

TAX INFORMATION CHECKLIST – 2020

INDIVIDUAL

This checklist has been designed to assist our **salary & wage** clients with ensuring that all relevant documentation is collated and provided to our firm to enable us to prepare your income tax return.

Please **review** this checklist, **complete** all necessary information and **attach** all supporting documents prior to returning the checklist and relevant documents to our office.

PERSONAL DETAILS

Full Name	
Residential Address	
Postal Address	
Email Address	
Home Phone	
Mobile	
Work Phone	
Date of Birth	_____ / _____ / _____
Bank Account Details for Refunds	BSB: Account Number: Account Name:
What is your occupation? (ie Job description for the majority of your income)	
Do you hold a 417 (Working Holiday) or 462 (Work and Holiday) Visa? <i>If yes, please provide further details.</i>	

SECTION 1 – LODGEMENT HISTORY / GOVERNMENT DEBTS

	Yes	N/A
1.1 Do you have any overdue lodgements?	<input type="checkbox"/>	<input type="checkbox"/>
<i>If YES Details here:</i>		
1.2 Are you aware of any debt you may have with the ATO?	<input type="checkbox"/>	<input type="checkbox"/>
<i>If YES Details here:</i>		
1.3 Are you aware of any debt you may have with Centrelink?	<input type="checkbox"/>	<input type="checkbox"/>
<i>If YES Details here:</i>		
1.4 Have you, or were you required to make Child Support Payments during the income tax year?	<input type="checkbox"/>	<input type="checkbox"/>
<i>If YES Details here:</i>		
1.5 Do you have a myGov account? <i>If you have linked the ATO to your myGov account, your ATO correspondence will now come directly to your myGov Inbox rather than through the post or our office.</i>		
1.6 Has any part of your name changed? <i>If yes you will need to contact the ATO with relevant proof of identity documents to update your details prior to lodging your income tax return.</i>		

SECTION 2 – INCOME

If you answer Yes to any of the below questions you will need to provide supporting documents

	Yes	N/A
2.1 Did you earn income from a salary or wages? Check your Income Statement is <i>Tax Ready</i>	<input type="checkbox"/>	<input type="checkbox"/>
2.2 Did you receive any allowances earnings, tips not shown on a Income Statement? (eg car, travel, tool, laundry, risk, entertainment)	<input type="checkbox"/>	<input type="checkbox"/>
2.3 Did you receive any lump sum payments from your employer for unused annual leave or unused long service leave?	<input type="checkbox"/>	<input type="checkbox"/>
2.4 Did you receive any Employment Termination Payments (ETPs).	<input type="checkbox"/>	<input type="checkbox"/>
2.5 Did you receive an Australian Government allowance, payment or pension? eg JobSeeker, Age Pension, Carer Payment, Newstart, Parenting Payment	<input type="checkbox"/>	<input type="checkbox"/>

2.6	Did you earn foreign employment income or any other foreign income?	<input type="checkbox"/>	<input type="checkbox"/>
2.7	Did you receive any Superannuation Income Streams or Annuities or Lump Sum Payments?	<input type="checkbox"/>	<input type="checkbox"/>
2.8	Did you receive any interest from Australian banks.	<input type="checkbox"/>	<input type="checkbox"/>
2.9	Did you receive or reinvest any dividends from Australian companies?	<input type="checkbox"/>	<input type="checkbox"/>
2.10	Did you receive any income from managed investment funds?	<input type="checkbox"/>	<input type="checkbox"/>
2.11	Did you receive any income or loss from a partnership or trust?	<input type="checkbox"/>	<input type="checkbox"/>
2.12	Did you buy or sell any shares?	<input type="checkbox"/>	<input type="checkbox"/>
2.13	Did you sell any assets during the year, including: <ul style="list-style-type: none"> ▪ Main residence (i.e. your home) ▪ Rental/Investment property ▪ Cryptocurrency ▪ Any other assets If yes, please supply further details.	<input type="checkbox"/>	<input type="checkbox"/>
2.14	Do you have any carried forward capital losses?	<input type="checkbox"/>	<input type="checkbox"/>
2.15	Did you receive any other income? ie grants, educational awards, jury attendance fees, defence force income	<input type="checkbox"/>	<input type="checkbox"/>
2.16	Did you derive any income as a sole trader working under an ABN? If yes, you will need to complete a Business Checklist .	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 3 – RENTAL PROPERTIES

	Yes	N/A
3.1 Did you earn rental income or was your property available for rent?	<input type="checkbox"/>	<input type="checkbox"/>
3.2 Who are the owners of the property rented: Owner 1: Owner 2: Owner 3:		
3.3 What date was the property first available for rent?		
3.4 What dates were the property rented in this income tax year?		
3.5 Do you have an annual rental statement from your real estate agent? You may also need to provide the following information:	<input type="checkbox"/>	<input type="checkbox"/>

