

# **2019 INDIVIDUAL TAX RETURN - CHECKLIST**

Please use this document to collect all necessary information for the completion of your tax return for the financial year ended 30 June 2019.

As your Tax Returns are <u>generally</u> not due for lodgment before <u>May 2020</u>, please send your information for the year ended 30 June 2019 as soon as possible and advise if the work is required urgently (e.g. for finance approval etc.) We shall endeavor to ensure that your tax return is lodged with the ATO by the due date, provided ALL relevant information and documentation is received no later than 10 weeks prior to your due date. This will allow us sufficient time for preparing and lodging the tax return.

We will provide an electronic copy of your tax return via email only. If you would like a paper copy, please advise our office.

#### **PERSONAL DETAILS:**

Given Name(s):	Family Name:										
Residential Address:											
Nesidential Address.	Suburb:			State	<u> </u>			Pos	stcod	le:	
Postal Address: (if different from above)											
	Suburb:			State	9:			Po	stco	de:	
Email address:			Date	Of Bii	rth: _	/		/			
			Tax F	ile Nu	ımbe	r:					
Contact Phone Number M/H/P	ber M/H/B:										
ANKING DETAILS: - Required if											
ANKING DETAILS: - Required if Account Name:											
ANKING DETAILS: - Required if Account Name: BSB Number : (6 digits)											
ANKING DETAILS: - Required if Account Name: BSB Number : (6 digits) Account Number:	a refund is expected		W Pari	tners i	s not	prepa	aring y	our s	pouse	e's tax	retur
ANKING DETAILS: - Required if Account Name: BSB Number : (6 digits) Account Number:	a refund is expected  e facto) – Please provide			tners i	s not	prepa	aring y	our s	pouse	e's tax	retur
ANKING DETAILS: - Required if Account Name: BSB Number : (6 digits) Account Number: POUSE DETAILS (married or digits) Tax File Number:	e facto) – Please provide	e details if M	1:	tners i	s not	prepa	aring y	our s	pouse	e's tax	retur
ANKING DETAILS: - Required if Account Name: BSB Number: (6 digits) Account Number: POUSE DETAILS (married or details) Tax File Number: Given Name(s): Adjusted Taxable Income for the	e facto) – Please provide	e details if M Date of Birth Family Name	n: e:	tners i	s not	prepa	aring y	our s	pouse	e's tax	retur

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Given Name(s):	Family Name:	Date of Birth:
Given Name(s):	Family Name:	Date of Birth:

## **PRIVATE HEALTH INSURANCE**

Did you have private health insurance during the 2019	YES – Please provide a copy of the Annual Statement
financial year?	
	NO - Medicare Surcharge Levy may apply

## **MEDICARE LEVY**

Do you have a Medicare Levy Exemption or Reducton	YES - Please provide a copy of the Certificate.
Certificate?	

## **QUARTERLY PAY AS YOU GO INSTALMENTS –** Did you make quarterly PAYG Instalment payments to the ATO?

July – September 2018	\$
October – December 2018	\$
January – March 2019	\$
April – June 2019	\$

## STUDENT LOANS - Did you have a HELP, SSL, TSL or SFSS Loan/financial assistance debt as at 30 June 2019?

HELP (Higher Education Loan Programme)	\$
SSL (Student Start-up Loan)	\$
TSL (Trade Support Loan)	\$
SFSS (Student Financial Supplement Scheme)	\$

# **INCOME:**

Occupation	Main Occupation:

#### Please provide copies of statements below:

Tiedse provide copies of statements below.			
PAYG Payment Summary Statement	Number of Statements attached:		
Termination Payment Statement	Number of Statements attached:		
Employee Share Scheme (ESS) Statement	Number of Statements attached:		

## INTEREST

Bank	Joint Account?	Account Number	Interest Received \$	TFN Withholding \$
	Y/N			
	Y / N			
	Y / N			

**DIVIDENDS** – Please provide copies of all dividend statements. Also note that if you are on the Dividend Reinvestment Plan (DRP) which means you don't physically get the money in the bank (the company uses that money to buy you more shares) that this is still income and must go in your tax return.

Company	Unfranked \$	Franked \$	Franking Credit \$

**TRUSTS AND PARTNERSHIPS** – Includes income distributions received by any Family Trust, Unit Trust, Managed Funds or Partnerships. Please provide Annual Tax Statements where applicable.

Name of Trust /Fund	Amount \$	Tax Statement Attached?
		Yes / No
		Yes / No

**CAPITAL GAINS** – If you had any investment assets such as Shares or Investment Property that you sold during the year ended 30 June 2019, you may have a capital gain/loss to include in your tax return. Please provide a list of investment assets sold and attach all relevant documentation such as purchase and sale contracts. We will contact you for more information if required.

	Purchase and Sale
Details of Investment Asset Sold	Documents Attached?
	Yes / No
	Yes / No

RENTAL PROPERTY - Please provide us with the following information for each of your rental properties where applicable:

- □ Purchase/Settlement Contracts if bought after 1 July 2018
- □ Sale Contract if sold and settled after 1 July 2018
- Real Estate Agent Annual Income & Expenditure Statement for 1 July 2018 to 30 June 2019
- □ Council Rates Notices
- Water Rates Notices
- □ Body Corporate Statements
- Land Tax Notices
- □ Insurance Invoices
- □ Repairs & Maintenance Receipts
- Quantity Surveyor Report
- Renovation and New Assets Receipts
- Bank Loan Statements

**BUSINESS ACTIVITY -** If you carried on a business activity during the year ended 30 June 2019, please provide all relevant bookkeeping records.

