

2020 – Flight Attendants Tax Checklist



PLEASE ANSWER ALL QUESTIONS AND ATTACH SUPPORTING DOCUMENTS OR RECEIPTS WHERE YES IS INDICATED

I have read the questions in this checklist and confirm that I have considered and answered each question as it relates to my circumstances. The completed form and attached receipts, log books and other supporting information is provided to **CAPITALEYES®** Business Advice Financial Vision Pty Ltd prepare my draft income tax return for 2019/2020.

Name		Signature		Date	
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Main occupation in 2018/2019

Change in contact details

<i>Residential address</i>		<i>Telephone (W)</i>	
	<i>Postcode</i>	<i>Telephone (H)</i>	
<i>Postal address</i>		<i>Mobile</i>	
	<i>Postcode</i>	<i>Fax (W)</i>	
<i>Email</i>		<i>Fax (H)</i>	

Advise change in circumstances including dates (e.g.: new partner, separation, new family member etc)

FROM 1 JULY 2013 TAX REFUNDS WILL ONLY BE ISSUED BY WAY OF FUNDS TRANSFER TO YOUR BANK.

Bank account for refund	<i>BSB</i>	
	<i>Account Number</i>	
	<i>Account Name</i>	

Are you an Australian resident for tax purposes – please contact us if unsure?	Yes		No	
Have you paid PAYG instalments (formerly provisional tax) for 2019/2020?	Yes		No	
Do you have a HELP (HECS) or Financial Supplement loan with the Commonwealth?	Yes		No	

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Did you receive PAYG Payment Summaries for salary, wages, paid parental leave, workers comp, foreign employment income, income protection policy payments, etc? <u>Please provide ALL</u>	Yes		No	
Do your PAYG Payment Summaries include paid parental leave?	Yes		No	
Did you receive allowances, tips, Directors Fees, FBT, etc not included on Payment Summaries?	Yes		No	
Did you receive employer lump sum payments?	Yes		No	
Did you receive employment termination payments?	Yes		No	
Did you receive taxable Australian Government allowance/payments – e.g. Newstart?	Yes		No	
Did you receive taxable Australian Government pensions or related taxable allowances?	Yes		No	
Did you receive a tax free Government Pension? - Please provide details.	Yes		No	
Did you receive Australian Annuities, Superannuation or other Income Stream – (Taxable)?	Yes		No	
Did you receive Australian Superannuation Lump Sum Payments?	Yes		No	
Did you receive interest on bank or other deposits during the period 1/07/2019 to 30/06/2020?	Yes		No	

If yes, please provide the following details: (Note: TFN - Tax File Number withholding tax where your bank does not have your TFN)

Bank	Account Number	Joint Account		\$Interest	\$TFN Tax	<i>Please show the full amount of interest received, i.e. not just your share</i>
		Yes	No			
		Yes	No			
		Yes	No			
		Yes	No			

Did you receive cash dividends from share investments or re-invested dividends (DRP)?	Yes		No	
Did you receive from your employer, employee share rights, options or shares?	Yes		No	
Did you receive income from a partnership or a trust (e.g.: Managed Funds)?	Yes		No	
Will <i>Personal Services Income</i> be attributed to you from a company, partnership or trust?	Yes		No	
Did you have a rental property during the year? Please provide full rental schedules.	Yes		No	
Did you run a business as a sole trader at anytime during the year?	Yes		No	
Do you have deferred non commercial business losses?	Yes		No	
Did you sell any assets? (eg: shares, mgd funds, real estate) <i>Attach buy, sell, DRP details etc for each asset</i>	Yes		No	
Did you receive foreign income or pension of any kind?	Yes		No	
Did you at any time during the year hold foreign assets over \$50,000 or sell foreign assets?	Yes		No	
Did you receive income from a Forestry Managed Investment Scheme?	Yes		No	
Did you receive any other income? – Please provide details.	Yes		No	

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WORK RELATED EXPENSES PLEASE PROVIDE FULL DETAILS OR RECEIPTS

Provide details for any of the following employment work related expenses (not business expenses)

