATION.	
HOW MANY NIGHTS DID YOU SPEND IN A ZONE REBATE ELIGIBLE ZONE?	

SUPERANNUATION

DID YOU CONTRIBUTE TO YOUR SPOUSE'S SUPERANNUATION FUND FROM 1 JULY 2019 – 30 JUNE 2020? YES / NO	
IF YES, HOW MUCH?	

OTHER INFORMATION

DID YOU PAY ANY CHILD SUPPORT? YES / NO	
IF YES, PLEASE QUOTE HOW THE TOTAL PAID	
DID YOU RECEIVE ANY TAX-FREE GOVERNMENT PENSIONS?	
IF YES, PLEASE QUOTE THE TOTAL RECEIVED	

RENTAL STATEMENT

	ADDRESS:	DATES AVAILABLE FOR RENT:
PROPERTY 1:	_____	_____
PROPERTY 2:	_____	_____
PROPERTY 3:	_____	_____

GROSS RENT RECEIVED:	PROPERTY 1	PROPERTY 2	PROPERTY 3
	\$	\$	\$

EXPENDITURES

	PROPERTY 1 - \$	PROPERTY 2 - \$	PROPERTY 3 - \$
Advertising for tenants			
Body Corporate fees			
Borrowing expenses			
Cleaning			
Council rates			
Depreciation on plant			
Gardening/lawn mowing			
Insurance			
Interest on loan (s)			
Land Tax			
Legal fees			
Pest control			
Property agent fees/commission			
Repairs & maintenance			
Special building write off			
Stationery, telephone & postage			
Water charges			
Bank charges			
Maintenance levies			
Stamp duty on leased land			
Other expenses			

NET PROFIT / LOSS	\$	\$	\$
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SHARED OWNERSHIP PERCENTAGES

	PERCENTAGE OWNERSHIP	PERCENTAGE OWNERSHIP	PERCENTAGE OWNERSHIP
NAME			
NAME			
NAME			