



INCOME TAX RETURN CHECKLIST

Please enter your details and update **YES** or **NO** where indicated.

First Name/s	
Surname	
Tax File Number (TFN)	If not known by CDA:
Date of birth	
ABN (if applicable)	
Address, postal	Postcode:
Mobile / Telephone	
Email	
Electronic banking Details (for refund if applicable)	Account Name: BSB: Account Number:
Occupation	
	Do you run your own business as a sole trade? YES / NO Is your business in a company, trust or partnership? YES / NO
Spouse	Full name: Date of Birth:
Tax Year ending 30 June	20 __
Photo ID	Attach copy, i.e. Drivers licence

I am aware that I am to keep all supporting documentation (for example: receipt, logbook, diary, employer substantiation) for information provided in this Checklist (and in my Income Tax Return/s) for a minimum period of five (5) years so it can be provided to the *Australian Taxation Office (ATO)* if requested.

Signed _____ Dated _____

	YES / NO
INCOME	
Salary or wages.	<input type="checkbox"/> <input type="checkbox"/>
ABN. Complete last page, "ABN / Sole Trader Business Income"	<input type="checkbox"/> <input type="checkbox"/>
Allowances, earnings, tips, director's fees etc	<input type="checkbox"/> <input type="checkbox"/>
Employer payments	<input type="checkbox"/> <input type="checkbox"/>
Australian Government pensions or allowances, for example Newstart	<input type="checkbox"/> <input type="checkbox"/>
Australian annuities and superannuation income	<input type="checkbox"/> <input type="checkbox"/>
Bank interest. If yes \$ _____	<input type="checkbox"/> <input type="checkbox"/>
Dividends	<input type="checkbox"/> <input type="checkbox"/>
Capital gains	<input type="checkbox"/> <input type="checkbox"/>
Foreign income, assets or property	<input type="checkbox"/> <input type="checkbox"/>
Trust or company distribution	<input type="checkbox"/> <input type="checkbox"/>
Other income (please specify) _____	<input type="checkbox"/> <input type="checkbox"/>
I have checked that my Income details are <u>FULL AND CORRECT</u> with the ATO (via myGov). If no, attach income documentation	<input type="checkbox"/> <input type="checkbox"/>
DEDUCTIONS	
YES / NO	
D9. Gifts or donations. If yes \$ _____	<input type="checkbox"/> <input type="checkbox"/>
Tax preparation fee from previous financial year (if not CDA). If yes \$ _____	<input type="checkbox"/> <input type="checkbox"/>
Travel to tax agent. If yes \$ _____ and/or _____ km	<input type="checkbox"/> <input type="checkbox"/>
D1. Work related car expenses	<input type="checkbox"/> <input type="checkbox"/>
Did you use your own vehicle for work? If yes - Make, model, registration number: _____	<input type="checkbox"/> <input type="checkbox"/>
LOGBOOK. If yes, attach logbook	
- Work related usage _____ %	
- Fuel \$ _____	
- Registration and insurance \$ _____	
- Repairs and maintenance \$ _____	
- Loan interest / lease payments (NOT loan repayments) \$ _____	
- Other (please specify) _____ \$ _____	
If No:	
- How many kilometres were work related? _____ km's	
D2. Work related travel expenses	<input type="checkbox"/> <input type="checkbox"/>
Did you have to travel away from home overnight for work? If yes:	<input type="checkbox"/> <input type="checkbox"/>
- Did you receive an "overnight" allowance from your employer? \$ _____ • Was this amount taxed? YES / NO	
- Number of nights away _____ nights	
- Total "out of pocket" expenses you incurred \$ _____	

	YES / NO
D3. Work related uniform and other clothing expenses	<input type="checkbox"/> <input type="checkbox"/>
Do you require protective clothing for work? If yes:	<input type="checkbox"/> <input type="checkbox"/>
- Boots \$ _____	
- High visibility clothing \$ _____	
- PPE \$ _____	
- Other (please specify) _____ \$ _____	
Do you have clothing expenses? If yes:	<input type="checkbox"/> <input type="checkbox"/>
- Dry cleaning \$ _____	
- Mending / repairs \$ _____	
- Laundry (uniforms with logo) \$ _____	
- Other (please specify) _____ \$ _____	
D4. Work related self-education expenses	<input type="checkbox"/> <input type="checkbox"/>
Are you studying for any diplomas or degrees for work? If yes:	<input type="checkbox"/> <input type="checkbox"/>
- Course name and institution _____	
- Course fees \$ _____	
- Books / stationary \$ _____	
- Travel \$ _____	
- Other (please specify) _____ \$ _____	
D5. Other work-related expenses	<input type="checkbox"/> <input type="checkbox"/>
Do you require sun protection products for work? If yes:	<input type="checkbox"/> <input type="checkbox"/>
- Sunscreen \$ _____	
- Sunglasses \$ _____	
- Hats \$ _____	
- Other (please specify) _____ \$ _____	
Do you use any of the following for work? If yes:	<input type="checkbox"/> <input type="checkbox"/>
Prior to 1 March 2020	
- Phone \$ _____ percentage of business use _____ %	
- Mobile Phone \$ _____ percentage of business use _____ %	
- Internet \$ _____ percentage of business use _____ %	
- Home office usage _____ hours per week	
- Other (please specify) _____ \$ _____	
1 March 2020 – 30 June 2020 (Coronavirus)	
- Home office usage _____ hours per week	
Have you purchased any of the following for work? If yes:	<input type="checkbox"/> <input type="checkbox"/>
- Books / journals \$ _____	
- Computer / _____ Date of purchase: _____ \$ _____	
- Stationary, printing, postage \$ _____	
- Courses, seminars (i.e. First aid) \$ _____	
- Subscriptions \$ _____	
- Tools and equipment (individual items \$300 or less) \$ _____	
- Tools and equipment \$301 or more. Please provide details:	
Item: _____ Date of purchase: _____ \$ _____	
Item: _____ Date of purchase: _____ \$ _____	
- Union fees \$ _____	
- Other (please specify) _____ \$ _____	

