## **Investment Income Information**

Individual Tax Return 20\_\_ (Enter year)

Please e-mail, fax or post this form back to our office **PRIOR** to your appointment:



TO: Accrue Accounting FAX: (03) 8371 0099

ATTENTION: E-MAIL: info@accrueaccounting.com.au

CLIENT NAME: CLIENT SIGNATURE: X

DIVIDENDS								
Company Name	Date Paid	Unfranked	Franked	Imputation Credits	TFN Credits			
		\$	\$	\$	\$			
		\$	\$	\$	\$			
		\$	\$	\$	\$			
		\$	\$	\$	\$			
		\$	\$	\$	\$			
		\$	\$	\$	\$			
		\$	\$	\$	\$			
		\$	\$	\$	\$			
		\$	\$	\$	\$			
		\$	\$	\$	\$			
		\$	\$	\$	\$			
		\$	\$	\$	\$			

UNIT TRUSTS (Please bring or send to our office your Trust Tax Year Summary)								
Trust Name	Trust Income	TFN Credits	Imputation Credits	Capital Gains	Foreign Income	Foreign Tax		
	\$	\$	\$	\$	\$	\$		
	\$	\$	\$	\$	\$	\$		
	\$	\$	\$	\$	\$	\$		
	\$	\$	\$	\$	\$	\$		
	\$	\$	\$	\$	\$	\$		

INVESTMENTS SOLD / DISPOSED							
Company/Trust Name	Date Sold	Number Sold	Amount Received	Date Purchased	Number Purchased	Amount Paid	
			\$			\$	
			\$			\$	
			\$			\$	
			\$			\$	
			\$			\$	
			\$			\$	
			\$			\$	
			\$			\$	
			\$			\$	
			\$			\$	