

# 2021 INDIVIDUAL TAX RETURN CHECKLIST

This tax pack is for your convenience should you wish to post or email your tax into us. Or you can use it to help you gather the information we will need to complete your return this year.

\*\*\* PLEASE USE ONE CHECKLIST PER CLIENT. PHOTOCOPY OR PRINT FROM OUR WEBSITE \*\*\*

Your Name: \_\_\_\_\_

## INCOME:

1. **Your Job Description:** \_\_\_\_\_

2. **Number of Employers:** \_\_\_\_\_ Employer Name: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Employer Name: \_\_\_\_\_

\*\*\* WE HAVE ACCESS TO YOUR PAYG PAYMENT SUMMARY FROM THE 15<sup>TH</sup> JULY 2021\*\*\*

3. **Number of Employee Termination Payments:** \_\_\_\_\_ please provide the ETP Statement.

4. **Did you withdraw Superannuation:** Yes  / No  Was it for COVID-19 early release of super? If no please provide the PAYG Payment Summary. If yes it does not get reported in your tax return.

5. **Did you receive any bank interest:** Yes  / No  Including accounts held in trust for children.

Bank eg: ANZ	Account No.	Interest Received \$

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6. **Do you have shares:** Yes  / No  Please provide dividend statements or list your shares.

Shares eg: Wesfarmers	Number of shares

Shares eg: Coles	Number of shares

7. **Did you participate in an Employee Share Scheme:** Yes  / No  Please attach a copy of your annual statement issued by your employer.

8. **Did you receive a Trust or Partnership Distribution:** Yes  / No  (Eg: BT funds, MLC, AMP etc.). Please provide your annual statement.

9. **Did you sell/trade any Shares, Property or Crypto Currency:** Yes  / No

**Shares:** Please supply the purchase documents & sales documents.

**Property:** Please supply the "Final Settlement" documents of the purchase & sale. If the property was your main residence, please let us know, you do not have to supply documents.

**Crypto:** Please supply a "Tax Report" from 01/07/2020 to 30/06/2021.

10. **Did you receive any Foreign Income:** Yes  / No  Wages: \$ \_\_\_\_\_ Interest: \$ \_\_\_\_\_  
Overseas Pensions: \$ \_\_\_\_\_ From which country: \_\_\_\_\_ Other: \$ \_\_\_\_\_

11. **Did you receive any Other Income:** Yes  / No  Please provide details of any income you received in the financial year that does not fit into any of the above categories.

Income Protection Payments: \$ \_\_\_\_\_ Contract Income: \$ \_\_\_\_\_ Directors Fees: \$ \_\_\_\_\_

Centrelink: JobSeeker/Age Pension/Single Parent/Carers Pension/Youth Allowance: \$ \_\_\_\_\_

## DEDUCTIONS:

1. **Did you receive a Vehicle or Travel Allowance:** Yes  / No

How much were you paid: \$\_\_\_\_\_ per km or \$\_\_\_\_\_ per day

2. **Do you use your Motor Vehicle for work:** Yes  / No  Travel to & from work is **NOT** claimable unless you are required to carry heavy bulky equipment (eg: extension ladders or compressors).

If yes, please complete one of the following options...

**Kilometres Method:** How many kilometres have you travelled for work? The maximum you may claim is 5,000 kilometres per car.

Kilometres Travelled: \_\_\_\_\_ kms Car Make & Model: \_\_\_\_\_

**Logbook Method – Business % use:**

What \_\_\_\_\_% was your vehicle used for work? Please provide details of all expenses:

Fuel estimation: \$\_\_\_\_\_ Registration: \$\_\_\_\_\_ Repairs & maintenance: \$\_\_\_\_\_

Interest on loan: \$\_\_\_\_\_ Insurance: \$\_\_\_\_\_ Roadside Assistance: \$\_\_\_\_\_

**New Vehicles:** Please supply 1) Purchase documents 2) Loan contract 3) Lease agreement

Note: Please ensure you keep a logbook for a continuous period of 12 weeks, every 5 years.

3. **Do you Travel for Work:** Yes  / No

Accommodation: \$\_\_\_\_\_ Meals away: \$\_\_\_\_\_ Flights: \$\_\_\_\_\_

Parking: \$\_\_\_\_\_ Car rentals: \$\_\_\_\_\_ Other: \$\_\_\_\_\_

Where you reimbursed by your employer with cash or paid in your wages?  Cash /  Wages.

4. **Do you wear a Work Uniform:** Yes  / No

Shirts/tops: \$\_\_\_\_\_  Pants: \$\_\_\_\_\_  Protective Gear: \$\_\_\_\_\_  Sun hat: \$\_\_\_\_\_

Boots: \$\_\_\_\_\_  Sunblock: \$\_\_\_\_\_  Sun/safety glasses: \$\_\_\_\_\_  Other: \$\_\_\_\_\_

5. **Did you incur Self Education Costs:** That are directly related to your current employment?