	YES / NO
Do you receive an overtime meal allowance from your employer? If Yes, attach documentation - How much did <u>YOU</u> spend on overtime meals? \$ _____	<input type="checkbox"/> <input type="checkbox"/>
D15. Do you have income protection? If yes \$ _____	<input type="checkbox"/> <input checked="" type="checkbox"/>
D15. Other types of deductions (please specify) _____ _____ \$ _____	<input type="checkbox"/> <input type="checkbox"/>
TAX OFFSETS / REBATES	
T2. Are you a senior Australian or pensioner?	<input type="checkbox"/> <input type="checkbox"/>
T10. Other refundable or non-refundable tax offsets (please specify) _____	<input type="checkbox"/> <input type="checkbox"/>
OTHER INFORMATION	
Medicare levy and Medicare levy surcharge	
M1. Are you entitled to the Medicare levy exemption or reduction? (Please specify) _____	<input type="checkbox"/> <input type="checkbox"/>
M2. For the entire year were you and all your dependants (including your spouse) covered by the appropriate private health insurance hospital cover?	<input type="checkbox"/> <input type="checkbox"/>
Private health insurance policy details	
Do you a private health insurance policy? If yes, please provide: - Health fund tax statement - Is this a joint policy? Y / N	<input type="checkbox"/> <input type="checkbox"/>
Spouse details – married or de facto (including same sex)	
1. Did you have a spouse for the full year (1 July to 30 June)? If yes, spouse's taxable income? \$ _____	<input type="checkbox"/> <input type="checkbox"/>
Other	
IT7. Did you pay child support? If yes \$ _____	<input type="checkbox"/> <input type="checkbox"/>
IT8. Do you have dependent children? If yes, how many? _____	<input type="checkbox"/> <input type="checkbox"/>
Do you have a HECS/HELP liability or a student financial supplement loan debt?	<input type="checkbox"/> <input type="checkbox"/>

RENTAL PROPERTY If Yes, attach documentation	YES / NO
IT6. Did you own a Rental property? If yes, please provide the following:	<input type="checkbox"/> <input type="checkbox"/>
- Income / rental property statement.	<input type="checkbox"/> <input type="checkbox"/>
- Depreciation schedule	<input type="checkbox"/> <input type="checkbox"/>
- Details of all expenses (not included on rental statement):	<input type="checkbox"/> <input type="checkbox"/>
Rates	\$ _____
Water rates	\$ _____
Insurance	\$ _____
Investment loan interest	\$ _____
Repairs / maintenance	\$ _____
Improvements	\$ _____
Pest control	\$ _____
Body corporate fees	\$ _____
Other (please specify) _____	\$ _____

ABN / SOLE TRADER BUSINESS INCOME	YES / NO
Did you receive any income from ABN work? If yes \$ _____	<input type="checkbox"/> <input type="checkbox"/>
Are you GST registered?	<input type="checkbox"/> <input type="checkbox"/>
Do these figures include GST?	<input type="checkbox"/> <input type="checkbox"/>
Did you incur any expenses during your ABN work? If yes, please provide details: <ul style="list-style-type: none"> - Accounting \$ _____ - Advertising and promotion \$ _____ - Bad debts \$ _____ - Bank fees and charges \$ _____ - Cleaning and rubbish removal \$ _____ - Contract payments \$ _____ - Donations \$ _____ - Electricity \$ _____ - Insurance \$ _____ - Maintenance and supplies \$ _____ - Postage, printing and stationery \$ _____ - Protective clothing \$ _____ - Rent \$ _____ - Telephone \$ _____ - Travel and accommodation \$ _____ - Other. Please specify: _____ \$ _____ 	<input type="checkbox"/> <input type="checkbox"/>
Did you incur any vehicle expenses during your ABN work? If yes, what percentage of your vehicle use is work related? _____% Details of expenses: <ul style="list-style-type: none"> - Make, model, registration number: _____ - Fuel and oil \$ _____ - Registration and insurance \$ _____ - Repairs and maintenance \$ _____ - Other. Please specify: _____ \$ _____ 	<input type="checkbox"/> <input type="checkbox"/>
Do you have a vehicle logbook? <small>Logbook to be recorded for a 12-week period, can be used for up to five (5) financial years</small>	<input type="checkbox"/> <input type="checkbox"/>
Did you purchase any business assets? If yes, please provide details: <ul style="list-style-type: none"> - Item _____ Price \$ _____ Date of purchase _____ - Item _____ Price \$ _____ Date of purchase _____ 	<input type="checkbox"/> <input type="checkbox"/>