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Personal Tax Return Checklist – 2020

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| --- | --- | --- | --- |
| Client: |  | Date: |  |

To assist us in preparing your income tax return, please use this checklist when you compile your information. **If you answer “YES” to any questions, please provide details for that question and attach relevant documents.**

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

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

We understand completing this Checklist takes considerable time and effort. However, this process is worthwhile as this Checklist will enable us to process your work quickly and efficiently because we will have all the necessary information at hand to complete the work.

If you have any queries or concerns, please do not hesitate to contact us.

*I/We hereby instruct you to prepare our Taxation Returns for the financial year ended 30 June 2020.*

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

*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 enable you to carry out the above assignment.*

|  |  |  |
| --- | --- | --- |
| *Name:* |  | *Signature:* |
| *Date:* |  |  |

Please assist us by updating the following details:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Full name: |  | | | | | | | | | | | | |
| Home address:  Postal Address: |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Telephone: | Home | |  | | | Business | | |  | | | | |
|  | Fax | |  | | | Mobile | | |  | | | | |
| Email address:  *(For our records)* |  | | | | | | | | | | | | |
| Your occupation: |  | | | | | | | | | | | | |
| Date of birth: |  | | | | | | | | | | | | |
| Spouse’s name: |  | | | | | | | | | | | | |
| Spouse’s date of birth: |  | | | | | | | | | | | | |
| Period that you had a spouse during the year: | \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_ to \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_ All year | | | | | | | | | | | | |
| If we do not prepare your spouse’s tax return please provide their taxable income: $\_\_\_\_\_\_\_\_\_\_\_\_\_  (this is required for determining your Medicare levy and entitlement to rebates) | | | | | | | | | | | | | |
| ***The Australian Tax Office is only paying refunds via Electronic Banking Transfers (EFT).***  ***Please supply your banking details for your refund.*** | | | | | | | | | | | |  |
| Bank and Branch: |  | | | | | | | | | | | | |
| Name of Account Holder: |  | | | | | | | | | | | | |
| BSB number: |  | | | | | | | | | | | | |
| Account number: |  | | | | | | | | | | | | |
| Do you have a myGov account? Yes  No  If so, have you linked this to the ATO? Yes  No  By linking your myGov account, all correspondence from the ATO, including Notices of Assessment will be delivered electronically direct to you. Wise Accountants will no longer receive a paper copy of any correspondence. | | | | | | | | | | | | | |
| **Please provide the following information for each dependent child:** | | | | | | | | | | | | | |
| **Name** | | **Date of Birth** | | **Gender** | | | **Taxable Income** | **Full Time Student?** | | | **Full Care or Shared?** | | |
| Male | Female | | Yes | | No |
|  | |  | |  |  | |  |  | |  | % | | |
|  | |  | |  |  | |  |  | |  | % | | |
|  | |  | |  |  | |  |  | |  | % | | |
|  | |  | |  |  | |  |  | |  | % | | |
|  | |  | |  |  | |  |  | |  | % | | |

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| --- | --- | --- | --- | --- | --- |
|  | If we are preparing your return for the first time: | | Yes | No | ? |
|  | Please provide: | | | | |
|  | A copy of your last tax return, taxation assessment and PAYG instalment notices. NOT REQUIRED IF WISE LODGED YOUR RETURN LAST YEAR. |  |  |  |  |
|  | Copies of any other correspondence with the Tax Office such as objections, penalties, Statement of Account, Garnishee Notice, Final Notice to Lodge. |  |  |  |  |
|  | Income | How much? | Yes | No | ? |
|  | Have you received any of the following payments? | | | | |
|  | PAYG Payment Summaries from employment? It is possible you have not been provided with these, but if already lodged with the ATO we will be able to access. | No: |  |  |  |
|  | Any allowances, benefits and other earnings **not** on your PAYG Payment Summary? **Type of allowance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | $ |  |  |  |
|  | Employment Termination Payments Payment Summary? | $ |  |  |  |
|  | Government pensions, allowances and payments?e.g. Age Pension, Youth Allowance, Newstart etc | $ |  |  |  |
|  | An Australian Annuity or Superannuation Pension? | $ |  |  |  |
|  | Reportable fringe benefits/ reportable super contributions? | $ |  |  |  |
|  | Interest from any source within Australia?**Who from? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | $ |  |  |  |
|  | Dividends from companies in Australia? (Including any reinvested) **Please provide dividend statements** | $ |  |  |  |
|  | Did you receive any shares from the company you work for? **Please provide details** |  |  |  |  |
|  | Income from partnerships, trusts or managed funds? | $ |  |  |  |
|  | Income from a business? **Please provide details** |  |  |  |  |
|  | Income from **overseas** such as pensions, interest, royalties, dividends, rent or any other foreign | $ |  |  |  |
|  | Have you sold or disposed of any assets in Aust or Overseas? **Please provide both purchase & sale details** |  |  |  |  |
|  | Have you received rental income or made your property available for rental? **Please complete the attached Rental Schedule** |  |  |  |  |
|  | Have you received any other income? Please provide details of any other income you have received. |  |  |  |  |