#### **OVERSEAS ASSETS AND FOREIGN INCOME**

Did you own any assets valued at \$50,000 or more outside of Australia during the 2019 financial year?	Yes / No	Details:
Did you have any foreign income such as interest or foreign pensions?	Yes / No	Details:

<b>DEDUCTIONS:</b>		
Please note that the Australian Taxation Office may request tax in	nvoices or receipts to substantiate an	y deductions.
WORK RELATED CAR EXPENSES		
Did you use your own car for work purposes? YES / NO	If YES - Make & Model of Car Registration Number:	
Do you have an ATO approved format Log Book? YES / NO	If YES – Please provide your log bo	ook
If you did keep a log book, please provide details/receipts for	Fuel	\$
the following expenses:	Registration	\$
(If you <u>did not</u> keep a log book, you are not required to provide the expenses listed to the right as these are <b>not tax deductible</b> )	Insurance	\$
	Repairs & Maintenance	\$
	Loan/Lease Payment (please provide copy of contact)	\$
If you <b>did not keep a log book</b> , please provide kilometres travelled for work related purposes (up to 5,000km). This EXCLUDES travel between home and workplace (unless required to carry bulky work material – special circumstances apply)	Kilometres travel @ .68c per km	
WORK RELATED TRAVEL EXPENSES – Including cost of air tie		cidentals on business trips.
Airfares	\$	
Accommodation	\$	

\$

\$

\$

\$

\$

WORK UNIFORM, PROTECTIVE CLOTHING AND LAUNDRY COSTS - Did you wear a logo uniform or protective clothing during

\$

\$

\$

\$

Meals/Incidentals

Taxi

Parking

Other

Citylink / Tolls

work? If yes

**Dry Cleaning** 

Uniforms purchased

Protective Wear purchased

Laundry (\$150 without receipts allowed)

OTHER INCOME – Any income that you received which does not fit into any of the above categories – please provide details.

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## OTHER WORK RELATED DEDUCTIONS

Self Education – must be un relate strictly to current emplo (Course fees, Books, Stational invoices/receipts  Note: \$250 Reduction Calcula https://www.ato.gov.au/individetail/education-and-study/claexpenses/?page=6	oyment activities ery, Travel) – please provic ation Category A & E duals/income-and-deductio	de all	Name of Course:  Name of University:  Course Fees: \$  Books, stationery \$  Travel \$  Other \$
Seminar Costs (not education	nal institution)		\$
Memberships/Subscriptions/F	Professional Insurance/Rac	diation License etc	ADA \$ APHRA \$ \$ \$
Diary, Stationery, Postage			\$
Tools, Work Materials			\$
If you believe your business us  a) When usage is itemized your 4-week bill)  b) The analysis of a 4-we of your call, and the analysis on your call, and the analysis on your call, and the analysis of a 4-we of your call, and the analysis of a 4-we of your call, and the analysis of your call, and the your call, and your call, your call, and your call, and your call, and your call, and your	se of telephone and internet ed on your bills (Please provide the bill would include number of the bill would include number of the bills (Please provide us a composite of the bills) (Please provide us a com	costs is more than \$50, de us with a 4-week bill and of calls made as a percenwork purpose as a percer diary/record of 4 week pebill, you determine your vasonable basis.	riod and advise us the business percentage as below) work use by keeping a record of all your calls over a 4-week
Telephone and Internet Costs	Bills or Record if applicable	Business Use %	Total Amount \$
Telephones or Mobile Phones	☐ Yes ☐ No		
Internet Costs	□ Yes □ No		

Home Office Running Expenses (.52c per Average Hours per week		\$					
Computer accessories /software etc.			\$				
Assets purchased over \$300			\$				
Other expenses – please provide details	tails \$						
INTEREST AND DIVIDEND DEDUCTION earned? This may include interest on loar details below:							
Expense Details			Amount	:\$			
DONATIONS – Did you make any donation building fund? If so, please provide the form		Recipient <u>ht</u>	tp://abr.bu	usiness.gov.au/Dgr	Listing.aspx or to school		
Organization Name	ABN		Amour	nt \$	Date Paid		
COST OF MANAGING TAX AFFAIRS							
Tax Agent Fees \$		Travel to t	tax agent	km	n @ .68c per km		
Audit Insurance \$		<b>\$</b>					
ATO Interest Paid \$							
OTHER DEDUCTIONS							
Income Protection Insurance – please provide copy of policy		\$					
Income Protection Insurance – please pro	ovide copy of policy	\$					
PERSONAL SUPERANNUATION CONT may be tax deductible? (This does not income	RIBUTIONS – Have you	u made any ր					
PERSONAL SUPERANNUATION CONT	RIBUTIONS – Have you	u made any ր					
PERSONAL SUPERANNUATION CONT may be tax deductible? (This does not income the control of the con	RIBUTIONS – Have you	u made any ր					

Amount: \$

Has this notice been acknowledged by the fund? Yes No

#### **MEDICAL EXPENSES**

The net medical expenses tax offset is being phased out. From 2015-16 until 2018-19, claims for this offset are restricted to net eligible expenses for **DISABILITY AIDS, ATTENDANT CARE** or **AGED CARE**. Net expenses are your total eligible medical expenses minus refunds from Medicare, National Disability Insurance Scheme (NDIS) and private health insurers which you or someone else, received or are entitled to receive.

This offset is income tested. If you are eligible for the offset, the percentage of net medical expenses you can claim is determined by your Adjusted Taxable Income (ATI) and family status.

Please provide invoices/receipts

Disability Aids \$

Attendant Care / Aged Care \$

Attendant Care / Aged Care \$

LESS : REBATES RECEIVED if applicable) \$(......)

TOTAL NET MEDICAL EXPENSES: \$