

2024 Income Tax Return Checklist

Standard individual with salary and wages income

| | | | |
|----------------------------|-----|----------------------|--|
| Full name | | | |
| Postal address | | | |
| Residential address | | | |
| Email address | | | |
| Mobile phone | | | |
| Tax file number | | Date of birth | |
| Bank details | BSB | Account number | |

During the period 1 July 2023 to 30 June 2024:

| | | | | | |
|--|---|---|---|---|----|
| How many employers did you have? | 0 | 1 | 2 | 3 | 4+ |
| What was your main occupation title ? | | | | | |

| | | | |
|---|-----|----|-------------|
| Did you earn any bank interest income? | Yes | No | Amount: |
| Did you earn any share dividend income? | Yes | No | |
| Did you earn any managed funds income? | Yes | No | |
| Did you buy, trade, or sell any cryptocurrency ? | Yes | No | |
| Did you have an investment property ? | Yes | No | |
| Did you sell any assets during the financial year? | Yes | No | Asset type: |

| | | | | | |
|---|---|---|---|---|----|
| How many dependent children lived with you? <small>*Children up to 21 years of age and full-time students under 25 years.</small> | 0 | 1 | 2 | 3 | 4+ |
|---|---|---|---|---|----|

| | | | | |
|---|-----|----|-------------|----------------|
| Did you have private health insurance ? | Yes | No | Provider: | |
| What type of private health insurance coverage did you have? | | | Extras Only | Hospital Cover |

| | | |
|---|-----|----|
| Did you have a spouse (married or de facto)? | Yes | No |
|---|-----|----|

| | | | |
|----------------|--|--|--|
| Spouse's name: | | | |
|----------------|--|--|--|

| | | | |
|---------------|--|--------------------------|----|
| Spouse's DOB: | | Spouse's taxable income: | \$ |
|---------------|--|--------------------------|----|

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

You can't claim car expenses for travel between home and work or vice versa, even if you live a long way from your work. You also can't claim car expenses if you were reimbursed for them by your employer.

| | | | |
|----------------------|--|----------------|--|
| Vehicle make / model | | Rego number | |
| Purchase price | | Date purchased | |

Choose Option A unless you possess a current logbook, in which case you may choose Option B.

| | |
|----------|--|
| A | Claiming the cents per kilometre method |
|----------|--|

| | | |
|--|---------------|-----|
| Total work kilometres travelled for the year: | *Max 5,000kms | kms |
|--|---------------|-----|

| | |
|----------|------------------------------------|
| B | Claiming the logbook method |
|----------|------------------------------------|

| | | |
|--|-----|----|
| Do you have a current logbook ? <i>*Each logbook you keep is valid for 5 years, but you may start a new logbook at any time.</i> | Yes | No |
|--|-----|----|

| | |
|--|--|
| What date was your logbook completed? | |
|--|--|

| | |
|---|---|
| What percentage of your vehicle's usage was for work purposes? | % |
|---|---|

Provide your **vehicle's expenses** for the year. Provide actual costs, not estimates.
**Provide whole amounts and we'll apportion them based on your work-related percentage.*

| | | | |
|-------------------------|----|--------------|----|
| Registration | \$ | Insurance | \$ |
| Repairs and Maintenance | \$ | Fuel and oil | \$ |
| Interest | \$ | Other | \$ |

| | | |
|---|-----|----|
| Did you incur any work-related travel expenses ? | Yes | No |
|---|-----|----|

Types of expenses may include public transport, air travel, taxi fares, ride-share fees, road tolls, parking fees, short-term car hire, meals, incidental expenses, accommodation, etc.

- expense type and total:
- expense type and total:
- expense type and total:

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

Yes

No

This is a uniform, either compulsory or non-compulsory that is unique and distinctive to the organisation for whom you work. You can claim the costs of washing, drying, and ironing eligible work clothes, or having them dry-cleaned. You must have written evidence, such as diary entries and receipts, for your laundry expenses if the amount of your claim is greater than \$150.

• expense type and total:

• expense type and total:

• expense type and total:

Did you have any **self-education expenses** relating to your job?

Yes

No

Self-education expenses are deductible when the course you undertake leads to a formal qualification. The course must have a sufficient connection to your current work activities as an employee and: maintain or improve the specific skills or knowledge you require in your current work activities; and result in, or is likely to result in, an increase in your income from your current work activities.

• expense type and total:

• expense type and total:

Did you use your **home office** for work purposes?

Yes

No

To claim home office, you need to have a dedicated work area, such as a home office when you perform any work from home.

What is the total number of hours you worked from home in the year?

Did you keep a record of all the hours you worked from home?

**E.g., a timesheet, roster, diary, or similar document.*

Yes

No

Total home energy expenses (electricity and gas) paid for the year?

What percentage of your home's energy expenses were work-related?

%

Did you use your **home internet** for work-related purposes?

Yes

No

If you used your own internet for work purposes, you may be able to claim a deduction if you spent the money yourself; the expense was directly related to earning your income, and you have a record to prove it.

What was your average monthly home internet cost?

What percentage of your home internet usage was work-related?

%

Did you use your **mobile phone** for work-related purposes?

Yes

No

If you used your own mobile phone for work purposes, you may be able to claim a deduction if you spent the money yourself; the expense was directly related to earning your income, and you have a record to prove it.

What was your average monthly mobile phone bill?

What percentage of your mobile phone usage was work-related?

%

| | | |
|---|-----|----|
| Did you incur any other work-related expenses? | Yes | No |
|---|-----|----|

Items may include books, periodicals, digital information, protective glasses, cosmetics containing sun protection, overtime meals, seminars, conferences, education workshops, union fees, subscriptions to associations, tools, or equipment <\$300, stationery, briefcases, satchels, etc.

- expense type and total:
- expense type and total:
- expense type and total:
- expense type and total:

| | | |
|--|-----|----|
| Did you purchase any tools, equipment, etc. that cost over \$300? | Yes | No |
|--|-----|----|

If you bought tools, equipment, or other assets to help earn your income, you can claim a deduction for some or all the cost. If you use the tools for both work and private purposes, you will need to apportion the amount you claim. If you have a computer that you use for private purposes for half of the time, you can only deduct 50% of the cost.

- item description, date of purchase, purchase price, and work-related percentage:
- item description, date of purchase, purchase price, and work-related percentage:

| | | |
|---|-----|----|
| Did you make any donations of \$2 or more? | Yes | No |
|---|-----|----|

- recipient and total:
- recipient and total:

| | | | |
|---|-----|----|--------|
| Did you pay any tax agent / accounting fees? | Yes | No | Amount |
| Did you make any post-tax super contributions? <i>*Does not include salary sacrifice.</i> | Yes | No | Amount |

| | | |
|---|-----|----|
| Did you submit a notice of intent to claim a tax deduction form to your super fund for the contributions you made? | Yes | No |
|---|-----|----|

| | | | |
|--|-----|----|---------|
| Did you pay any income protection insurance? <i>*Excludes policies covered within your super fund.</i> | Yes | No | Amount |
| Did you pay any child support? | Yes | No | Amount |
| Do you have any HELP / SFSS / TSL debt? | Yes | No | Balance |

| | | | |
|---|--|--|--|
| Do you have any notes or comments for GTS? <i>*If you're a new client referred by someone, provide their name here.</i> | | | |
|---|--|--|--|