



LM Priority

CLIENT INFORMATION FORM

When to use this form

Use this form if you are an existing LM Chartered Accountants client.

Complete this form and email along with documents required to imp@lmca.com.au.

Please provide any additional information if you need more lines. This list is not exhaustive, so feel free to include any other relevant details you think are important.

Alternatively, you can complete this form manually and send with copies of your source documents to the office at **GPO Box 1040 Adelaide 5001**.

We will need to receive this completed form prior to preparing your tax return.

If you have any issues in completing this form, please call the office on (08) 8361 0200 for assistance.

FAMILY NAME	
GIVEN NAME	

Financial year does the information you are providing related to? (circle)	2025	2024	2023
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*If you require multiple year's tax work prepared, please provide a form for each year.
If the years are earlier than listed, please contact our office.*

FINANCIAL INFORMATION

SECTION 1 - TAXABLE INCOME

Wage / Salary

1. Please list all the workplaces you were employed during the financial year and provide PAYG Summaries if received:

-	Job Title	Industry
-	Job Title	Industry
-	Job Title	Industry
-	Job Title	Industry

Share Holdings / Managed Fund Investments

2. Do you have any shareholdings or units in managed funds?

Yes ☐ *Provide dividend slips / annual tax statements*

No ☐ Go to Question 5 – Foreign Income

3. Did you purchase any shares or managed investments during the year?

Yes ☐ *Provide purchase documents*

No ☐

4. Did you sell any shares or managed investments during the year?

Yes ☐ *Provide sale documents & purchase information if not previously provided*

No ☐

Foreign Income

5. Did you receive any foreign income during the year (salaries, investments etc)

Yes ☐ *Provide statements or details of gross income & tax withheld (if applicable)*

No ☐

Other Income

6. Please provide details of any other income received during year & attach supporting documents:

Excluding rental property (section 2) & business operations (section 3)

Income Type & Description	Amount
<i>Examples: employee share schemes, income protection, taxable superannuation income streams</i>	

SECTION 2 - INVESTMENT PROPERTY

7. Do you have ownership in an investment property?

Yes ☐ What is your ownership percentage (circle):

100% / 50% / other:	%
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No ☐ Go to Question 14 – Business Income

8. Please provide property address:

****If you own another property, see additional form at appendix 1****

9. How is this property managed?

Property Agent ☐ *Provide annual agent statement*

Privately ☐ Total income amount \$

10. Provide amount paid for following expenses (if not paid through agent)

Council Rates	\$
Water Rates	\$
Emergency Services Levy	\$
Insurance	\$
Strata Levies (Body Corporate)	\$
Land Tax	\$
Repairs & Maintenance	\$
Furniture & Fittings	\$
List Other Expenses:	
	\$
	\$
	\$

Provide invoices

Provide invoices

11. Is there a loan on the property?

Yes ☐ *Provide bank statements showing interest paid for the financial year*

No ☐

12. Did you PURCHASE an investment property during the year?

Yes ☐ *Provide purchase settlement statement*

No ☐

13. Did you SELL an investment property during the year?

Yes ☐ *Provide sale settlement statement & purchase settlement statement or cost if not previously provided*

No ☐

SECTION 3 - BUSINESS OPERATION

14. Did you operate a sole trader business during the year?

Yes ☐

No ☐ Go to Question 21 – Taxable Deductions

****If you operate more than one, please print additional copies of this page to complete for each business ****

15. Is your business registered for GST?

Yes ☐

No ☐

16. Please provide a description for the nature of operations for this business?

17. Please provide total GST-exclusive income received for business operations*

Income Type <i>(examples; sales, reimbursements etc)</i>	
	\$
	\$
	\$
	\$

18. Please provide total GST-exclusive amounts for business cost categories*

Purchases	\$	Other:	
Telephone	\$		\$
Internet	\$		\$
Insurance	\$		\$
Motor Vehicle	refer q.21-26		\$
Printing & Stationery	\$		\$
Protective Clothing	\$		\$
Average Weekly Time Worked From Home	hours		

**Alternatively, provide excel spreadsheet showing business income & expenses*

19. Closing stock on hand at year end if applicable: \$

20. If business sold during year, please provide sufficient information regarding this.

SECTION 4 - TAXABLE DEDUCTIONS

Motor Vehicle

21. Do you use your car for work related travel & are responsible for paying associated costs (regardless if reimbursed)

Yes ☐

No ☐ Go to Question 27

22. Have you previously kept a log book for a period of 3 months to calculate work use?

Yes ☐ Business use per log Book: %

No ☐ Go to Question 26

23. Provide following expenses for your motor vehicle:

Fuel	\$
Registration	\$
Insurance	\$
Repairs & Maintenance	\$
Interest	\$
Other:	\$
	\$