3.5.1	Rent received during the year and any other rental related income. eg rental bond money retained, insurance compensation for lost rent, tenant's contribution to repairs and maintenance, Government rebates for energy saving hot water system etc.		
3.5.2	Expenses relating to your rental property. eg advertising, body corporate fees, cleaning, rates, gardening, lawn mowing, insurance, land tax, legal fees, pest control, repairs and maintenance, stationery, telephone, postage, water charges		
3.6	Provide Loan Statements showing interest paid for the year.	<input type="checkbox"/>	<input type="checkbox"/>
3.7	For first year rental properties – supply settlement statement, purchase contract, depreciation schedule, legal fees, stamp duty, advice from vendor regarding historical construction costs, description and cost of all capital expenditure since purchase		

SECTION 4 – DEDUCTIONS/PURCHASES

Did you have any of the following costs that related directly to your employment?

	Amount (\$)	N/A
4.1 Did you use your own vehicle for work? How many kilometres did you travel for work related purposes, OR provide logbook and invoices. <i>Do not include driving to work and driving home</i>	\$ or kms	<input type="checkbox"/>
4.2 Other Travel Expenses i.e. flights, public transport etc.	\$	<input type="checkbox"/>
4.3 Laundering of Uniforms	\$	<input type="checkbox"/>
4.4 Costs for Uniforms that display your employers business name or occupation specific clothing	\$	<input type="checkbox"/>
4.5 Protective Clothing & Footwear i.e. heavy-duty shirts & trousers (not jeans), sun protective clothing, non-slip nurse shoes, steel capped boots, gloves, aprons	\$	<input type="checkbox"/>
4.6 Union Fees or Professional Memberships or Subscriptions	\$	<input type="checkbox"/>
4.7 Seminars or Courses or Conferences or Workshops	\$	<input type="checkbox"/>
4.8 Self-Education Expenses i.e. course fees, stationary, textbooks	\$	<input type="checkbox"/>
4.9 Did you work from home due to COVID-19 restrictions? <i>Supply hours worked from home</i>		
4.10 Accounting or Tax Agent fees & travel to accountant	\$	<input type="checkbox"/>
4.11 Gifts or Donations	\$	<input type="checkbox"/>
4.12 Superannuation contributions paid personally	\$	<input type="checkbox"/>
4.13 Income Protection or Sickness & Accident Insurance	\$	<input type="checkbox"/>
4.14 Any other work-related expenses e.g. tools, books, home office etc <i>Details:</i>	\$	<input type="checkbox"/>

SECTION 5 – TAX OFFSETS

	Yes	N/A
5.1 Did you receive a disability support pension, a special needs disability support pension or an invalidity service pension?	<input type="checkbox"/>	<input type="checkbox"/>
5.2 Zone: Did you have more than one place of residence during the year <i>Please provide your principle place of residence details for the year:</i>	<input type="checkbox"/>	<input type="checkbox"/>
Address	Number of Days at this address	

SECTION 6 – PRIVATE HEALTH INSURANCE

	Yes	N/A
6.1 Were you, and all of your dependants covered by Private Health Insurance Basic Hospital Cover during the year?	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 7 – INCOME TEST QUESTIONS

	Yes	N/A
7.1 Did you receive any tax-free government pensions or benefits? E.g. disability support pension, some carer payments, Veterans' Affairs disability pension etc. If so, please provide details.	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 8 – DEPENDANT CHILDREN

			N/A	
8.1. Please provide the following information for each dependent child:			<input type="checkbox"/>	
Full Name	Date of Birth	Income Received (if working)	Full Time Student?	
			Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

SECTION 9 – SPOUSE

Full Name			
Date of Birth	____ / ____ / ____		
Were you together for the full tax year?	Yes <input type="checkbox"/>	NO <input type="checkbox"/>	please provide dates
If your spouse prepares their own tax return or has it prepared through a different tax agent, please provide either a copy of their tax return or the following income details:			
Taxable Income	\$	Reportable Fringe Benefits	\$
Govt. Pensions & Allowances	\$	Exempt Pensions	\$
Reportable Super Contribution	\$	Tax-free Govt. Pensions	\$
Investment / Rental Loss	\$	Child Support Paid	
Taxed element of super lump sum for which tax rate is zero			\$

SECTION 10 – OTHER INFORMATION

If there is other information that you consider relevant, or if you have concerns or queries, please provide us with details in the space below and attach applicable information.

SECTION 11 - DECLARATION

I declare that the information provided on this document to be true and correct.	
Completed By	
Signature	
Date	

Please ensure all relevant documents are attached prior to returning this checklist to our office.

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS CHECKLIST.