

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

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.

I hereby instruct you to prepare my Taxation Return for the financial year ended 30 June 2021.

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, solicitor, 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: _____

Home Address: _____

Postal Address: (If different from

above) Email Address: _____

Telephone:

Home _____ Business _____

Fax _____ Mobile _____

Your Occupation: _____

Your Date of Birth: _____

Would you like your fee deducted from your refund? Yes No

Please confirm your bank details

Bank and Branch: _____

Account Name: _____

BSB Number: _____

Account Number: _____

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

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

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

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

<input type="checkbox"/>	<input type="checkbox"/>
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Have you paid any PAYG instalments.

<input type="checkbox"/>	<input type="checkbox"/>
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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: _____

Spouse Date of Birth: _____

Spouse Tax File Number: _____

Spouse Net Taxable Income: _____

Income

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

	Yes	No	Copy Attached
PAYG Summary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Allowances, Benefits or other earnings not on your PAYG summary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you expended the above allowances in full?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Termination Payment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Centrelink Allowance? (Newstart, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Government Pension or Allowances?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other Pension?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 claiming 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: \$ _____ *Provide annual statement from Real Estate Agent*

Other Income: \$ _____

Advertising: \$ _____

Bank Charges: \$ _____

Body Corporate / Strata Levies: \$ _____

Borrowing Costs: \$ _____

Cleaning: \$ _____

Council Rates: \$ _____

Water Rates: \$ _____

Insurance: \$ _____
 Land Tax: \$ _____
 Loan Interest: \$ _____
 Management Fees: \$ _____
 Repairs & Maintenance: \$ _____
 Travel Expenses: \$ _____
 Gardening Expenses: \$ _____
 Other Expenses: (Please advise) \$ _____

Deductions

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

Provide Details: _____

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

Laundry/Dry Cleaning:	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
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Interest & Dividend Deductions:	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
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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	\$ _____
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Work Related Self Education	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
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(Course Fees, text books, union fees, travel etc)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

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

No of Hours per week No of Weeks per year.

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.

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?

	Yes	No
Setting up a Business?	<input type="checkbox"/>	<input type="checkbox"/>
Loans: Business, investment, equipment?	<input type="checkbox"/>	<input type="checkbox"/>
Self-Managed Super Funds?	<input type="checkbox"/>	<input type="checkbox"/>
Financial Planning:	<input type="checkbox"/>	<input type="checkbox"/>
Insurance: Life/Trauma/Income Protection	<input type="checkbox"/>	<input type="checkbox"/>
Finance: Leasing / Mortgage	<input type="checkbox"/>	<input type="checkbox"/>

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
4. Thankyou.