

**Police Tax Police Tax Police Tax**

Name: .....

Date: ..... /...../.....

Police Tax Return

Year 20...



State of Australia: VIC/NSW/ACT/QLD/WA/SA

Police Station Name: .....

**Police Tax Police Tax Police Tax**

# ***Police Tax Police Tax Police Tax***

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Attn: Garry Angus  
Accountants Plus Pty Ltd  
ph. (03) 9008 5617  
eFax (03) 9034 4809  
P. O. Box 488  
Mitcham Vic. 3132

# ***Police Tax Police Tax Police Tax***

**Section 1-Personal Information**

First Name:		Last Name:	
DOB:		TFN:	
Address 1:			
Address 2:			
Suburb:		State:	
Country:		Postcode:	
Mobile:		Phone:	
Email address:			

Gazetted station:		Rank:	
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No. of years serving as a police officer:

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**Basic Questions:**

1. Do you have HECs Debt?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Do you have Private Health Insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Are you married or in De-facto relationship?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, please fill out this section for spouse

First Name:		Last name:	
DOB:		Income:	
No. of dependents:		Occupation:	

Does your spouse want their tax return done by us? If yes, please provide us with the following information.

Spouse's TFN:	.....	<input type="checkbox"/> Appointment	<input type="checkbox"/> Online	<input type="checkbox"/> Mobile App	<input type="checkbox"/> Locked Bag service
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Section 2-Income		
2.1 Salary and Wage		
How many group certificates do you have? .....		
2.2 Bank Interest Income		
Have you earned any bank interest?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
TFN tax deducted by bank?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.3 Dividend Income		
Please complete the below section if you have earned any of these dividends?		
Unfranked: \$.....	Franked: \$.....	Imputation credit: \$.....
2.4 Other Sources		
Government Payment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Rental Income (if yes, please fill out section 5)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employment Termination Lump Sum	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sale of Investment property (if yes, please fill out section 6)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sale of shares (if yes, please fill out section 7)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any other source of income? Please specify: .....		

\*Please enclose your group certificates or other income related items within this envelope.

### Section 3-Deductions

D1-ATO Set Rate Per km (up to 5,000 km) [Please fill the Section 4 and we will calculate the total for you]

Total km:	Price rate: \$0.66 per km	Total:
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### D2 Work-related travel deductions

Parking: \$.....	Travel: \$.....	Tolls: \$.....
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Did you have any live-in accommodation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, please fill the below table:

No. of weeks as live in recruit:	.....	Fortnightly pay:	\$.....
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Total live-in accommodation fee:	\$.....
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### D3 Work-related clothing, laundry

Home laundry:	\$.....	Work Uniform:	\$.....
Protective Clothing:	\$.....	Repairs and maintenance:	\$.....
Protective Footwear:	\$.....	Uniform allowance:	\$.....
Dry-cleaning:	\$.....	Thermals and wet gear:	\$.....
Gloves/neck covers:	\$.....	Cargo pants/boots:	\$.....
Oversized clothes:	\$.....	Spoilage of plain clothes:	\$.....
Tactical Pants:	\$.....	Alterations:	\$.....

### D4 Work-related self-education [including the course fee]

Including general, textbooks, stationary, student union, stationery, travel, depreciation of equipment:	\$.....
Including courses such as Criminal psychology, terrorism, legal studies:	\$.....
Including trainings such as FIC, DIC, Senior/ specialist/ academic training:	\$.....

D5 Other work-related expenses			
Union/Association Fees	\$.....	Police Journal	\$.....
Stationery /desk /chairs/ folders/ diaries	\$.....	Other/Miscellaneous	\$.....
Technology	\$.....	Overtime/Court Meals	\$.....
Tactical Gear and professional equipment	\$.....	Protection/First Aid	\$.....
Gun Training	\$.....	Fitness Peak Level *	\$.....
Software/Anti-virus	\$.....	Printers and consumables	\$.....
Rubber stamp/file cabinets	\$.....	Flash light/torches/ batteries	\$.....
Duty bag/multi bags/equipment bags	\$.....	Wallet holders/police equipment	\$.....
Multi tools/tactical kit	\$.....	Search and rescue items	\$.....
Weapons and gun train	\$.....	Sunglass/safety glass	\$.....
Repair and maintenance of equipment	\$.....	Sunscreen/Hydration needs	\$.....
Informant fees	\$.....	Specialist batons	\$.....
Hand cuffs/custody	\$.....	Tactical watches	\$.....
Licenses	\$.....	Medical examination	\$.....
Subscriptions/Publication	\$.....	Safety equipment/ Foam cannister	\$.....
Bulletproof Jacket/Bullets	\$.....	Others, please specify	\$.....

\*You can claim a deduction for the cost of fitness expenses only if you are required to maintain a very high level of physical fitness because you are a police officer involved in strenuous physical activities on a regular basis. Members of special emergency squads, diving squads, police academy physical training instructors, and police officers who work regularly with police dogs and train them may be able to claim fitness expenses.

