

# Your Tax Return Checklist

## Income

Please keep in mind that the Australian Taxation Office has the ability to check your income against independent sources. In particular, this applies to PAYG Payment Summary income, interest received and dividends.

## Deductions

Please keep in mind that self-assessment applies. In the event of a Tax Office audit you will need to be able to substantiate the deductions claimed.

## Assets Sold

If you have sold any assets during the year please provide full details so we can determine whether Capital Gains Tax may apply to the transaction.

## You can complete this checklist on your computer or on a paper form:

### On your computer

1. **Save** this checklist to your computer (choose Save As). **Open Adobe Reader**, open the saved checklist and complete.
2. **Scan** your supporting documents, save as PDFs on your computer, and attach them to your email with your checklist.
3. **Open** your email program, attach completed checklist and supporting documents, and send to [hd@halesdouglass.com.au](mailto:hd@halesdouglass.com.au)

### Paper form

1. **Complete** as a paper form, sign and date.
2. **Gather** your supporting documents and attach.
3. **Return all** via post to PO Box 385 Ulladulla NSW 2539, or to our offices at 41 Deering Street, Ulladulla or L1, 30c Orient St, Batemans Bay.

**Questions?** Please contact us on (02) 4455 5333 with any queries or concerns.

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I hereby instruct you to prepare my Taxation Return for the financial year ended 30 June 2019.

I undertake to supply all information necessary to carry out such services, and will be responsible for the accuracy and completeness of such information.

I agree that the minimum fee for this assignment is \$242. Additional charges may apply to schedules for capital gains, rental properties, business and other items.

You are hereby authorised to communicate with my bankers, solicitors, finance companies and all government agencies such as the ATO to obtain such information as you require to carry out the above assignment.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Your completed tax return will be emailed to you unless you notify us of your preference to receive a paper copy.

## Client Details

No change from previous year

Full Name:

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Home Address:

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Postal Address: (If different from

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above) Email Address:

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Telephone:

Home \_\_\_\_\_ Business \_\_\_\_\_

Fax \_\_\_\_\_ Mobile \_\_\_\_\_

Your Occupation:

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Your Date of Birth:

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Would you like your fee deducted from your refund?

Yes

No

Please confirm your bank details

Bank and Branch:

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Account Name:

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BSB Number:

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Account Number:

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Electronic funds transfer of your tax refund will be available if you pay your account in full prior to lodgement of your tax return.

Yes

No

For New Clients, Is a copy of previous tax return attached?

Do you have a Government HECS/HELP debt or Student Start-Up loan?

Have you paid any PAYG instalments.

## Spouse Details

Did you have a Spouse for the full financial year?

Yes

No

If not for the full year please advise dates from

/

/

to

/

/

Spouse Name:

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Spouse Date of Birth:

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Spouse Tax File Number:

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Spouse Net Taxable Income:

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## Income

Did you receive any of the following:  
(If so please attach supporting documentation).

Yes

No

Copy Attached

PAYG Summary?

Allowances, Benefits or other earnings not on your PAYG summary?

Have you expended the above allowances in full?

Termination Payment?

Centrelink Allowance? (Newstart, etc)

Government Pension or Allowances?

Any other Pension?

Interest Received?  Yes  No

Bank		\$	
		\$	
		\$	
		\$	

Dividends from Share Holdings?  Yes  No

Company Name	Dividend	Franking Credit
	\$	\$
	\$	\$
	\$	\$
	\$	\$

Did you receive income from a Partnership?  Yes  No \$

Name of Partnership

Did you make Personal Superannuation Contributions?  Yes  No \$

If so have you advised your Super fund in writing that you will be claim a tax deduction against these payments.  Yes  No

Did you write to your fund to advise the amount you intend to claim as a deduction?  Yes  No

Can you confirm that the fund has provided you with an acknowledgement of your intent to claim a deduction? Please attach.  Yes  No

Trust Income (including Managed Funds)?  Yes  No \$

Name of Trust / Managed Funds:

Capital Gains (Sale of Share, property etc)?  Yes  No \$

Foreign Income (If yes, please contact your Client Manager for an alternative questionnaire)?  Yes  No \$

Do you have a rental property?  Yes  No

Address:

