

2019 Income Tax Return Checklist

Full Name:		
Address:		
Date of birth:		
Tax file number:		
Contact no:		
Email:		
Bank details for your refund:	BSB	Account No.
Occupation during financial year:		

Income

- Number of PAYG Payment Summaries attached:
- Number of Employment Termination Payments attached:
- Did you receive any Interest income during the year? Yes No Amount \$
- Did you receive any Dividend income during the year? Yes No
- Did you dispose of any investments during the year? Yes No
- Did you receive a Distribution from a Partnership or Trust? Yes No
- Did you receive any Rental income? Yes No
- Did you receive any Government payments? Yes No
- Did you receive any Foreign Income? Yes No
- Were you a Working Holiday Maker? (Visa 417 or Visa 462) Yes No
- Were you an Australian Resident for the full financial year? Yes No

Deductions

- Did you use your vehicle for work travel during the year? Yes No

Vehicle make/model	
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Total work kilometres travelled for the year:

Provide reason(s) for travel:

*E.g. Carry bulky tools or equipment that you cannot leave at work, attend conferences or meetings, deliver items or collect supplies, perform itinerant work, etc. *Where travel has exceeded 5,000kms please include details of all MV expenses incurred and your business usage percentage (determined via the use of a log book over a continuous period of 12 weeks).*

- Did you incur any work-related travel expenses such as flights, tolls, parking, etc.?

Details	Cost	Receipts
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

- Did you incur any work-related uniform*, clothing, laundry, protective equipment?

Details	Cost	Receipts
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

*This is a uniform, either compulsory or non-compulsory that is unique and distinctive to the organisation for whom you work.

15. Did you have any self-education expenses relating to your job? Yes No

Date	Description	Cost

16. Did you incur any other work-related expenses?

Date	Description	Cost	Percentage
	Professional developments courses		
	Professional memberships and subscriptions		
	Professional journals/trade magazines		
	Stationery and home office expenses		
	Depreciable assets bought during year (i.e. laptop)		
	Income protection insurance premiums		100%
	Mobile phone expenses		
	Tools and equipment		

*Please provide your work-related percentage of the cost (e.g. mobile phone used 40% for work, laptop used 20% for work)

17. Did you make any donations of \$2 or more?

Recipient	Amount

18. What was your tax preparation fee last year? \$

19. Do you have an outstanding HELP/SFSS/TLS debt? Yes No

20. Did you have a spouse during the year? Yes No

Your spouse's full name:

Your spouse's date of birth:

Number of days you were together during the year:

Taxable income of spouse (de-facto or married): \$

21. Did you pay any child support? Yes No

Amount paid: \$

22. Do you have dependent children? If so, how many?

23. For the whole of the financial year did you and all your dependents have private patient hospital cover? Yes No

If you had private health during the year, please attach your annual statement.