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| --- | --- | --- | --- | --- | --- |
|  | Deductions | How much? | Yes | No | ? |
|  | Expenses in relation to your employment that was covered in part (or in full) by a corresponding allowance | $ |  |  |  |
|  | Travel in relation to your employment?**Please provide your travel diary** |  |  |  |  |
|  | Did you have motor vehicle expenses?**Please complete the attached Motor Vehicle Schedule*****If you have travelled more than 5,000 business kilometres, ensure you have a current logbook on record within the last 5 years, detailing 12 continuous weeks of use.*** |  |  |  |  |
|  | Uniform or protective clothing required for your job which identify your occupation (e.g. nurse’s uniform) or your employer (e.g. shirt with logo)Safety boots, goggles, aprons, dustcoats, overalls?Sunscreen and outdoor protection products? | $  $  $ |  |  |  |
|  | Laundry/maintenance of uniforms and protective clothing? | $ |  |  |  |
|  | Self education (Work related studies)?**Is there a direct connection to your employment?** | $ |  |  |  |
|  | Union Fees/ professional memberships? | $ |  |  |  |
|  | Purchase, insurance or repairs to work related equipment? | $ |  |  |  |
|  | Sickness and Accident, or Income Protection Insurance? | $ |  |  |  |
|  | Telephone (mobile and home) expenses% of work related calls? | $  % |  |  |  |
|  | Computer and/or software% for work related purposes? | $  % |  |  |  |
|  | Books, journal subscriptions and professional libraries? | $ |  |  |  |
|  | Seminars, conferences and other training? | $ |  |  |  |
|  | Home office expenses e.g. light and power?**How many hours per week to 29th February 2020?** | Hrs /week |  |  |  |
|  | COVID – 19 relatedDid you work from home from 1st March 2020? **How many hours did you work from home from 1st March to 30th June 2020?**  Refer ATO attachment for further details. | Hrs /week |  |  |  |
|  | COVID – 19 relatedDid you need to purchase computer consumables, home office equipment or use your own phone during the period 1st March to 30th June 2020? **Please provide receipts.**  Refer ATO attachment for further details. |  |  |  |  |
|  | Personal super contributions to a complying superannuation fund (not employer contributions)? **Please provide notices** | $ |  |  |  |
|  | Expenses relating to any dividend or interest income including interest on any money borrowed for investment? | $ |  |  |  |
|  | Gifts or donations (including School Building Funds)? | $ |  |  |  |
|  | Tax Agent Fees? (If not Wise Accountants) | $ |  |  |  |
|  | Tax Audit Protection Insurance? | $ |  |  |  |
|  | Tax Offsets/Other | How much? | Yes | No | ? |
| .. | Is your normal residence located in a remote or isolated area of Australia? (Note this does not apply to fly in fly out arrangements) **Where did you live? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **From \_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_ to \_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_** |  |  |  |  |
|  | Have you contributed any superannuation on behalf of your spouse? | $ |  |  |  |
|  | ***Medical Expenses*** ***From 2019-20 you can claim no longer claim for disability aids, attendant care or Aged Care Fees.*** | $ |  |  |  |
|  | Are you exempt from paying the Medicare Levy?  **Please provide your exemption notice.** |  |  |  |  |
|  | Were you a member of a private health fund? Did you have hospital cover?  If so please provide **the annual tax statement. Funds no longer are providing these unless requested.**  **Name of Health Fund** |  |  |  |  |
|  | Do you have a HECS/HELP debt? | $ |  |  |  |
|  | Have you received any Family Tax Benefit during the financial year? | $ |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Other | How much? | Yes | No | ? |
|  | Have you become or ceased to be a resident of Australia during this financial year? |  |  |  |  |
|  | Have you paid any PAYG instalments throughout the year to the Tax Office?  **Please provide details** | $ |  |  |  |
| **Please note below any items that may require further information or explanation. We also value your feedback. Please provide comments below.** | | | | | |
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Thank you for completing this checklist.