Motor Vehicle Information

CLIENT NAME:

Lease Payments: HP Payments:

Membership Fees:

Interest Paid:

Parking: Tolls:



CLIENT SIGNATURE:

X

\$



Year Ended 30th June, 20__ (Enter year)

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

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TO: SBG Accountants & Business Advisors	FAX:	(03) 9629 5944
TO: SBG Accountants & Business Advisors	FAX:	(03) 9629 5944

ATTENTION: E-MAIL: sbg@sbgaccountants.com.au

INFORMATION FOR TAX RETURN							
Log Book Kept:			☐ Yes ☐ No				
Period Covered:							
Registration No:							
Vehicle Make & Model:							
Owner of Vehicle:							
Driver of Vehicle:							
Total Km Travelled in Financial	Year:						
Business Km in Log Book Period:							
Total Km in Log Book Period:							
Your Calculation of Business Us	se %:						
Date Purchased:	/_	/	Purchase Price:		\$		
☐ Leased ☐ Hire		Purchase					
RUNNING COSTS		TOTAL FOR YEAR (including GST)		MONTHLY PAYMENTS			
Fuel:		\$		Please e	-mail, fax or post to our office a		
Registration:		\$		copy of	your Hire Purchase / Lease		
Insurance:		\$		Agreem	ent (if you haven't already).		
Repairs & Maintenance:		\$					