**2019 Individual Income Tax Return Checklist**

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| --- | --- |
| **Full Name** |  |
| **Tax File Number (TFN)** |  |
| **Has name changed since last return?** | Yes / No  If Yes, previous name : |
| **Date of birth** |  |
| **Are you an Australian resident?** | Yes / No / Unsure |
| **ABN (if applicable)** |  |
| **Address** |  |
|  |
|  |
|  |
| **Address (postal)**  *(Put ‘as above’ if the same)* |  |
|  |
|  |
| **Telephone contacts** | Mobile: |
| Business Hours (work) : |
| After Hours (home): |
| **Email** |  |
| **Electronic banking details**  *(for refund if applicable)* | BSB: |
| Account Number: |
| Account Name: |
| **Main occupation** |  |
| **Spouse name and TFN** |  |

Please circle YES or NO for each of the items listed below:

**INCOME – Please provide evidence**

1. Salary or wages ............................................................................................................................ YES/NO

2. Allowances, earnings, tips, director’s fees etc. .............................................................................. YES/NO

3. Employer lump sum payments ...................................................................................................... YES/NO

4. Employment termination payments ............................................................................................... YES/NO

5. Australian Government allowances and payments like Newstart, Youth Allowance and

Austudy payments ........................................................................................................................ YES/NO

6. Australian Government pensions and allowances ......................................................................... YES/NO

7. Australian annuities and superannuation income streams ............................................................. YES/NO

8. Australian superannuation lump sum payments ........................................................................... YES/NO

9. Attributed personal services income ............................................................................................. YES/NO

10. Gross Interest ............................................................................................................................... YES/NO

11. Dividends ...................................................................................................................................... YES/NO

12. Employee share schemes ............................................................................................................. YES/NO

13. Distributions from partnerships and/or trusts ................................................................................. YES/NO

14. Personal services income (PSI) .................................................................................................... YES/NO

15. Net income or loss from business (as a sole trader) ..................................................................... YES/NO

16. Deferred non-commercial business losses .................................................................................... YES/NO

17. Net farm management deposits or repayments ............................................................................. YES/NO

18. Capital gains ................................................................................................................................. YES/NO

19. Foreign entities:

• Direct or indirect interests in controlled foreign company ......................................................... YES/NO

• Transfer of property or services to a non-resident trust ............................................................ YES/NO

20. Foreign source income (including foreign pensions) and foreign assets or property ..................... YES/NO

21. Rent ........................................................................................................................................... YES/NO

22. Bonuses from life insurance companies or friendly societies ........................................................ YES/NO

23. Forestry managed investment scheme income ............................................................................. YES/NO

24. Other income (please specify below) ............................................................................................. YES/NO

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**DEDUCTIONS – Please provide evidence**

**D1. Work related car expenses**

− Cents per kilometer method (up to a maximum of 5,000 kms) ................................................. YES/NO

− Log book method ..................................................................................................................... YES/NO

**D2. Work related travel expenses**

Employee domestic travel with reasonable allowance ................................................................... YES/NO

− If the claim is more than the reasonable allowance rate, do you have receipts for

your expenses? ........................................................................................................................ YES/NO Overseas travel with reasonable allowance .................................................................................. YES/NO

− Do you have receipts for accommodation expenses? .............................................................. YES/NO

− If travel is for 6 or more nights in a row, do you have travel records? (e.g. a travel diary)......... YES/NO Employee without a reasonable travel allowance .......................................................................... YES/NO

− Did you incur and have receipts for airfares? ........................................................................... YES/NO

− Did you incur and have receipts for accommodation? .............................................................. YES/NO

− Do you have receipts for hire cars (if applicable)? ................................................................... YES/NO

− Did you incur and have receipts for meals and incidental expenses? ...................................... YES/NO

− Do you have any other travel expenses? ................................................................................. YES/NO

