Motor Vehicle Information



CLIENT NAME:



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

TO: Simon Jones & Co FAX:	(03) 9742 5644
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ATTENTION: E-MAIL: accountant@sjc.com.au

INFORMATION FOR TAX RETURN							
Log Book Kept:			ПΥ	es	□ No		
Period Covered:							
Registration No:							
Vehicle Make & Model:							
Owner of Vehicle:							
Driver of Vehicle:							
Total Km Travelled in Financial Ye	ear:						
Business Km in Log Book Period:							
Total Km in Log Book Period:							
Your Calculation of Business Use	%:						
Date Purchased:	//	_	Purchase Price:		\$		
☐ Leased		☐ Hire	Purchase	☐ Pa	aid Cash		

CLIENT SIGNATURE:

X

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:	\$	Agreement (if you haven't already).
Repairs & Maintenance:	\$	
Lease Payments:	\$	\$
HP Payments:	\$	\$
Interest Paid:	\$	
Membership Fees:	\$	
Parking:	\$	
Tolls:	\$	