

## 

Do you have any dependent children? If so, how many?

Please provide bank details to receive tax refund via EFT

Name:

BSB:

Account Number:

Moro Th	an Tax - Individual Tax Retu	rn Checklist		
			Concern Dataile	
		Your Details	Spouse Details	Supporting
Income	Tick if relevant	Amount \$	Amount \$	Documents
Income Statements (previously known as PAYG Summaries)				
Pensions or government payments				
Employer Lump Sum & Termination Payment Summaries				
Bank interest earned				
Rental Properties				
( click here to our Rental Property Checklist)				
Business Income (Profit & Loss or access to software)				
Foreign Income				
Capital Gain/Loss				
Employee Share Schemes				
Dividend, Distribution & Managed Fund Income				
Australia Superannuation Lump Sum Payment or Income Stream				
Deductions/Expenses				
Work related expenses:				
Motor Vehicle				
( <u>work to work</u> travel only, please provide car model, rego and kms travelled;	otherwise 12 consecutive week	rs logbook must be kept)		
Travel (fares & accommodation)				
Compulsory Uniform with logo/Protective Clothing				
Self-education & professional development (directly related to your occu	ipation)			
Union, registrations, tools, subscriptions, memberships, seminars, con	nferences			

	Deductions/Expenses (continued)	Tick if relevant	Your Details Amount \$	Spouse Details Amount \$	Supporting Documents					
	Home Office Hours (timesheet, roster or diary must be kept)									
	No. of hours per week from <b>1 Jul 2019 - 29 Feb 2020</b>									
	No. of hours per week from <b>1 Mar 2020 - 30 Jun 2020</b>									
	Home Office Furniture (office desk, chair, study lamp etc. Purchase date and amount required)									
	Electricity & Gas, Cleaning, Home furnishings									
	(if you have a <u>dedicated work area</u> only. Actual work-from-home hours and 4-week diary must be kept)									
	Telephone & Internet									
	(monthly bills, work related % only. If claim is > \$50, 4-week diary or itemised bill must be kept)									
	Computer consumables, office equipment									
	(work related % only. For purchases > \$300 please provide purchase date. Please separate purchases made before and after <b>29 Feb 2020</b> )									
	COVID-19 related expenses(e.g. hand sanitizers, face masks, gloves, anti-bacterial spray etc.)									
	(for taxpayers working in jobs that require close proximity with customers only)									
	Any other costs incurred in earning income									
Dor	nations to charities or building funds									
Inco	ome protection insurance (under personal name only)									
Per	sonal Superannuation Contribution (notice of intent to claim form required)									
Pric	or year accounting fees (for new clients only)									

Do you have Private Health Insurance? (Hospital or combined)

(If yes, please provide your private health insurance statement)