

Basic Personal Income 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 to prepare my draft income tax return for 2021/2022.

Name		Signature		Date	
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Main occupation in 2021/2022

Advise any 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 (eg: new partner, separation, new family member etc)

PLEASE PROVIDE CURRENT BANK ACCOUNT DETAILS AS THE ATO WILL ONLY ISSUE TAX REFUNDS BY WAY OF FUNDS TRANSFER TO YOUR BANK

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

PLEASE ADVISE ADDRESS TO RECEIVE YOUR NOTICE OF ASSESSMENT



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Are you an Australian resident for tax purposes – please contact us if unsure?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you paid PAYG instalments (formerly provisional tax) for 2021/2022?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have a HELP (HECS) or Financial Supplement loan with the Commonwealth?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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	<input type="checkbox"/>	No	<input type="checkbox"/>
Do your PAYG Payment Summaries include paid parental leave?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Did you receive allowances, tips, Directors Fees, FBT, etc not included on Payment Summaries?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Did you receive employer lump sum payments?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Did you receive employment termination payments?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Did you receive taxable Australian Government allowance/payments – eg Newstart?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Did you receive taxable Australian Government pensions or related taxable allowances?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Did you receive a tax-free Government Pension? - Please provide details.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Did you receive Australian Annuities, Superannuation or other Income Stream – (Taxable)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Did you receive Australian Superannuation Lump Sum Payments?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Did you receive interest on bank or other deposits during the period 1/07/2021 to 30/06/2022?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

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 <u>full</u> amount of interest received, ie not just your share</i>
		Yes			
		No			
		Yes			
		No			

Did you receive cash dividends from share investments or re-invested dividends (DRP)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Did you receive from your employer, employee share rights, options or shares?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Did you receive income from a partnership or a trust (eg: Managed Funds)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Will <i>Personal Services Income</i> be attributed to you from a company, partnership or trust?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Did you have a rental property during the year? Please provide full rental schedules.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Did you run a business as a sole trader at anytime during the year?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have deferred non-commercial business losses?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Did you sell any assets? (eg: shares, mgd funds, real estate) <i>Attach buy, sell, DRP details etc for each asset</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>



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- | | | | | |
|---|-----|--------------------------|----|--------------------------|
| Did you sell, transfer, or trade any cryptocurrencies? Please provide annual tax summary | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Did you receive foreign income or pension of any kind? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Did you at any time during the year hold foreign assets over \$50,000 or sell foreign assets? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Did you receive income from a Forestry Managed Investment Scheme? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Did you receive any other income? – Please provide details. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

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** Kilometres travelled (max 5,000) _____ kms,
 - **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 clothes/protective wear (eg uniform, occupation specific, laundry, sunscreen). Yes No
- Work related self-education expenses to earn current (not future) income Yes No
- Other work-related expenses (eg; union fees, professional memberships, home office, or COVID-19 testing Expenses etc). Yes No

You must provide work related percentages if claiming items that have a private portion (eg 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 | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Did you make gifts or donations to registered charitable organisations (not raffle tickets)? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Did you incur costs in managing your tax affairs? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Did you pay income protection insurance? - Do not include policies paid by your super fund. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Did you invest in the Australian Film Industry? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Do you have carried forward income losses or capital losses? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Do you have any other tax-deductible amounts? - Please provide details. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Are you entitled to claim a reduction of the medicare levy or hold an exemption certificate? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Did you or your spouse care for an invalid relative who received a disability pension? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Did you make a personal super contribution to gain the Government co-contribution? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Did you make a personal tax-deductible contribution to super and hold a s.290-170 certificate? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |



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Did you make super contributions for your spouse? (if spouse income less than \$37,000) 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

PRIVATE HOSPITAL INSURANCE

Question A: For all or part of 2021/2022, 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 2021/2022 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 2021/2022) – if we do not prepare your partner’s tax return.

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 \$

