

2020 Tax Return Checklist



Name(s)

Occupation and Employer

Government employees please include level

Current Residential Address

Current Postal Address

Email Addresses

(Please provide an email address for each individual)

Phone Number(s)

How would you like to receive your tax return for signing

- Electronically via Halletts' secure portal to email addresses above – NB *we need one per individual*
- Face to face – preferred Halletts contact?
- _____

Bank Account Information for Refunds

Account Name

BSB

Account Number

Please tick off and complete each item below that is applicable to you

INCOME

PAYG Payment Summary & Allowances

Please note – the majority of employers at not providing these any more

Employer Lump Sum & Eligible Termination Payments

Please include for all employers

Pensions, Super Lump Sums & Government Allowances

These include ComSuper, allocated pensions and government payments

Interest Received

This includes amounts from bank accounts and investments. Please provide summary and include accounts held on behalf of children.

Dividends Received

Please provide summary and statements. Please note, dividends are considered as income on the date of payment, not the record date.

Employee Share Schemes

Please provide annual tax statements

Partnership & Trust Distributions

Please provide annual tax statements

Business Income

Please provide your MYOB file or details of any business income and expenses for the 2020 financial year

Capital Gain or Loss

Sales of shares or real estate are some common examples of events resulting in a capital gain or loss. Please provide both purchase and sale details.

Foreign Source Income

Please provide statements and details.

Rental Income

Please see page 6

Other Income

Please provide details of any other income including Farm Management Deposit withdrawals (FMDs).

DEDUCTIONS

Work Related Car Expenses

Car Model and Year	<input type="checkbox"/>	_____
Registration Number	<input type="checkbox"/>	_____
Total Number of Kms Travelled	<input type="checkbox"/>	_____
Total Work-related Kms Travelled	<input type="checkbox"/>	_____
Year of Log Book	<input type="checkbox"/>	_____

Expenses

<input type="checkbox"/> Fuel	_____	<input type="checkbox"/> Registration	_____
<input type="checkbox"/> Insurance	_____	<input type="checkbox"/> Repairs	_____
<input type="checkbox"/> Lease Payments	_____	<input type="checkbox"/> Other	_____

Please note that we are no longer able to calculate your motor vehicle deductions using the 12% of cost method, or 1/3 of actual expenses. The only motor vehicle deductions available after 1 July 2015 will be using the log book method or the cents per Km method. If your work related Kms are >5,000 Kms we recommend taxpayers keep a log book for a consecutive 12 week period.

Other Work-related Travel _____
Please provide details and receipts (eg airfares and accommodation)

Work-related Clothing & Laundry _____
Please provide details

Work-related Self-education Expenses _____
Include any education expenses relating to your work

Other Work-related Expenses

Associations & Memberships	<input type="checkbox"/>	_____
Conferences & Seminars	<input type="checkbox"/>	_____
Union Fees	<input type="checkbox"/>	_____
Books & Journals	<input type="checkbox"/>	_____
Stationery	<input type="checkbox"/>	_____
Computer Consumables	<input type="checkbox"/>	_____
Protective Items	<input type="checkbox"/>	_____
Home Office (hours per week)	<input type="checkbox"/>	_____
Did you work from home during COVID?	<input type="checkbox"/>	Please provide dates _____
Internet	<input type="checkbox"/>	_____
Telephone	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	_____

For expenses that are not solely work-related, please include work-related percentage.

Interest & Dividend Deductions

These include any expenses against interest and dividend income. Please provide details of interest paid on any investment borrowing.

Donations

Include amounts donated to local or overseas charities, or school building funds, please include receipts.

Tax Agent Fees

Please include details of Kms travelled, other costs (eg parking) incurred in seeing us and any taxation litigation costs.

Personal Super Contributions

Please provide details, amount and date of contribution. Please provide a copy of the confirmation letter from super fund and your notice of intent to claim a deduction form.

Forestry Managed Investment Scheme Deduction

Please provide details of expenses incurred as part of this investment.

Other Deductions

This may include cost of income protection insurance. Please also include details of Farm Management Deposits made during the 2020 financial year, please provide details.

DETAILS OF SPOUSE AND DEPENDANTS

Spouse

Name _____

Date of Birth _____

If Halletts not preparing spouse's return we require the following:

Taxable Income _____

Reportable Fringe Benefits _____

Net Investment Loss _____

Net Rental Loss _____

Tax Free Government Pension _____

Dependant 1 - Name

Date of Birth _____

Dependant 2 - Name

Date of Birth _____

Dependant 3 - Name

Date of Birth _____

Please provide full names and dates of birth for all dependants

OFFSETS

Superannuation Contributions Made on Behalf of Your Spouse

Please provide details

Medicare Levy Surcharge

Name of Health Insurer

Have you held private health insurance for the whole period 1 June 2019 – 30 July 2020? Yes No

If no, what date did you join?

Type of Private Hospital Policy Held Single Couple Family

Individuals and families with private health cover are exempt from Medicare Levy Surcharge.

Please ensure that new born family members are covered by the fund.

Families with full-time students under 24 years of age need to ensure that these family members remain covered by a Private Health Insurance cover, as the ATO deems them to be dependents.

HELP, HECS and SFSS Debt

Please provide a copy of the ATO statement, if you have any debts.

Any other relevant information or notes for completion of your return

RENTAL PROPERTY DETAILS

Property 1

Name on Title Deed

Percentage Held

Address of Property

Date Purchased

Date First Rented

Property 2

Name on Title Deed

Percentage Held

Address of Property

Date Purchased

Date First Rented

Please provide a copy of the settlement statement for new properties purchased during the year. Also, contact Halletts for any additional information that may be required (e.g. Quantity Surveyor's Report) in relation to the new properties.

RENTAL PROPERTIES continued

Income		Property 1	Property 2
Gross Rental Income	<input type="checkbox"/>		
Other	<input type="checkbox"/>		
Expenses			
Advertising	<input type="checkbox"/>		
Agent's Fees & Commission	<input type="checkbox"/>		
Bank Charges	<input type="checkbox"/>		
Body Corporate Fees	<input type="checkbox"/>		
Cleaning	<input type="checkbox"/>		
Council Rates	<input type="checkbox"/>		
Gardening	<input type="checkbox"/>		
Insurance	<input type="checkbox"/>		
Interest on Loans	<input type="checkbox"/>		
Land Tax	<input type="checkbox"/>		
Legal Fees	<input type="checkbox"/>		
Pest Control	<input type="checkbox"/>		
Repairs & Maintenance	<input type="checkbox"/>		
Stationery, Phone & Postage	<input type="checkbox"/>		
Stamp Duty (ACT Properties only)	<input type="checkbox"/>		
Water Rates	<input type="checkbox"/>		
Other (incl any additions to property)	<input type="checkbox"/>		

Please attach a copy of the agent's summary, if applicable.

Please note: Halletts handles your personal information in a responsible manner in accordance with the Privacy Act 1988 (Cth) and the Australian Privacy Principles (APPs). We store information electronically on a secure server provided by a third party which is protected by the use of firewalls, password access, anti-virus software and is regularly backed up.