

Please save a copy of this form into your preferred desktop location, fill out as required, save changes and email to estates@vincents.com.au

CONTACT DETAILS							
Title:				Last Name:			
Given Name(s):							
Law Firm:							
Postal Address:							
	Suburb:			State:		Postcode:	
Phone:				Fax:			
Email:							

DOCUMENTS REQUIRED							
Will	Attached <input type="checkbox"/> N/A – Intestate <input type="checkbox"/>	Grant	Probate attached <input type="checkbox"/> LOA attached <input type="checkbox"/>	Death Certificate	Attached <input type="checkbox"/>	Estate TFN	Attached <input type="checkbox"/> Application Form <input type="checkbox"/>

DECEASED'S TAX AFFAIRS
<p>Please choose one of the following options:</p> <ul style="list-style-type: none"> • Already finalised – Notice of Assessment or ATO letter attached <input type="checkbox"/> • Vincents to finalise – 'Deceased Income Tax Return' form attached <input type="checkbox"/> • Unknown – 'Deceased Tax Status Report' form attached <input type="checkbox"/>

RESIDUARY BENEFICIARY DETAILS							
Title:				Last Name:			
Given Name(s):				Date of Birth:			
Residential Address:							
	Suburb:			State:		Postcode:	
Australian Tax Residency Status:	<p>Please choose one of the following options:</p> <ul style="list-style-type: none"> • Resident (under a legal disability i.e. minor or mentally impaired) <input type="checkbox"/> TFN, if applicable: • Resident (not under a legal disability) <input type="checkbox"/> TFN: • Non-resident <input type="checkbox"/> TFN, if applicable: • Charity <input type="checkbox"/> ABN: 						
Title:				Last Name:			
Given Name(s):				Date of Birth:			
Residential Address:							
	Suburb:			State:		Postcode:	
Australian Tax Residency Status:	<p>Please choose one of the following options:</p> <ul style="list-style-type: none"> • Resident (under a legal disability i.e. minor or mentally impaired) <input type="checkbox"/> TFN, if applicable: • Resident (not under a legal disability) <input type="checkbox"/> TFN: • Non-resident <input type="checkbox"/> TFN, if applicable: • Charity <input type="checkbox"/> ABN: 						

*Details for all residuary beneficiaries to be provided. If more than two, please complete additional copies of this page with the residuary beneficiaries' details here.

Please provide the following information:

	Included Yes / N/A	Comments
1. INCOME		
• Dividends i.e. dividend statements	N/A	
• Interest income i.e. bank statements, term deposit notices	N/A	
• Managed funds i.e. annual tax and quarterly distribution statements	N/A	
• Superannuation death benefits and/or death benefit employment termination payments <ul style="list-style-type: none"> ○ PAYG payment summary ○ Advise if the deceased was in defence or police force and died in the line of duty 	N/A	
• Accommodation bond payout i.e. bond statement including interest details	N/A	
• Funeral bonds i.e. statement of distribution	N/A	
• Documentation for any compensation payouts	N/A	
• Income earned from overseas	N/A	
• Any other income earned	N/A	
2. DEDUCTIONS		
• Managing investment income i.e. ongoing financial planner fees	N/A	
• Managing tax affairs i.e. tax agent fees incurred other than with Vincents	N/A	
• Any other expenses which may be tax deductible	N/A	
3. RENTAL PROPERTIES		
• Details of property (address, purchase date, cost, acquisition costs, copy of contract and settlement statement, if available)	N/A	
• Was the property used for private use during the year?	N/A	
• Total rental income earned i.e. agent statements	N/A	
• Rental property expenses i.e. rates, water, insurance, repairs, travel for property inspection, body corporate, other	N/A	
• Bank statements for rental property loans	N/A	
• Documentation for any capital expenditure on the property i.e. improvements such as a new kitchen, bathroom, extension etc.	N/A	
• Provide a copy of a Quantity Surveyors Report, if previously prepared	N/A	
4. PURCHASE/SALE OF ASSETS		
• Total sales proceeds for any assets (properties, share investments etc.) sold. Copy of the sale contract and settlement statement (if applicable)	N/A	
• Details of acquisition costs in relation to any assets sold (date of investment and amount invested)	N/A	
• Details of any transfer duty on acquisition and legal costs incurred on both the acquisition and sale of these assets	N/A	
• Provide details of foreign assets	N/A	
• Name and contact details for any broker or financial advisor who may be able to provide further information on the investments	N/A	
5. SALE OF MAIN RESIDENCE		
• If main residence settled within 2 years of date of death, provide settlement statement only	N/A	
• If main residence settled after 2 years from date of death provide the following additional information: <ul style="list-style-type: none"> ○ Acquisition details i.e. purchased or inherited, acquisition date and amount ○ Use of the property by the deceased i.e. main residence at all times, periods of market rental, related parties living in the property at times ○ Use of the property after death i.e. vacant, market rental, related parties living in the property 	N/A	
• Provide title searches, if previously obtained		

6. OTHER

• Statement of assets and liabilities at date of death	N/A	
• Trust account statements including invested funds from date of death	N/A	
• Legal fees i.e. itemised invoices	N/A	
• Trust account details for any tax refunds (a/c name, BSB and a/c number)	N/A	

ADDITIONAL INFORMATION / COMMENTS

When completed, please save changes and email this form along with supporting documents to estates@vincents.com.au

Acknowledgement of terms of engagement

On receipt of this form, Vincents will provide an engagement letter. All Legal Personal Representatives will need to sign, date and return the document to us to acknowledge the terms of engagement.