Other work-related travel expenses (e.g., a borrowed car) (please specify) ................................... YES/NO

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**D3. Work related uniform and other clothing expenses**

Protective clothing ........................................................................................................................ YES/NO Occupation specific clothing .......................................................................................................... YES/NO Non-compulsory uniform ............................................................................................................... YES/NO Compulsory uniform ...................................................................................................................... YES/NO Conventional clothing .................................................................................................................... YES/NO Laundry expenses (up to $150 without receipts) ........................................................................... YES/NO Dry cleaning expenses .................................................................................................................. YES/NO Other claims such as mending/repairs, etc. (please specify) .......................................................... YES/NO

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**D4. Work related self-education expenses**

Course taken at educational institution:

− union fees ............................................................................................................................... YES/NO

− course fees .............................................................................................................................. YES/NO

− books, stationery ..................................................................................................................... YES/NO

− depreciation ............................................................................................................................. YES/NO

− travel ....................................................................................................................................... YES/NO

− other (please specify) .............................................................................................................. YES/NO

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**D5. Other work related expenses**

Home office expenses ................................................................................................................... YES/NO

Computer and software ................................................................................................................. YES/NO Telephone/mobile phone ............................................................................................................... YES/NO Tools and equipment ..................................................................................................................... YES/NO Subscriptions and union fees ........................................................................................................ YES/NO Journals/periodicals ...................................................................................................................... YES/NO Depreciation ................................................................................................................................. YES/NO Sun protection products (i.e., sunscreen and sunglasses) ........................................................... YES/NO Seminars and courses not at an educational institution:

− Course fees ............................................................................................................................. YES/NO

− Travel ...................................................................................................................................... YES/NO

− Other (please specify) ...........................................................................................................YES/NO

Any other work related deductions (please specify) ...................................................................... YES/NO

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**Other types of deductions**

D6. Low value pool deduction............................................................................................................... YES/NO D7. Interest deductions ....................................................................................................................... YES/NO D8. Dividend deductions ...................................................................................................................... YES/NO D9. Gifts or donations .......................................................................................................................... YES/NO D10. Cost of managing tax affairs ......................................................................................................... YES/NO D11. Deductible amount of undeducted purchase price of a foreign pension or annuity ........................ YES/NO D12. Personal superannuation contributions ......................................................................................... YES/NO Full name of fund: ....................................................................................................................................... Account no: .................................................................................................................................................

Fund ABN: ..................................................................................................................................................

Fund TFN: ...................................................................................................................................................

Have you provided the fund a notice of intention to deduct the contribution? ................................. YES/NO Has this notice been acknowledged by the fund? .......................................................................... YES/NO

D13. Deduction for project pool ............................................................................................................. YES/NO

D14. Forestry managed investment scheme deduction ......................................................................... YES/NO

D15. Other deductions (please specify) ................................................................................................ YES/NO

L1. Tax losses of earlier income years ............................................................................................... YES/NO

**Tax offsets/rebates – Please provide evidence**

T1. Are you a senior Australian or a pensioner?................................................................................... YES/NO

T2. Did you receive an Australian superannuation income stream? .................................................... YES/NO T3. Did you make superannuation contributions on behalf of your spouse? ........................................ YES/NO T4. Did you live in a remote area of Australia or serve overseas with the Australian defence

force or the UN armed forces in 2019? .......................................................................................... YES/NO

T5. Did you have net medical expenses in 2019? ................................................................................ YES/NO

If so, do these medical expenses include expenses relating to disability aids, attendant

care or aged care expenses?......................................................................................................... YES/NO T6. Did you maintain a dependent who is unable to work due to invalidity or carer obligations? .......... YES/NO T7. Are you entitled to claim the landcare and water facility tax offset? ............................................... YES/NO

**Other relevant information**

A. Are you entitled to the Medicare levy exemption or reduction in 2019? ............................................ YES/NO

(If yes, please specify): .......................................................................................................................................