Yes  / No  Institution: \_\_\_\_\_ Course: \_\_\_\_\_

Fees: \$\_\_\_\_\_  Books: \$\_\_\_\_\_  Stationery: \$\_\_\_\_\_  Other: \$\_\_\_\_\_

6. **Were you paid an Overnight Meal Allowance:** Yes  / No

Amount paid to you by your employer per night \$\_\_\_\_\_

Amount spent by you per night \$\_\_\_\_\_

Long distance truck drivers: How many nights were you away \_\_\_\_\_

7. **Were you paid an Overtime Meal Allowance:** Yes  / No

Amount paid to you by your employer per overtime meal \$\_\_\_\_\_

Amount spent by you per overtime meal \$\_\_\_\_\_

8. **Do you have any Other Work Related Deductions:** Yes  / No

- Mobile: \$\_\_\_\_\_ monthly plan \_\_\_\_% work related,  Stationery: \$\_\_\_\_\_  Insurance: \$\_\_\_\_\_
- Internet: \$\_\_\_\_\_ monthly plan \_\_\_\_% work related,  Union Fees: \$\_\_\_\_\_  Luggage: \$\_\_\_\_\_
- Home Office: \_\_\_\_ hrs per wk working from home,  Previous Accountants Fees: \$\_\_\_\_\_
- Tools: \$\_\_\_\_\_ over \$300 \$\_\_\_\_\_ date purchased \_\_\_/\_\_\_/\_\_\_ Description \_\_\_\_\_
- Computer/Laptop Expenses: \$\_\_\_\_\_ & date purchased \_\_\_/\_\_\_/\_\_\_
- Professional Memberships: \$\_\_\_\_\_ Description \_\_\_\_\_
- Income Protection Insurance (**NOT** deductible when it is paid from your Super fund): \$ \_\_\_\_\_

9. **Did you make any Donations:** Yes  / No  (Don't forget the Cyclone & Flood appeals)

- \$\_\_\_\_\_ description \_\_\_\_\_ \$\_\_\_\_\_ description \_\_\_\_\_
- \$\_\_\_\_\_ description \_\_\_\_\_ \$\_\_\_\_\_ description \_\_\_\_\_

Voluntary School Building Fund: \$\_\_\_\_\_ (This is **NOT** deductible if you have children at the school).

**(GoFundMe events, Raffle tickets & MS Lottery are NOT deductible)**

## REBATES & OTHER:

1. **Do you have Private Health Insurance for:**

You: Yes  / No  Your Spouse: Yes  / No  Your Children (under 18): Yes  / No

2. **Spouse:**

Did you have a spouse for the full financial year? Yes  / No

If no, what dates did you have a spouse? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Please provide your spouse's adjusted taxable income: \$ \_\_\_\_\_

3. **Have you made any additional Superannuation Contributions:**

- a. Have you made personal superannuation contributions in order to claim a tax deduction? If yes, please provide the "Notice of Intent to claim" form. Yes  / No  Amount: \$ \_\_\_\_\_
- b. Have you made personal superannuation contributions in order to receive the Government Co-contribution? Yes  / No  Amount: \$ \_\_\_\_\_
- c. Have you made a contribution to your spouse's superannuation fund on their behalf? If yes, please provide details. Yes  / No  Amount: \$ \_\_\_\_\_

4. **Do you pay Child Support:** Yes  / No

Please provide the amount of the total payments made by: You: \$ \_\_\_\_\_

**RENTAL PROPERTIES:** Please provide the real estate Rental Property Annual Statement.

Address: \_\_\_\_\_

What dates was the property available to rent from: \_\_\_/\_\_\_/\_\_\_ to: \_\_\_/\_\_\_/\_\_\_ or for the  full year.

**1. Income:**

Rent: \$ \_\_\_\_\_ Insurance Claim: \$ \_\_\_\_\_  
Water Reimbursed: \$ \_\_\_\_\_ Other Income: \$ \_\_\_\_\_

**Rental Property Expenses:**

Advertising for Tenants: \$ \_\_\_\_\_ Cleaning: \$ \_\_\_\_\_  
Body Corporate Levies: \$ \_\_\_\_\_ Council Rates: \$ \_\_\_\_\_  
Property Agent Fees: \$ \_\_\_\_\_ Pest Control: \$ \_\_\_\_\_  
Gardening/Lawn Mowing: \$ \_\_\_\_\_ Land Tax: \$ \_\_\_\_\_  
Insurance: Building & Contents: \$ \_\_\_\_\_ Electricity/Gas: \$ \_\_\_\_\_  
Insurance: Landlords: \$ \_\_\_\_\_ Printing & Stationery: \$ \_\_\_\_\_  
Water Rates & Consumption: \$ \_\_\_\_\_ Bank Fees: \$ \_\_\_\_\_  
Interest (please provide statements): \$ \_\_\_\_\_

**Repairs, Maintenance & New Assets**

Date: \_\_\_/\_\_\_/\_\_\_ \$ \_\_\_\_\_ Description: \_\_\_\_\_  
Date: \_\_\_/\_\_\_/\_\_\_ \$ \_\_\_\_\_ Description: \_\_\_\_\_  
Date: \_\_\_/\_\_\_/\_\_\_ \$ \_\_\_\_\_ Description: \_\_\_\_\_  
Date: \_\_\_/\_\_\_/\_\_\_ \$ \_\_\_\_\_ Description: \_\_\_\_\_  
Date: \_\_\_/\_\_\_/\_\_\_ \$ \_\_\_\_\_ Description: \_\_\_\_\_

**2. Have you refinanced your loan?** Yes  / No

If yes: Please provide the final statement of the old loan & the first statement of the new loan.

**3. New Rental Property:** If this is the first year you have owned or rented your property please provide:

- a. A copy of your "Final Settlement" purchase statement & "Offer & Acceptance".
- b. Initial loan statement.
- c. The depreciation report.
- d. Is the property jointly owned? Yes  / No  If yes, what \_\_\_\_\_% is yours?
- e. Is 100% of this loan for this property? Yes  / No  If no, what \_\_\_\_\_% is private?

Mortgage Lenders Insurance: \$ \_\_\_\_\_ Borrowing Expenses: \$ \_\_\_\_\_  
Pest Control Check: \$ \_\_\_\_\_ Depreciation Report: \$ \_\_\_\_\_

**WARNING:** Please note that all claims need to have evidence kept for 5 years from lodgement date in order to avoid any audit complications. The information & figures that you have provided to us on this form are being accepted as you have sufficient evidence to substantiate the claim. If you are unsure if you can claim an expense, please contact us.