

2019 TAX RETURN INFORMATION CHECKLIST FOR INDIVIDUALS

NAME:		OCCUPATION:				
HOME PHONE:		MOBILE:				
EMAIL:						
RESIDENTIAL ADDRESS:						
POSTAL ADDRESS:						
BANK ACCOUNT DETAILS:	BSB:	Account Number:				
	Account Name:					
EASE PROVIDE TO US II Group Certificates/Payment	: Summaries: Including Centre	INCOIVIE : elink Statements and Pensions etc.	Yes / No			
Other Salary Income: includin		ions etc.				
Termination Payment State	ments:		Yes / No			
Interest Earned: on bank acco	ounts. You may wish to provide	us with the bank statements.				
Name of Bank Accou	nt No. Interest Received	(\$) TFN Withholding (\$) Joint Accou	nt (Y/N)			
Dividend Statements:			Yes / No			
This includes dividend stater	nents for cash dividends an	d Dividend Reinvestment Plan (DRP) allotr	nents. Altho			
you do not physically receive	e money from a DRP, the co	mpany uses the amount owed to you in c	lividends to			
more shares on your behalf.	This amount is therefore in	come for the purpose of your income tax r	eturn.			
Trusts/Managed Funds Ann	ual Taxation Statements: in	cluding BT funds, Colonial and Westfield etc.	Yes / No			
Capital Gains:			Yes / No			

Capital gains are earned on the sale of assets, such as shares or property, acquired after 20 September 1985. Please provide documentation of the purchase date and cost, as well as the sale date and proceeds.

8. Rental Income:

Should you use an agent, please provide us with the annual summary provided by your agent.

Please notify us of:

- Total income received (i.e. rent and reimbursement of expenses by tenant)
- Total expenses paid (i.e. council and water rates, insurance, emergency services levy, repairs)
- Interest paid on loans as documented by the bank statements

Rental properties for which information is attached: ______

Also, if you purchased a property after 1 July 2018 please supply the settlement and purchase documents.

9. Any other income:

Please provide details and documentation of any income you received that <i>either doesn't fit into the above categories or for which the appropriate tax treatment is unknown, for example income from deceased estates.

PLEASE PROVIDE TO US IN RELATION TO YOUR DEDUCTIONS:

1. **Motor Vehicle:** Did you use your own car for business/work purposes throughout the year? Yes / No

If yes, please provide information for <u>one</u> of the following methods:

Log Book Method – Business % Use:

- Business use percentage: _____%
- Expenses incurred over the financial year:

Fuel & Oil:	\$
Registration:	\$
Insurance	\$
Repairs and Maintenance:	\$

- Interest paid on car loan (where applicable) and the cost of the car.
- Copy of the hire purchase contract (where applicable).
- Lease payments (where applicable).

Kilometres Method:

If you have not kept a logbook, but use your car for work, you can still claim the kilometres you travelled for work. The maximum the tax office allows you to claim is 5,000 kilometres at a flat rate of 68 cents per kilometre.

Kilometres travelled:_____

2. Work Uniform: Deduction allowed for protective clothing or uniforms with a logo.

If were you out of pocket throughout the year after purchasing any new items please provide details:

3.	Living away from home allowance:							
	If you have incurred expenses while living away from home, please include the receipts or a summary of y							
	of pocket expenses.							
4.	Work Related self-education expense:							
	Course and other fees	\$						
	Books, stationery and equipment purchases	\$						
	Seminars and travel	\$						
5.	Other work related expenses:							
	Home office expenses, computer and software	\$						
	Telephone/mobile phone	\$						
	Tools and equipment, depreciation	\$						
	Subscriptions and union fees	\$						
	Journals/periodicals	\$						
	Sun Protection Products (i.e. sunscreen and sunglasses)	\$						
	Seminars and courses not with an educational institution	\$						
	Any other work related deductions (please specify)	\$						

Note: If you have attended University now or in the past and are paying off your fees through HECS then please provide us with your HECS Statement to include in your return.

6.	Sickness and accident insurance/income protection:	Yes / No
7.	Donations/school building fund:	Yes / No

PLEASE PROVIDE TO US IN RELATION TO REBATES:

1.	Private Health Insurance: Do you have private health insurance?	Yes / No
2.	Spouse:	
	Did you have a spouse for the full financial year?	Yes / No
	If Yes, for part of the year: From: To:	
	If Yes, what was your spouse's income for full financial year?	
	How many dependent children do you have?	
	Did you pay child support in the financial year, if so how much? \$	

3. Superannuation:

Have you made any personal contributions to a superannuation fund?Yes / NoIf yes, please provide the notice of intent to claim form from your super fund.Without this confirmation from your super fund no claim can be made.

4. **Other:** Please detail anything else you would like us to be aware of.

I declare that all the information supplied is correct and I have the required invoices/receipts to substantiate my claims.

Signature	
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Date					