......................................................................................................................................................... B. Did you have private health insurance in 2019? ............................................................................ YES/NO

(If yes, please provide the annual statement received from your health fund)

C. Were you under the age of 18 on 30 June 2019?........................................................................... YES/NO D. Did you become an Australian tax resident at any time during the 2019 income year? .................. YES/NO

E. Did you cease to be an Australian tax resident at any time during the 2019 income year?............. YES/NO

F. Did you make a non-deductible (non-concessional) personal super contribution? ......................... YES/NO

G. Do you have a HELP liability, Student Financial Supplement loan debt, Student Start-up Loan debt or Trade Support Loan debt? .................................................................................................................................. YES/NO

H. Are you a working holiday maker in Australia on a 417 (working holiday) VISA or 462 (working holiday) visa?........................................................................................................................................................YES/NO

I. Did a trust or company distribute income to you in respect of which Family Trust Distribution….YES/NO

J. Do you have a loan with a private company or have such a loan amount forgiven? ....................... YES/NO

(If yes, please specify) – (reviewer consider if deemed dividend in year under Division 7A):

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......................................................................................................................................................... K. Did you receive any benefit from an employee share acquisition scheme? ....................................... YES/NO L. Family Tax Benefit (‘FTB’):

– Did you have care of a dependent child in 2019? ............................................................................ YES/NO

– Did you or your spouse receive FTB through DHS in 2019? ........................................................... YES/NO M. Income tests information

– Do you have any total reportable fringe benefits amounts in 2019? ............................................... YES/NO

– Do you have any reportable employer superannuation contributions in 2019? ............................... YES/NO

– Did you receive any tax-free government pensions in 2019? ......................................................... YES/NO

– Did you receive any target foreign income in 2019?....................................................................... YES/NO

– Did you have a net financial investment loss in 2019? ................................................................... YES/NO

– Did you have a net rental property loss in 2019? ........................................................................... YES/NO

– Did you pay child support in 2019? ................................................................................................ YES/NO

– Number of dependent children \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

N. Spouse details (if applicable)

– Did you have a spouse for the full year from 1 July 2018 to 30 June 2019? ........... .................YES/NO

If you had a spouse for only part of the income year, please specify the date between 1 July 2018 to 30 June 2019 when you had a spouse: From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_\_\_

– What was your spouse’s taxable income for the 2019 income year? $........................

– Does your spouse have a share of trust income on which the trustee is assessed

under Section 98 that has not been included in your spouse’s taxable income......................... YES/NO

– Did a trust or company distribute income to your spouse in respect of which family trust

distribution tax was paid by the trust or company for the 2019 income year? ........................... YES/NO

– Did your spouse have any reportable fringe benefits amounts for the 2019 income year?........ YES/NO

– Did your spouse receive any Australian Government pensions or allowances

(not including exempt pension income) in the 2019 income year? ............................................ YES/NO

– Did your spouse receive any exempt pension income in the 2019 income year?...................... YES/NO

– Does your spouse have any reportable super contributions for the 2019 income year? ........... YES/NO

– Did your spouse receive any tax-free government pensions paid under the *Military*

*Rehabilitation and Compensation Act 2004*? ............................................................................ YES/NO

– Did your spouse receive any ‘target foreign income’ in the 2019 income year? ........................ YES/NO

– Did your spouse have a total net investment loss (i.e., the total of any financial

investment loss and a rental property loss) for the 2019 income year? .................................... YES/NO

– Did your spouse pay child support during the 2019 income year? ............................................ YES/NO

– If your spouse is 55 to 59 years old, did they receive a superannuation lump sum (other than a death benefit) during the 2019 income year that included a taxed element that

does not exceed their low rate cap? ......................................................................................... YES/NO

Dated the …………..... day of ……………………………………………20….....

Signature of taxpayer ....................................................................................................................................... Name (print) ......................................................................................................................................