



# 2019 - 2020 Tax Return Checklist

This will allow you to collate your relevant information. Once completed please save and upload to your client portal. If your client portal has not been set up yet, please contact us on 07 3359 5244 or at [service@affinitasaccounting.com.au](mailto:service@affinitasaccounting.com.au).

Name:

Have any of your contact details changed? If so, please fill out the below, if not please go to Occupation.

Address:

State:  Post Code:

Has your name changed throughout the year (marriage/ separation etc)? If yes, please provide maiden name.

No  Yes

Phone:

E-mail:

Occupation:

Did you live in Aust for the full year:  Yes  No

Bank Acct Details: BSB:  Acct:

Name on Account:

Have you paid Child Support?  Yes  No If yes, \$

Do you have a spouse (married or de facto):  Yes  No Name:

If not married/de facto for the full year please specify the date change:

Spouse Date of Birth  Spouse's income \$

## Private Health Insurance / Medical Surcharge

Did you have private health insurance?  Yes  No

If yes, please supply your annual statement.

## Income

### 1. PAYG Summaries/Income Tax Statement

Please attach all certificates, termination statements and other documents received from your employer/s, including Centrelink payments.

### 2. Pensions / Superannuation / Centrelink Payments

Please attach certificates etc

### 3. Interest received

Banks, Building Societies, Cash Management Trusts, etc

Institution	Acc No	Total Interest	Number of Acc holders
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### 4. Did you receive BOS income?

Yes

No

(Flight Centre only)

### 5. Dividends, Trust Partnership Distributions received

Please include copies of Statements

### 6. Capital Gains (eg Sale of Investment Property or Shares)

Attach documentation of purchase date and price, and subsequent capital expenditure incurred and sale date and price.

### 7. Share Demerger Schemes?

Did you own any shares subject to demerger?

Yes

No

If so, we will need details of your shareholdings and the demerger documentation received to calculate capital gains.

### 8. Any other income or capital received?

**Expenses – any expenses reimbursed or paid by salary sacrifice cannot be claimed.**

**1. Motor Vehicle** – includes driving to meetings/conferences/job to job etc. Does not include travel between home and work

Written evidence kept? Yes  No  Cents per km - No. of kms travelled for work:

Make  Rego of Vehicle:

You must be able to explain why you used your motor vehicle for work purposes and, if using cents/km method, how you calculated kms. **(log book, please discuss with your tax consultant)**

**2. Other work related Travel expenses (Not Educational Travel, but include travel to seminars, conferences etc)**

**Amount claimed** **Written evidence kept?**

Transit Fares including Train and Bus \$   Yes  No

Taxis/Parking/Tolls \$   Yes  No

Please explain why you incurred these expenses for work purposes.

**3. Uniform, Clothing and Laundry Expenses**

Deductions are only allowable for: Registered logoed uniforms; occupation specific or protective clothing including high visibility. (Please note that shoes & stockings are not deductible).

**Amount claimed** **Written evidence kept?**

Dry cleaning \$   Yes  No

Alterations/Mending \$   Yes  No

Additional Purchases (from your own money) \$   Yes  No

Laundry  
Number of washes per week

Washed separately or mixed with everyday clothing

**4. Self Education Expenses– study must be directly related to your employment eg Speciality Training study or Masters Degree**

Written evidence kept? Yes  No

Please explain how these expenses relate to your income.

Name of course:  Institution:

Date you commenced the course?  Fees: \$  Travel/Accommodation: \$

Books, stationery etc: \$  Other (please specify)

Do you study from Home? Yes  No  If Yes, do you use your internet at home to assist with your study? Yes  No

**5. Additions to depreciable assets used in earning your income**

Item	Amount	Work Use (%)	Purchase Date	Receipt	
Computer:	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other:	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**6. Income Protection Insurance: Please supply letter from Insurer**

(Not health or life insurance and it is not part of your superannuation account – rather it is a free standing policy with a company such as AMP etc)

Company that the policy is held with  \$

**7. Additional personal super contributions**

Have you made additional personal contributions to your super fund?

Yes  No

If YES, a notice of intent to claim and an acknowledgement from your super fund is required to be able to claim this as a tax deduction

**8. Work use of Home Office - Running costs of home Office –**

Have you kept a diary for one month to substantiate your claim?  Yes  No

How many hours spent on average each week working from the home office:

From July to February?

From March to June? (covid period)

**9. Interest & Dividend deductions**

Do you have a margin loan or investment loan  Yes  No

If so, how much interest did you pay throughout the year? \$

Did you prepay any interest?  Yes  No \$

**10. Other work expenses**

	Total Amount	Work %	Written evidence kept?	
Subscriptions/Memberships	\$ <input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Stationery	\$ <input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Seminars/Conferences	\$ <input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mobile Phone	\$ <input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(Please keep a diary & bills for one month to substantiate claim)				
Internet Connection (If used for work)	\$ <input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(Please keep a diary & bills for one month to substantiate claim)				
Other (please specify) <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**11. Donations (eg World Vision, Red Cross etc)**

Have you kept receipts

Yes  No

Charity Name:  \$

Charity Name:  \$

School Building Levy:  \$

If you buy lottery tickets & tickets in raffles, these are not a donation. To be deductible you must not get anything in return for your donation.

**13. Other Deductions**

Tax Agent Fees (previous year) \$

Any other expenses related to income that is not shown elsewhere?

## Rental Property Schedule – For Investment property owners only

For the period 1 July  to 30 June

Address of property

Date property first became available for rent:

Number of week's property was rented for:

Ownership %:

Private Use – number of days

### Income:

Rental Income (a)

Other Rental Related Income (b)

**Total Rent: (a + b) (c)**

### Expenses:

Advertising for Tenants

Body Corporate

Borrowing Expenses

Cleaning

Council Rates

Depreciation on Plant

Gardening/Lawn Mowing

Insurance

Interest on Loan(s)

Land Tax

Legal Fees

Pest Control

Property Agent Fees/Commission

Repairs & Maintenance

Special Building Write Off  Please supply copy of quantity surveyor / depreciation report

Stationery, Telephone & Postage

Water Charges

Sundry Rental Expenses

**Total Expenses w)**

**Net Rent (c-w)**