Provide finance documents if newly financed

24. Provide following purchase information for your motor vehicle:

Car model	Date purchased	Cost
		\$

Provide purchase invoice if applicable

25. Did you sell a motor vehicle during the year which you have previously claimed expenses for:

Yes ☐ *Provide sale invoice or details of sale (date & amount)*

No ☐

26. How many KMs would you have travelled for work during the financial year (excluding travel between home & ordinary place of work):

KMs

If you have not completed a log book; you can use the cents per kilometre method up to a limit of 5000km

Personal Superannuation Contributions

27. Did you make any personal after-tax superannuation contributions during the year?

Yes ☐

No ☐ Go to Question 29

28. Do you wish to claim any of these contributions as a tax deduction?

Yes ☐

Provide the 'Notice of Intent to claim a deduction for personal super contributions' lodged with the ATO or annual super statement showing contributions made during the financial year

No ☐

Income Protection Premiums

29. Do you have an income protection insurance policy (outside of your superfund)?

Yes ☐

Provide annual tax statement

No ☐

Donations

30. Did you make any donations during the year?

Yes ☐

No ☐ Go to Question 32

31. What was the total amount of donations made?

\$

Provide invoices

Work-Related Deductions

Home Office Expenses

32. Did you work from home?

Yes ☐

Number of Weeks

Average Hours per Week

No ☐

Dates _____

Other Deductions

33. Provide amounts and details below for any other work-related or tax deductible expenses to be claimed:

Alternatively, provide a schedule summarising expenses

WORK TRAVEL (excluding motor vehicle travel)	
Total Amount	\$
<i>Travel must have consisted of an overnight stay</i>	
WORK CLOTHING	
Total Amount	\$
<i>Must be protective clothing, have logos or be occupation specific</i>	
TELEPHONE	
Monthly Cost	\$
Business Use	%
INTERNET	
Monthly Cost	\$
Business Use	%
COURSES & CONFERENCES	
Total Amount	\$
SELF-EDUCATION	
Total Amount	\$
<i>Must directly relate to employment</i>	
OTHER: _____	
Total Amount	\$
Details	
OTHER: _____	
Total Amount	\$
Details	
OTHER: _____	
Total Amount	\$
Details	

34. Have you held or traded any cryptocurrencies or NFT's in the financial year?

Yes

No

If Yes, please provide the name of the main exchange you have been using and have copies of the CSV exports showing buys and sells and deposits and withdrawals.

NOTE: Due to the complex nature of cryptocurrency transactions, services rendered in regards to this will be billed on a time basis.

FINANCIAL INFORMATION

Bank Details for transfer of tax refund (if applicable):

Account Name	
BSB	
Account Number	

Please advise your preferred method for payment of Letcher Moroney Invoice (circle)

BPAY	EFT	Deduct Fee from Tax Refund
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CLIENT DECLARATION

Please review the form and ensure the following has been completed:

- ☐ All relevant sections of form have been completed
- ☐ All documentation has been attached where requested throughout form
- ☐ I acknowledge that substantial works outside of the above will be billed on a time basis

I declare the information I have provided in this form is complete and correct.

Signature _____

Date ____/____/____

OTHER MATTERS

LM Chartered Accountants and Business Advisors has a broad range of services offered which can be provided in addition to the preparation of tax returns. Please review & consider the following and tick the box if you would like to be contacted to discuss further:

- ☐ Personal Insurances (Income Protection, Life Insurance etc)
- ☐ Estimate of Capital Gains Tax (CGT) liability on the sale of a
property or other investment
- ☐ Advice on the start-up of a business

Alternatively, if you require any further taxation, financial or legal advice, please contact the office on (08) 8361 0200 to engage our services.

Appendix 1 – Additional Rental Property Schedule

1. What is your ownership percentage (circle): 100% / 50% / other: %

2. Please provide property address:

3. How is this property managed?

Property Agent ☐ *Provide annual agent statement*

Privately ☐ Total income amount \$

4. Provide amount paid for following expenses (if not paid through agent)

Council Rates	\$
Water Rates	\$
Emergency Services Levy	\$
Insurance	\$
Strata Levies (Body Corporate)	\$
Land Tax	\$
Repairs & Maintenance	\$
Furniture & Fittings	\$

List Other Expenses:	
	\$
	\$
	\$

Provide invoices

Provide invoices

5. Is there a loan on the property?

Yes ☐ *Provide bank statements showing interest paid for the financial year*

No ☐

