

**2021/2022**

**INDIVIDUAL INCOME TAX RETURN CHECKLIST**

Please email or post this form back to our office **PRIOR** to your appointment.

**PLEASE NOTE FOR EXISTING CLIENTS: IF YOUR PERSONAL DETAILS HAVE NOT CHANGED IN THE LAST 12 MONTHS YOU WILL NOT BE REQUIRED TO FILL IN PAGE 1.**

Email: [admin@jascpa.com.au](mailto:admin@jascpa.com.au)

Post: PO Box 3690, Caroline Springs VIC 3023

Full Name	
Tax File Number (TFN)	
Has name changed since last return?	Yes      No If Yes, previous name:
Date of Birth	
Are you an Australian resident?	Yes                  No                  Unsure
ABN (if applicable)	
Address	
Telephone Contacts	Mobile:
	Business Hours (work):
	After Hours (home):
Email	
Electronic banking details (for refund if applicable)	Account Name:
	BSB:
	Account No:
Main Occupation	
Spouse name & Date of Birth	
Number of Dependants (if any):	

## INCOME

Please indicate which of the following income types you had for the year and provide additional detail & documents where requested.

	YES	NO
1. Salary or wages		
2. Allowances, earnings, tips, director's fees etc.		
3. Employer lump sum payments		
4. Employment termination payments		
5. Australian Government allowances & payments like Newstart, Youth Allowance & Austudy payments		
6. Australian Government pensions and allowances		
7. Australian annuities and superannuation income streams including super lump sum payments		
8. Gross Interest Received		
9. Dividends Received (Franked & Unfranked) <i>(Provide annual investment reports {i.e. Commsec, Nabtrade, etc, or direct dividend documents})</i>		
10. Employee share schemes <i>(Provide annual employer share scheme documents)</i>		
11. Distributions from partnerships and/or trusts <i>(Provide Distribution Summaries)</i>		
12. Rental Properties <i>(Please fill in our Rental property worksheet available on our website - <a href="#">Click here</a>)</i>		
13. Net income or loss from business (as a sole trader) <i>(Please provide us access to your bookkeeping software/documentation)</i>		
14. Capital Gains / Losses on disposal of investments. <i>(Please supply disposal &amp; purchase details)</i>		
15. Foreign income		

**DEDUCTIONS**

**YES NO**

Motor Vehicles Deductions                      Car Make: _____ Model: _____  <b>Methods of claim.</b> 1. <b>Kilometre method</b> - (Max of 5,000km & only work travel. <u>No home to work &amp; back home again.</u> ) <span style="margin-left: 300px;">Kilometres travelled: _____</span>  2. <b>Logbook Method</b> – Must have kept a logbook for 12 week period over the last 3 years to determine work % <b>(Please fill in our Motor Vehicle Logbook Method worksheet available on our website (Click here))</b>																				
Travel (Fares & Accommodation) – Must be work related. Please provide details. - Total Cab Fares/ Public Transport: \$ _____ - Total Flights: \$ _____ - Total Accommodation: \$ _____																				
<b>Uniforms / Workwear / Laundry Expenses / Drycleaning</b> Details of item _____ \$ _____      Details of item _____ \$ _____ Details of item _____ \$ _____      Details of item _____ \$ _____ Please note only work uniform (must have logo), industry specific and protective clothing can be claimed																				
- Self-education & Professional Development Details of item _____ \$ _____      Details of item _____ \$ _____																				
- Union, text books, subscriptions & memberships Details of item _____ \$ _____      Details of item _____ \$ _____ Details of item _____ \$ _____      Details of item _____ \$ _____																				
- Course fees, seminars & conferences Details of item _____ \$ _____      Details of item _____ \$ _____																				
- Telephone, internet, stationary, tools. Mobile Phone      Annual \$ _____      Business use % _____ Home Internet      Annual \$ _____      Business use % _____ Gas (Home)      Annual \$ _____      Business use % _____ Electricity (Home)      Annual \$ _____      Business use % _____ Stationary      Annual \$ _____ Tools      Annual \$ _____ Other      Annual \$ _____																				
- Home Office Equipment – Item over \$300 must be depreciated. <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><u>ASSET PURCHASED</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>AMOUNT PAID</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>DATE PURCHASED</u></th> </tr> </thead> <tbody> <tr> <td><i>EG. Computer (Purchase)</i></td> <td><b>\$2000</b></td> <td><b>10 /09/2020</b></td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td>____ / ____ / _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td>____ / ____ / _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td>____ / ____ / _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td>____ / ____ / _____</td> </tr> </tbody> </table>	<u>ASSET PURCHASED</u>	<u>AMOUNT PAID</u>	<u>DATE PURCHASED</u>	<i>EG. Computer (Purchase)</i>	<b>\$2000</b>	<b>10 /09/2020</b>	_____	\$ _____	____ / ____ / _____	_____	\$ _____	____ / ____ / _____	_____	\$ _____	____ / ____ / _____	_____	\$ _____	____ / ____ / _____		
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- Home Office Hours:                      Total Hours Per Week worked from home _____																				
- Gifts & Donations:                      Charity _____ \$ _____      Charity _____ \$ _____ Charity _____ \$ _____      Charity _____ \$ _____																				

YES NO

- Income Protections Insurance Annual Premium Paid \$ _____ <b>(Please note, Life insurance &amp; TPD/Trauma insurance are not deductible.)</b>		
- Interest deductions Annual Amount \$ _____ Investment _____		
- Dividends deductions Annual Amount \$ _____ Investment _____		
- Costs of managing prior year's tax affairs Annual Amount \$ _____		
Other deductions ( <i>please specify</i> ) Details of item _____ \$ _____ Details of item _____ \$ _____		
<b>D12. Personal superannuation contributions – <span style="background-color: yellow;">Reminder this is Not Employer Contributions</span></b>  Total amount contributed \$ _____  Full name of fund: _____ Member/Account no: _____  Fund ABN: _____ Fund TFN: _____  – Have you provided the fund a notice of intention to deduct the contribution? Yes No – Has this notice been acknowledged by the fund? Yes No <i>Please note you cannot claim a deduction unless the fund has acknowledged the contributions</i>		