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Personal Tax Return Checklist – 2020

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.**

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: _____

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)

Income Tax Refunds are required to be paid directly into your bank account via Electronic Banking Transfers (EFT).

Please supply your banking details for your refund.

Bank and Branch: _____

Name of Account Holder: _____

BSB number: _____

Account number: _____

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	
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	%
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	%
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	%
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	%
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	%

1. If we are preparing your return for the first time:		Yes	No	?	
	Please provide:				
1.1	A copy of your last tax return, taxation assessment and PAYG instalment notices.		<input type="checkbox"/>	<input type="checkbox"/>	
1.2	Copies of any other correspondence with the Tax Office such as objections, penalties, Statement of Account, Garnishee Notice, Final Notice to Lodge.		<input type="checkbox"/>	<input type="checkbox"/>	
2. Income		How much?	Yes	No	?
	Have you received any of the following payments?				
2.1	PAYG Payment Summaries from employment?	No:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2	Any allowances, benefits and other earnings not on your PAYG Payment Summary? Type of allowance _____	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.3	Employment Termination Payments Payment Summary?	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.4	Government pensions, allowances and payments? e.g. Age Pension, Youth Allowance, Newstart etc	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.5	An Australian Annuity or Superannuation Pension?	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.6	Reportable fringe benefits/ reportable super contributions?	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.7	Interest from any source within Australia? Who from? _____	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.8	Dividends from companies in Australia? (Including any reinvested) Please provide dividend statements	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.9	Did you receive any shares from the company you work for? Please provide details		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.10	Income from partnerships, trusts or managed funds?	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.11	Income from a business? Please provide details		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.12	Income from overseas such as pensions, interest, royalties, dividends, rent or any other foreign	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.13	Have you sold or disposed of any assets in Aust or Overseas? Please provide both purchase & sale details		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.14	Have you received rental income or made your property available for rental? Please complete the attached Rental Schedule		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.15	Have you received any other income? Please provide details of any other income you have received.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.	Deductions	How much?		No	?
3.1	Expenses in relation to your employment that was covered in part (or in full) by a corresponding allowance	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2	Travel in relation to your employment? Please provide your travel diary		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.3	Did you have motor vehicle expenses? Please complete the attached Motor Vehicle Schedule <i>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.</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.4	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?	\$ \$ \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.5	Laundry/maintenance of uniforms and protective clothing?	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.6	Self education (Work related studies)? Is there a direct connection to your employment?	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.7	Union Fees/ professional memberships?	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.8	Purchase, insurance or repairs to work related equipment?	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.9	Sickness and Accident, or Income Protection Insurance?	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.10	Telephone (mobile and home) expenses % of work related calls?	\$ %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.11	Computer and/or software % for work related purposes?	\$ %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.12	Books, journal subscriptions and professional libraries?	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.13	Seminars, conferences and other training?	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.14	Home office expenses e.g. light and power? How many hours per week	Hrs /week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.15	Personal super contributions to a complying superannuation fund (not employer contributions)? Please provide notices	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.16	Expenses relating to any dividend or interest income including interest on any money borrowed for investment?	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.17	Gifts or donations (including School Building Funds)?	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.18	Tax Agent Fees?	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.19	Tax Audit Protection Insurance?	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4.	Tax Offsets/Other	How much?	Yes	No	?
4.1	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 ____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.2	Have you contributed any superannuation on behalf of your spouse?	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.3	Are you exempt from paying the Medicare Levy? Please provide your exemption notice.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.4	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.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.5	Do you have a HECS/HELP debt?	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.6	Have you received any Family Tax Benefit during the financial year?	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5.	Other	How much?	Yes	No	?
5.1	Have you become or ceased to be a resident of Australia during this financial year?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2	Have you paid any PAYG instalments throughout the year to the Tax Office? Please provide details	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please note below any items that may require further information or explanation. We also value your feedback. Please provide comments below.

Thank you for completing this checklist.