- Work related motor vehicle (do not include travel to and from work). Yes No
 - **Either** Kilometers travelled (max 5,000) and the motor vehicle's engine size, _____ kms, _____ litres
 - **Or** 12 week business use log book percentage, **Log book** _____ % **AND**
Expense details eg: petrol, repairs, CTP, rego, vehicle cost, interest on loan, etc.
- Other travel expenses including overseas travel - Please provide diary/itinerary evidence. Yes No
- Work related protective wear (eg laundry, uniform, occupation specific clothing, sunscreen). Yes No
- Work related self-education expenses (capped at \$2,000) to earn current (not future) income Yes No
- Other work related expenses (e.g.; union fees, professional memberships, home office etc). Yes No

You must provide work related percentages if claiming items that have a private portion (e.g. Mobile Phone = \$100 @ 25% WRE)

WRE claims made without receipts & which exceed \$300 in total will be refused by the ATO in an audit

- Did you incur costs to earn interest or dividend income? Yes No
 - Did you make gifts or donations to registered charitable organisations (not raffle tickets)? Yes No
 - Did you incur costs in managing your tax affairs? Yes No
 - Did you pay income protection insurance? - **Do not include policies paid by your super fund.** Yes No
 - Did you invest in the Australian Film Industry? Yes No
 - Do you have carry forward income losses or capital losses? Yes No
 - Do you have any other tax deductible amounts? - Please provide details. Yes No
 - Are you entitled to claim a reduction of the medicare levy or hold an exemption certificate? Yes No
 - Did you care for an invalid relative who received a disability or re-habilitation pension? Yes No
 - Did you make a personal super contribution to gain the Government co-contribution? Yes No
 - Did you make a personal tax deductible contribution to super and hold an s.290-170 certificate? Yes No
 - Did you make super contributions for your spouse? (if spouse income less than \$13,800) Yes No
- If yes, please provide full details including the fund ABN _____ and amount \$ _____
- Provide details of child support payments paid to another person for maintenance of your child? Yes No
 - Language Studies / Reference Material Yes No
 - First Aid Course / Certificates Yes No

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Work expenses that are deductible

Bar Shortages (if applicable)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Bar Tools / Bottle Openers	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Beeper Rental	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Briefcase (used for Uniform/Manuals/Flight Reports)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Calculator and Batteries	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Overnight / Cabin Bag	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Passport and Visa Expenses	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Suitcase and/or Repair	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Torch and Batteries	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Travel Iron	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Luggage Trolley	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Telephone (work related use only)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Mobile Calls (work related use only)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Internet cost (work related use only)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Laptop	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Home Office (hours per week)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Purchase costs of equipment costing more than \$300.00 (work related use only)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Leasing, repair and maintenance costs of work-related tools and equipment	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Work related books, subscription and journals	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Protective wear (aprons, sun glasses and gloves)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Union fees (FAAA)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Purchase and laundry of compulsory uniforms	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Moisturisers and sunscreen	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

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PRIVATE HOSPITAL INSURANCE

- Question A:** For all or part of 2019/2020, did **you or your** partner have Private **Hospital** Insurance? Yes No
- Question B:** Did the Private Hospital Insurance Policy cover **you and all** your dependants? Yes No
- Question C:** Are you covered as a dependent child on a private health insurance policy? Yes No

*If you answered yes to A, B or C then you must provide Tax Statements issued by your health insurance provider to you **AND** you partner.*

Note: Your dependants include your spouse, children under 21 years age and children under 25 who are full time students

How many dependent children are insured under the policy? Number of dependent children =

In 2019/2020 the default eligibility for the private health insurance rebate will be split 50/50 between partners. However the full value of the rebate can be transferred to either partner.

Please tick your election: 50/50 100% to self 100% to partner

TAX OFFSET FOR DISABILITY AIDS, ATTENDANT CARE OR AGED CARE

If applicable, please provide full details of costs related to disability aids, attendant care or aged care

REQUIRED SPOUSE/PARTNER DETAILS (or a copy of your partner's tax return for 2019/2020)

Name (include surname) :	Date of birth:
Taxable income \$	Net investment loss \$
Reportable fringe benefits \$	Taxable government pensions & allowances \$
Reportable super contributions \$	Exempt government pension \$
Net foreign income \$	Military rehab. pension not included elsewhere \$
Superannuation lump sum received Yes <input type="checkbox"/> No <input type="checkbox"/>	Child support your spouse paid \$
<i>You must provide details if you answered yes to receiving a super lump sum benefit</i>	