

<b>Client Full Name:</b>		
<b>Contact phone number:</b>		
<b>Email address:</b>		
<b>Preferred method of contact (circle):</b>	Email	Phone

# Income Tax Return Checklist

*Please tick and supply the items that relate to you*

- PAYG Payment summary (group certificate)
- Employment termination payment summary
- Australian Government Pensions/allowances payment summary
- Australian Annuities/Superannuation lump sum payments/ Superannuation income streams
- Interest earned on bank accounts
- Dividends received
- Business income and expense information
- Trust/Partnership distribution income
- Capital Gains on sale of items such as investment property, shares etc (Please provide purchase and sale information for these items)
- Foreign income (including foreign pensions and investments)
- Investment property income and expenses
- Other income not already mentioned
- Private health insurance end of financial year statement
- Spouse information including full name, date of birth and approximate taxable income

***Please refer to the deductions questionnaire on the following pages to ensure we are claiming the maximum for you***

## 1. Work related travel

Any **work related travel** other than home to work travel? (*travel to clients, conferences, meetings, running errands for work in your own vehicle*)  **YES** complete below questions  **NO** Go to Q2

Did you keep a logbook?	<input type="checkbox"/> <b>YES</b> logbook % _____ (Please complete MV expense questions)	<input type="checkbox"/> <b>NO</b> How many kilometers would you travelled in work related travel for the relevant financial year? _____ Km's
Does your vehicle have over 1 tonne of carrying capacity or can hold 8 or more passengers?	<input type="checkbox"/> <b>YES</b> (Please complete MV expense questions)	<input type="checkbox"/> <b>NO</b> Go to Q2

### MV Expenses

Make & Model of vehicle:

Registration No:

Date purchased:

Purchase price:

Is the car financed?  **YES**  **NO** If yes, please provide interest paid on loan for relevant financial year

Fuel:	\$
Registration:	\$
Insurance:	\$
Repairs & maintenance (tyres, services etc):	\$
Tyres:	\$
RACQ:	\$
Tolls:	\$
Parking Expenses:	\$
Other:	\$

## 2. Protective Clothing/branded uniforms

Do you wear a **uniform** with a **logo** or **protective clothing**?

**YES** We will claim the commissioner's reasonable amount for laundering of uniforms. Please answer below question regarding purchasing of uniforms or protective clothing.

**NO** Go to Q3

Did you <b>purchase</b> any branded uniforms or protective clothing?	<input type="checkbox"/> <b>YES</b> Please complete Protective Clothing/Uniform questions	<input type="checkbox"/> <b>NO</b> Go to Q3
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### Protective Clothing/Uniform

Steel cap Boots/Protective footwear i.e. non-slip shoes	\$
Hi vis clothing	\$
Branded Uniforms	\$
Sunglasses/Protective Eyewear	\$
Hats	\$
Other:	\$



### 3. Tools/materials

Did you purchase any tools/materials for work?

**YES** complete below question       **NO** Go to Q4

List & record how much you spent on **materials** for the relevant financial year. Please record a total amount spent on **tools under \$300 per tool**. List separately in the table below any **tools over \$300 each**

**Materials:**

**Tools under \$300:**

**Tools over \$300 each (to be depreciated):**

Tool	Cost \$

### 4. Union Fees

Are you a part of a union relating to your occupation?

**YES** complete below question       **NO** Go to Q5

Please record how much you paid in union fees for the relevant financial year  
\$

### 5. Membership fees

Did you pay any membership fees directly relating to your current position at work?

**YES** complete below question       **NO** Go to Q6

Please record the memberships and their costs

### 6. Meal Allowance

Did you receive any meal allowances from your employer?

**YES** complete below question       **NO** Go to Q7

Please record the number of meal allowances you received OR the amount you were paid per meal allowance in the relevant financial year

### 7. Training Expenses

Did you pay for any training expenses directly related to your current position at work?

**YES** complete below question       **NO** Go to Q8

Please list the training and their costs

### 8. Home Office Expenses

Are you required to do work from home?

**YES** complete below questions       **NO** Go to Q9

How many hours per week would you spend doing work from home?      hours/week

Do you use the internet at home for work?     **YES**     **NO**

If yes, how much is your internet per month? \$\_\_\_

What percentage would be work related? \_\_\_%

Do you use your mobile phone for work?     **YES**     **NO**

If yes, how much is your mobile phone per month? \$\_\_\_

What percentage would be work related? \_\_\_%



Did you incur any printing or stationery expenses relating to work?  **YES**  **NO**

If **yes**, please record these expenses below

Did you purchase any electronic devices that you use for work?  **YES**  **NO**

If **yes**, please list each item with their costs. Please also provide the work related use (%) of each item

### 9. Donations

Did you make any donations during the relevant financial year?

**YES** *complete below question*  **NO** *Go to Q10*

Please list the charities and how much you donated per charity

### 10. Cost of managing tax affairs

Did you pay someone (other than Abacus Taxation Services) for services or advice relating to income tax or existing investments?

**YES** *complete below questions*  **NO** *Go to Q11*

Please list

1. the service/s
2. the name of the business that performed the service and
3. the cost of this service

### 11. Income Protection Insurance

Do you have income protection insurance outside your superannuation?

**YES** *complete below questions*  **NO**

Please record the total amount you paid in premiums for the relevant financial year