Is this a new property?  Yes  No

If yes when was the settlement date

Do you have a Depreciation & Capital Works write off schedule?  Yes  No

Rent Received:	\$	<i>Provide annual statement from Real Estate Agent</i>
Other Income:	\$	
Advertising:	\$	
Bank Charges:	\$	
Body Corporate / Strata Levies:	\$	
Borrowing Costs:	\$	
Cleaning:	\$	
Council Rates:	\$	
Water Rates:	\$	

Insurance:	\$	<input type="text"/>
Land Tax:	\$	<input type="text"/>
Loan Interest:	\$	<input type="text"/>
Management Fees:	\$	<input type="text"/>
Repairs & Maintenance:	\$	<input type="text"/>
Travel Expenses:	\$	<input type="text"/>
Gardening Expenses:	\$	<input type="text"/>
Other Expenses: (Please advise)	\$	<input type="text"/>

## Deductions

	Yes	No	Amount
Work Related Travel Expenses: (Taxis, buses, airfares, Accommodation, tolls, parking)	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>

Provide Details: \_\_\_\_\_

Work Related Uniform & Clothing:	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>
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Provide Details: \_\_\_\_\_

Laundry/Dry Cleaning:	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>
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Interest & Dividend Deductions:	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>
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### Work Related Car Expenses:

Car Make:  Car Model:  Business Kilometres travelled:

Note: Business kilometres are kilometres travelled in relation to earning income but (exclude travel between home and work even if the trip is made more than once a day).

Did you keep a log book?  Yes  No

Registration Number:

Business Use:  %

Fuel/Oil: \$

Insurance: \$

Registration: \$

Repairs & Maintenance: \$

Interest on finance: \$

or

Lease Payments: \$

Tax Agents Fees (New Clients Only)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ <input type="text"/>
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Work Related Self Education	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ <input type="text"/>
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(Course Fees, text books, union fees, travel etc)

<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>

Other Work Related Expenses?

Subscriptions: \$ \_\_\_\_\_

Conferences & Seminars: \$ \_\_\_\_\_

Journals: \$ \_\_\_\_\_

Rent: \_\_\_\_\_ % \$ \_\_\_\_\_

Internet: \_\_\_\_\_ % \$ \_\_\_\_\_

Computer: \_\_\_\_\_ % \$ \_\_\_\_\_

Stationery: \$ \_\_\_\_\_

Telephone: \$ \_\_\_\_\_

Mobile Phone: \$ \_\_\_\_\_

Union Fees: \$ \_\_\_\_\_

Sun Protection: \$ \_\_\_\_\_

Tools (Provide details): \$ \_\_\_\_\_

Donations to charities: \$ \_\_\_\_\_

Date Purchased \_\_\_\_\_

Do you wish to claim home office expenses for income Producing activities?  Yes  No

If yes how many hours do you spend in your office per week for work related purposes? Note that a diary of usage should be kept for a minimum of 4 weeks each year for substantiation requirements.

No of Hours per week \_\_\_\_\_ No of Weeks per year. \_\_\_\_\_

Do you have Income Protection/Sickness & Accident Insurance?  Yes  No \$ \_\_\_\_\_

Did you have Private Hospital Cover for the Full Financial Year?  Yes  No \$ \_\_\_\_\_

(If only for part year please advise dates) From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Health Fund Name: \_\_\_\_\_ *Provide Health Fund Statement*

Membership Number: \_\_\_\_\_

No. of dependent Children: \_\_\_\_\_

Age of dependent Children: \_\_\_\_\_

**Business Income**

Business Income?  Yes  No \$ \_\_\_\_\_  
 (If yes, please contact your Client Manager for an alternative questionnaire)

**Other Income**

Other Income? (Please provide supporting documentation)  Yes  No \$ \_\_\_\_\_

Would you like advice on any of the following?

Setting up a Business?  Yes  No

Loans: Business, investment, equipment?  Yes  No

Self-Managed Super Funds?  Yes  No

Financial Planning:  Yes  No

Insurance: Life/Trauma/Income Protection  Yes  No

Finance: Leasing / Mortgage  Yes  No

Other: Please Specify \_\_\_\_\_

## Notes and Further Information:

Please ensure you supply all relevant documentation with this questionnaire.

1. Save this checklist to your computer (choose Save As). Open Adobe Reader, open the saved checklist and complete.
2. Scan your supporting documents, save as PDFs on your computer.
3. Open your email program, attach completed checklist and supporting documents, and send to [hd@halesdouglass.com.au](mailto:hd@halesdouglass.com.au)