

# 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 2021/2022.

|             |  |                  |  |             |  |
|-------------|--|------------------|--|-------------|--|
| <b>Name</b> |  | <b>Signature</b> |  | <b>Date</b> |  |
|-------------|--|------------------|--|-------------|--|

**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.**

|                                |                       |  |
|--------------------------------|-----------------------|--|
| <b>Bank account for refund</b> | <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? <b><u>Please provide ALL</u></b> | 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 1/07/2021 to 30/06/2022?  | 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 <b>full</b> 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 carried 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 \$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
  - 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 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)**

|  |  |
|--|--|
| 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><b>You must provide details if you answered yes to receiving a super lump sum benefit</b></i> |  |