OM TAX SERVICES

Investment Income Information

Individual Tax Return 20_____ (Enter year)

Please e-mail this form back to our office **PRIOR** to your appointment.

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
			$			$
			$			$
			$			$
			$			$
			$			$
			$			$
			$			$
			$			$
			$			$
			$			$