

Financial Year

INDIVIDUAL INCOME TAX RETURN CHECKLIST

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

NEW CLIENTS: Ensure you bring your proof of identity documentation to your appointment

EXISTING CLIENTS: If your personal details have **NOT** changed in the past 12 months, you may skip page 1.

Email: 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 <input type="checkbox"/>	No <input type="checkbox"/>	
	If Yes, previous name:		
Date of Birth			
Are you an Australian resident?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unsure <input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>
2. Allowances, earnings, tips, director's fees etc.	<input type="checkbox"/>	<input type="checkbox"/>
3. Employer lump sum payments	<input type="checkbox"/>	<input type="checkbox"/>
4. Employment termination payments	<input type="checkbox"/>	<input type="checkbox"/>
5. Australian Government allowances & payments like Newstart, Youth Allowance & Austudy payments	<input type="checkbox"/>	<input type="checkbox"/>
6. Australian Government pensions and allowances	<input type="checkbox"/>	<input type="checkbox"/>
7. Australian annuities and superannuation income streams including super lump sum payments	<input type="checkbox"/>	<input type="checkbox"/>
8. Gross Interest Received	<input type="checkbox"/>	<input type="checkbox"/>
9. Dividends Received (Franked & Unfranked) <i>(Provide annual investment reports {i.e. Commsec, Nabtrade, etc, or direct dividend documents})</i>	<input type="checkbox"/>	<input type="checkbox"/>
10. Employee share schemes <i>(Provide annual employer share scheme documents)</i>	<input type="checkbox"/>	<input type="checkbox"/>
11. Distributions from partnerships and/or trusts <i>(Provide Distribution Summaries)</i>	<input type="checkbox"/>	<input type="checkbox"/>
12. Rental Properties <i>(Please fill in our Rental property worksheet available on our website - Click here)</i>	<input type="checkbox"/>	<input type="checkbox"/>
13. Net income or loss from business (as a sole trader) <i>(Please provide us access to your bookkeeping software/documentation)</i>	<input type="checkbox"/>	<input type="checkbox"/>
14. Capital Gains / Losses on disposal of investments. <i>(Please supply disposal & purchase details)</i>	<input type="checkbox"/>	<input type="checkbox"/>
15. Foreign income	<input type="checkbox"/>	<input type="checkbox"/>
16. Pandemic Leave Disaster Payments <i>(YOU MUST retrieve these amounts from your Centrelink Online Account as we have no access to view them)</i>	<input type="checkbox"/>	<input type="checkbox"/>

DEDUCTIONS

YES NO

Motor Vehicles Deductions Car Make: _____ Model: _____ Methods of claim. 1. Kilometre method - (Max of 5,000km & only work travel. <u>No home to work & back home again.</u>) Kilometres travelled: _____ 2. Logbook Method – Must have kept a logbook for 12 week period over the last 3 years to determine work % (Please fill in our Motor Vehicle Logbook Method worksheet available on our website (Click here))	<input type="checkbox"/>	<input type="checkbox"/>																		
Travel (Fares & Accommodation) – Must be work related. Please provide details. - Total Cab Fares/ Public Transport: \$ _____ - Total Flights: \$ _____ - Total Accommodation: \$ _____	<input type="checkbox"/>	<input type="checkbox"/>																		
Uniforms / Workwear / Laundry Expenses / Drycleaning 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	<input type="checkbox"/>	<input type="checkbox"/>																		
- Self-education & Professional Development Details of item _____ \$ _____ Details of item _____ \$ _____	<input type="checkbox"/>	<input type="checkbox"/>																		
- Union, text books, subscriptions & memberships Details of item _____ \$ _____ Details of item _____ \$ _____ Details of item _____ \$ _____ Details of item _____ \$ _____	<input type="checkbox"/>	<input type="checkbox"/>																		
- Course fees, seminars & conferences Details of item _____ \$ _____ Details of item _____ \$ _____	<input type="checkbox"/>	<input type="checkbox"/>																		
- 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 \$ _____	<input type="checkbox"/>	<input type="checkbox"/>																		
- Home Office Equipment – Item over \$300 must be depreciated. <table border="1"> <thead> <tr> <th><u>ASSET PURCHASED</u></th> <th><u>AMOUNT PAID</u></th> <th><u>DATE PURCHASED</u></th> </tr> </thead> <tbody> <tr> <td>EG. Computer (Purchase)</td> <td>\$2000</td> <td>10 / 09 / 2020</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>	EG. Computer (Purchase)	\$2000	10 / 09 / 2020	_____	\$ _____	____ / ____ / ____	_____	\$ _____	____ / ____ / ____	_____	\$ _____	____ / ____ / ____	_____	\$ _____	____ / ____ / ____	<input type="checkbox"/>	<input type="checkbox"/>
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- Home Office Hours: Total Hours Per Week worked from home _____	<input type="checkbox"/>	<input type="checkbox"/>																		
- Gifts & Donations: Charity _____ \$ _____ Charity _____ \$ _____ Charity _____ \$ _____ Charity _____ \$ _____	<input type="checkbox"/>	<input type="checkbox"/>																		

	YES	NO
- Income Protections Insurance Annual Premium Paid \$ _____ (Please note, Life insurance & TPD/Trauma insurance are not deductible.)	<input type="checkbox"/>	<input type="checkbox"/>
- Interest deductions Annual Amount \$ _____ Investment _____	<input type="checkbox"/>	<input type="checkbox"/>
- Dividends deductions Annual Amount \$ _____ Investment _____	<input type="checkbox"/>	<input type="checkbox"/>
- Costs of managing prior year's tax affairs Annual Amount \$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Other deductions (please specify) Details of item _____ \$ _____ Details of item _____ \$ _____	<input type="checkbox"/>	<input type="checkbox"/>
D12. Personal superannuation contributions – <i>Reminder this is Not Employer Contributions</i>	<input type="checkbox"/>	<input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>		
- Has this notice been acknowledged by the fund? Yes <input type="checkbox"/> No <input type="checkbox"/>		
<i>Please note you cannot claim a deduction unless the fund has acknowledged the contributions</i>		