

Financial Year

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

Post: PO Box 3690, Caroline Springs VIC 3023

- u.u.	
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	Account Name:
(for refund if applicable)	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.

	YE	5	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)		П	
(Provide annual investment reports {i.e. Commsec, Nabtrade, etc, or direct dividend documents})			
10. Employee share schemes		Π	
(Provide annual employer share scheme documents)			
11. Distributions from partnerships and/or trusts	$ \;\sqcup$		Ш
(Provide Distribution Summaries)			
12. Rental Properties			
(Please fill in our Rental property worksheet available on our website - Click here)			
13. Net income or loss from business (as a sole trader)	$ \;\sqcup$		Ш
(Please provide us access to your bookkeeping software/documentation)			
14. Capital Gains / Losses on disposal of investments.		П	
(Please supply disposal & purchase details)			
15. Foreign income			
16. Pandemic Leave Disaster Payments (YOU MUST retrieve these amounts from your Centrelink Online Account as we have no access to view them)			

	Motor Vehicles Deductions	s Car	Make:		Model:		
	Methods of claim.						
	1. Kilometre method - (Max of 5,000km & only work travel. No home to work & back home again.)					again.)	
				Kilometr	es travelled:		
	2. Logbook Method – M	ust have kept a logbo	ook for 12 week p	period over the	e last 3 years to	determine work %	
	(Please fill in our Motor Ve	ehicle Logbook Me	thod workshee	t available o	on our website	(Click here)	
	Travel (Fares & Accommodation) – Must be work related. Please provide details.						
	- Total Cab Fares/ Public Transport: \$						
	- Total Flights: \$						
	- Total Accommodation: \$	<u> </u>					
	Uniforms / Workwear / Lau	undry Expenses / D	Orycleaning				
	Details of item	<u> </u>	Details of	item		\$	
	Details of item	\$	Details of	item		\$	
	Please note only work unifor	m (must have logo),	industry specific	and protecti	ve clothing can b	oe claimed	
-	Self-education & Profession	nal Development					
	Details of item	\$	Details	of item		\$	
-	Union, text books, subscri	ptions & membersh	nips				
	Details of item	\$	Details	s of item		\$	
	Details of item	\$	Details	of item		\$	
-	Course fees, seminars & co	onferences					
	Details of item	\$	Details	of item		\$	
-	Telephone, internet, static	onary, tools.					
	Mobile Phone Annu	ıal \$	Business use	· %			
	Home Internet Annu	ıal \$	Business use	· %			
	Gas (Home) Annu	al \$	Business use	· %			
	Electricity (Home) Annual	\$	Business use	%			
	Stationary Annu	al \$	_				
	Tools Annua	al \$					
	Other Annua	al \$					
•	Home Office Equipment –	Item over \$300 mu	ust be depreciat	ted.			
	ASSET PURCHASED	AMOUNT P	AID	<u></u>	DATE PURCHASI	<u>≣D</u>	
EG.	. Computer (Purchase)	\$2000			10 /09/2020		
		\$		_	//	,	
				_	/	,	
		_		_		,	
		\$		-		,	
		<u> </u>					
-	Home Office Hours:	Total Hours Per	Week worked fro	m home			
-	Gifts & Donations:	Charity	\$	Charit	ty	\$	
	(Charity	\$	Chari	ty	\$	

					YES	NO
	Income Protections Insurance (Please note, Life insurance & TPI					
- lı	nterest deductions	Annual Amount \$	Investme	nt		
- 0	Dividends deductions	Annual Amount \$	Investme	nt		
- Costs of managing prior year's tax affairs Annual Amount \$						
Othe	er deductions (please specify)					
	Details of item	\$	Details of item	\$		
D12. Personal superannuation contributions – Reminder this is Not Employer Contributions						
Total amount contributed \$						
Full	name of fund:		Member/Accor	unt no:		
Fund	d 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						
Please note you cannot claim a deduction unless the fund has acknowledged the contributions						