### D 5.1 Mobile Used for Work Purposes

Monthly plan:	\$.....	Mobile Usage:	.....%
Accessories including holders and chargers:		\$.....	
Broken screen while working:		\$.....	
New phone	Purchase price:	\$.....	Purchase date: ..../...../.....
		Business usage %: .....	

### D5.2 Home study/ work

<input type="checkbox"/> High	<input type="checkbox"/> Medium	<input type="checkbox"/> Low

### D5.3 Internet Used for Work Purposes

Monthly plan:	\$.....	Internet Usage:	.....%
IT repairs and upgrades:		Software/Antivirus	
USB/ Hard drive		GPS tracker	

### D5.4 Capital Expense: Computer/Laptops/Cameras/Go pros

Computers	Purchase price:	\$.....	Purchase date:	...../...../.....	Business usage %: .....
Laptop	Purchase price:	\$.....	Purchase date:	...../...../.....	Business usage %: .....
Cameras	Purchase price:	\$.....	Purchase date:	...../...../.....	Business usage %: .....
Tablets/iPad	Purchase price:	\$.....	Purchase date:	...../...../.....	Business usage %: .....

Capital items less than \$300 such chargers, holders, screen protectors: \$.....

### Non-Work Deductions:

D9 Donations and legacy	\$.....	D10 Tax Agent Fee:	\$.....	D15 Income Protection:	\$.....
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D1-ATO Set Rate Per km (up to 5,000 km)			
	To:	From:	Km travelled
Gun/Tactical/Special trainings:			
Academy:			
Driving School:			
Confirmation:			
OSST/SAP:			
First Aid/ Fitness test:			
Surveillance:			
Vol Duties:			
Holiday Duties:			
Forensics:			
CCTV:			
Transporting bulky/files equipment:			
PACER:			
Secondment:			
Court/ Specialist courts:			
DTWs			
Safe street/ Highway patrol:			
Custody:			
Travel for promotion:			
Visiting draft countries:			
Travel to and from tax agent			
Others, please specify			

Declaration:

Agreed that I have records that show how I worked out my work kilometers, and they are true and correct

Date	...../...../.....	Signature	
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Rental Property			
Address:			
Suburb:		State:	
Country:		Postcode:	
Date property first earned rental income			
...../...../.....			
Number of weeks property was rented this year			
..... weeks			
Private Use%			
..... %			
Ownership			
First Name		Last Name	
		Ownership %	.....%
Income			
Gross Rental Income	\$.....	Other Rental Related Income	\$.....
Expenses			
D Advertising for tenants	\$.....	E Body corporate fees	\$.....
F Borrowing expenses	\$.....	G Cleaning	\$.....
H Council Rate	\$.....	I Capital Allowance	\$.....
J Gardening/Lawn Mowing	\$.....	K Insurance	\$.....
L Interest of Loans	\$.....	M Land tax	\$.....
N Legal Fees	\$.....	O Pest Control	\$.....
P Property agent fees/commission	\$.....	Q Repairs and Maintenance	\$.....
R Special Building write-off	\$.....	S Stationery/telephone/postage	\$.....
T Travel expenses	\$.....	U Water charges	\$.....
V Sundry rental expenses	\$.....		\$.....

Please provide us with the depreciation schedule as well:

- You can send us a BMT schedule via email
- You can send old depreciation schedule via email
- If there is no depreciation schedule, please contact our office if you want us to prepare a depreciation schedule for you.



Capital Gains Worksheet		
Description/ Address of Property		
<input type="checkbox"/> Shares	<input type="checkbox"/> Real Estate	<input type="checkbox"/> Others, please mention:
Ownership Percentage:	.....%	
Acquisition Cost:		
Date	Particular	Amount
...../...../.....	Cost Price of the property	\$.....
...../...../.....	Stamp Duty	\$.....
...../...../.....	Land Tax	\$.....
...../...../.....	Conveyancing/ Legal fees for purchase	\$.....
...../...../.....	Mortgage Insurance	\$.....
...../...../.....	Advertisement expenses	\$.....
...../...../.....	Real estate agent commission fees	\$.....
...../...../.....	Conveyancing/ legal fees for selling	\$.....
...../...../.....	Other/ Miscellaneous (if any)	\$.....
Disposal Date	...../...../.....	Selling Price

**ASX Shares Worksheet**

**Acquisition cost:**

Company	Acquisition Date	No. of units bought	Unit Purchase Price	Acquisition Cost

**Additional expenses:**

Brokerage Fee	
Interest Fee	
Legal Fee	
License Fee	
Other, please specify	

**Disposal Cost**

Company	Disposal Date	No. of units sold	Unit Sales Price	Disposal Price

**Additional expenses:**

Brokerage Fee	
Interest Fee	
Legal Fee	
Other, please specify:	